ENDOMETRIOSIS PELVIC MRI ASSESSMENT –

BR PROFORMA REPORT BLIND REVIEW

Uterus
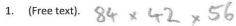
1: Absent

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).   84 x 42 x 56

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)   7 mm

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   24 x 15 x 17
2. Volume (above x 0.52).   3.2 cc

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
    a. (Free text)   6
2. N follicles > 9 mm
    a. (Free text)   0
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)

  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   *24 x 22 x 29*

  2. Volume (above x 0.52).   *9cc*

Right ovary follicle measurements and count

  1. N follicles between 2 and 9 mm in diameter

    a. (Free text)   *12*

  2. N follicles > 9 mm

    a. (Free text)   *0*

  3. Dominant follicle

    a. (Y)   *– but collapsed/ corpus luteum (12 mm)*

    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).

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).

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