ENDOMETRIOSIS PELVIC MRI ASSESSMENT –

BR PROFORMA REPORT BLIND REVIEW

Uterus

1: (Absent)

2: Present

Uterine anatomy

1. (Conventional)
2. Arcuate
3. Septate
   a. Full septum
   b. Subseptate
4. Bicornuate unicollis
5. Bicornuate bicollis
6. Didelphys
7. Other (free text enabled).

Uterine Lie (can be more than one selection)

1. (Anteverted)
2. (Anteflexed)
3. Retroverted
4. Retroflexed
5. Axial
6. Others (please specify) (Free text enabled)

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

1. (Free text). 60 x 81 x 40

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text) 7

Endometrial lesions

1. (Not identified.)
2. Present. Polyp.
   2b-1: No. of polyps (free text)
   2b-2: Size of each polyp. (free text)

Adenomyosis

1. (No MRI supportive features)
2. Supportive MRI features as described:
   1. Submucosal cysts.
   2. Abnormal junctional zone thickening and measurement
      i. Anterior (mm)
      ii. Fundal (mm)
      iii. Posterior (mm)

Presence of an adenomyoma

1: (No)

2: Yes

Fibroids

1: (No)

2: Yes

2a: Number of fibroids:

2b: Largest fibroids (location and size mm all fibroids >10mm and/or iimpact on the cavity) – (Free text)

2b: Submucosal fibroids

2b-0: No

2b-1: Yes

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

Left ovary

1: Absent (Branching logic – move to "Right ovary")

2: (Present)

Left ovary size (3 planes and volume)

1. NN x NN x NN mm 34 x 46 x 31
2. Volume (above x 0.52).
   25 cc

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) 13
2. N follicles > 9 mm
   a. (Free text) 1
3. Dominant follicle
a. (Y)
b. N.

Left ovary position

1: (Lateral adnexa. Unremarkable.)

2: High positioning in iliac fossa.

3: Tethered/ distorted appearances – (may be 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

3e: Other: (free text)

Left ovarian endometrioma

1:     No
2:     (Yes)
        1a: Size: NN in millimetres (mm)   (②③) ② 3
        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   19 × 16 × 30
        2.   Volume (above x 0.52).   4·8 cc

Right ovary follicle measurements and count

        1.   N follicles between 2 and 9 mm in diameter
                a.   (Free text)   4
        2.   N follicles > 9 mm
                a.   (Free text)   0
        3.   Dominant follicle
                a.   Y
                b.   (N.)

Right ovary position

1:     (Lateral adnexa. Unremarkable.)
2:     High positioning in iliac fossa.
3:     Tethered/ distorted appearances – may be
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

Right ovarian endometrioma

1:     (No)
2:     Yes
        2a: Size: NN in millimetres (mm)
        2b: T2 shading (intermediate/low
                homogeneous T2 signal).
                2b-0:   No
                2b-1:   Yes
        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 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.

Adnexa

1:     Hydrosalpinx

1a: (No)

1b: Yes

2:     Hematosalpinx

2a: (No)

2b: Yes

3:     Other (free text). 15 x 16 mm haemorrhagic paraovarian cyst (anterior to ovary)

Are both ovaries immediately approximated "kissing"?

1:     (No)

2:     Yes

Urinary bladder nodule

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.

1:     (Normal.)

2:     Abnormal.

2a: (free text if required)

Ureteric nodule(s)?

1:     (Absent)

2:     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 ($\downarrow$ T1, $\downarrow$ T2)

1:     (Negative)

2:     Partial

2a: Left

2b: Right

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: $\downarrow$ T2 $\uparrow$T1 (if active haemorrhagic deposits)

1:     (No)

2:     Yes

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 (hemorrhagic/ proteinaceous content + glandular deposits).

1:     (No)

2:     Yes

2a: Size (mm)

2b1:   Inactive.

2b2:   Active

Uterosacral ligament nodules or thickening?

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

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ 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 ↓ T1 ↓ 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 ↓ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ 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 ↑ T2 at its 'cap'.

1: (No)

2: 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

        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?

1: (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/ Email: kate.cook@bensonradiology.com.au