SUBJECT ID = RR

ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW

Uterus

1:

Absent

2:

Present

Uterine anatomy

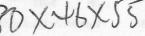
- Conventional
 - Arcuate
- 3. Septate
 - Full septum
 - Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- Didelphys
- 7. Other (free text enabled).

Uterine Lie (can be more than one selection)

- **Anteverted**
- Anteflexed
- Retroverted
- Retroflexed
- Axial
- Others (please specify) (Free text enabled)

Uterine Size (body + cervix - 3 planes in mm)

1. (Free text).



Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endometrial lesions

Not identified.

Present. Polyp.

No. of polyps (free text) 2b-1:

Size of each polyp. (free text) 2b-2:

Adenomyosis

No MRI supportive features

Supportive MRI features as described:

- Submucosal cysts.
- Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma

- No

Yes

Fibroids



No

Yes

2b-0:

Number of fibroids: 2a:

Largest fibroids (location and size mm all 2b:

fibroids >10mm and/or iimpact on the cavity) - (Free text)

2b:

Submucosal fibroids

No

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Yes 2b-1:

2b-1-1: (description: free text)

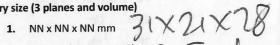
Left ovary

Absent (Branching logic - move to "Right ovary")

Present

Left ovary size (3 planes and volume)

2. Volume (above x 0.52).



Left ovary follicle measurements and count

- 1. N follicles between 2 and 9 mm in diameter
 - a. (Free text)



2. N follicles > 9 mm

a. (Free text)

Dominant follicle

Left ovary position

Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

Tethered/ distorted appearances - (may be 3: multiple options)

> 3a: Intimate relationship to the lateral uterus 3b Intimate relationship/tethering to adjacent bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

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3e: Other: (free text)

Left ovarian endometrioma

1: / No

2: Yes

1a: Size: NN in millimetres (mm)

1b: T2 shading (intermediate/low homogeneous T2 signal).

1b-0: No

1b-1: Yes

1c: T1 fat sat hyperintense

1c-0: Absent

1c-1: Present

1d: Internal nodularity, septation or other complexity.

1d-1: No

1d-2: Yes

1-d-2-1: (Free text)

Left ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

3b: Absent

4 Fat component (T1/T2 hyperintense. Low signal on fat suppression).

4a: Present.

4b: Absent.

Right ovary

1: Absent (Branching logic – move to "Adnexa")

2: Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm

2. Volume (above x 0.52)

low

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

b. N

Right ovary position

Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

 Tethered/ distorted appearances – may be multiple options.

3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1:

No

Yes 2a:

Sizo: N

Size: NN in millimetres (mm)

2b: T2 shading (intermediate/low homogeneous T2 signal).

No

Yes

2b-0: 2b-1

2c: T1 fat sat hyperintense

2c-0: Absent 2c-1: Present

2d: Internal nodularity, septation, complex.

2d-1; No 2d-2: Yes

Right ovarian lesions/cysts other than suspected endometrion as

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

Vascularity (post gadolinium enhancement).

3a: Present

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3b:

Absent

4 Fat component (T1/ T2 hyperintense. Low signal on fat suppression).

4a:

Present.

4b:

Absent.

Adnexa

1:

Hydrosalpinx

1a:/

No

: Yes

2:

lematosalpinx 2a: No

2b:

3:

Other (free text).

Yes

Are both ovaries immediately approximated "kissing"?

1: /

2: Yes

Urinary bladder nodule

No

Definition: Is there presence of a nodule in the bladder.

1:/

Absent

2: Present

2a:

Size: NN in millimetres (mm)

Uterovesical region

Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent distortion between the anterior uterine serosa and bladder.

Normal.

2: Abnormal.

2a:

(free text if required)

Ureteric nodule(s)?

Absent

Present

2a:

Location (free text + distance to ureteric

orifice/VUJ)

2b:

Size (mm)

Pouch of Douglas obliteration

Definition: Assessment for abnormal loss of fat plane +/physiologic fluid and immediate approximation of
rectosigmoid and/or small bowel to the posterior uterine
serosa, cervix +/- vaginal wall.

Discrete linear bands may be visible ($\sqrt{T1}$, $\sqrt{T2}$)

1:

Negative

5 ...

Partial

100

2a:

Left Right

2b:

3: Complete

3a:

Positive = obliteration.

3b:

Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

Definition: Thickening of superior 1/3 of posterior vaginal wall +/- nodularity. Nodules: ↓ T2 ↑T1 (if active haemorrhagic deposits)

No

2: Yes

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2a: Dimension of nodule to be measured in millimetres (mm).

2b1:

Inactive.

2b2: Active

Vaginal forniceal elevation?

Definition: Upper level of fornix on sagittal view is superior to the angle of the uterine isthmus with stretching of

vaginal wall, and/or acute angulation of the fornix.

1:

No

2:

Yes 2a: Left.

2b: Right

2c: Left and Right.

Rectovaginal nodules present?

Definition: Presence of deep infiltrating endometriosis in the anterior rectal wall and posterior vaginal fornix, located below the peritoneum of the Pouch of Douglas. Inactive/fibrotic disease characterised as \downarrow T1 \downarrow T2 signal. Active disease as \uparrow T1, \uparrow to intermediate- T2 signal

Active disease as 11, 1 to intermediate- 12 signal (hemorrhagic/ proteinaceous content + glandular deposits).

(2:)

No

Yes 2a:

Size (mm)

2b1:

Inactive.

: Active

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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as \downarrow T1 \downarrow T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal

(hemprrhagic/ proteinaceous content + glandular deposits).

1: / No

2: Yes nodules

2a: Left

2a-1: Size (mm)

2b: Right

2b-1: Size (mm)

2c1: Inactive

2c2: Active

3: Yes thickening.

3a: Left.

3b: Right

3c: Both.

Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as \downarrow T1 \downarrow T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal

(hemorrhagic/ proteinacous content + glandular deposits).

1: / No

2:

Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as $\sqrt{11}$

↓ T2 signal.

Active disease as \uparrow T1, \uparrow to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits).

"Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with ↓ T2 at

its 'base' and 1 T2 at its 'cap'.

1:/

No

Yes

2a: Distance from the anal verge

2a-1: Length (mm)

2b: Lesion type

2b-1: Isolated lesion

2b-2: Multiple lesions

2b-3: Curved lesion

2b-4: Straight lesion

2c: Maximal depth layer of invasion each

leasion (muscularis, submucosa,

mucosa).

2c-1: Lesion 1: (free text)

(2c-2: Lesion 2 (free text) - delete if

not relevant

(2c-3 etc.)

2c: Is it stuck to any structures or free lying?

2d-1: Vagina

2d-2: Uterus

2d-3: Uterosacral ligaments

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2d-4: Ovary

2d: Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

2f1: Inactive.

2f2: Active.

2f: "Mushroom cap" appearance:

2g1: Present.

2g2: Absent.

Is there evidence of tethering of the bowel?

/ No

2: Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other.

Any other salient findings on the study:

1. No

2. Yes

a. (Free text).

Scan/ Photo/ Emaii: kate.cook@bensonradiology.com.au