

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the: identification of endometriosis on the basic gynecology ultrasound today, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: 1 year history of left sided pelvic pain. At times associated with spotting. Presently on OCP. It typically occurs every other month. Frequent urination especially during

LMP:

RELEVANT CLINICAL HISTORY: No

UTERUS: Normal. The uterus was well visualized.

Measurements: 43 x 50 x 35 mm; Volume: 39.3 ml.

Orientation: Retroverted
Cervical length is 32 mm.

Adenomyosis: Evaluation for adenomyosis revealed: Nil.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:

Thickness 2.8mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Normal

was well visualized and measured 22 x 19 x 15 mm; Volume: 3.2 ml.

Mobile

Left Ovary: Normal

was moderately visualized and measured 21 x 17 x 14 mm; Volume: 2.7 ml.

Only able to visualize ovary transabdominally due to bowel gas. Limited mobility assessment.

J. Tigdi, MD, FRCSC
Date of transcription: 21 Jan 2025

Sonographer: O. Bazzoun

FREE FLUID: Present

Enhanced evaluation for superficial endometriosis: ☒ **Yes** ☐ **No**
ANTERIOR COMPARTMENT:
Vesicouterine peritoneum: Normal.

Bladder: Normal.

Ureters: Normal.

Kidneys:
POSTERIOR COMPARTMENT:
Vagina: Normal.

Uterosacral ligaments + Torus uterinus: Abnormal, Endometriosis.

Location	Type	Size (L x W x H mm)	Other relevant details:
Left USL	Deep endometriosis	7.4 x 3.9 x 2.6 mm	Patient tenderness noted here

Bowel: Normal.

Rectouterine pouch peritoneum: Abnormal, Endometriosis.

Location	Type	Size (L x W x H mm)	Other relevant details:
Central	Superficial endometriosis	N/A	suspected filmy adhesions and peritoneal pocket in the midline rectouterine pouch

Sliding sign: Positive

Triangle sign: Positive

Interpretation:

Non-obliterated (normal)	
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IMPRESSION:
Abnormal advanced pelvic ultrasound

The following were identified:

- Deep endometriosis - Pelvic endometriosis
- Superficial endometriosis

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are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a sonologist-led endometriosis ultrasound to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions.

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