SUBJECT ID = RR

453

# ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

# BR PROFORMA REPORT BLIND REVIEW

#### Uterus

1: Absent

2: F

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
- Retroverted
- 4. Retroflexed
- 5. Axial
- 6. Others (please specify) (Free text enabled)

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

(Free text).

82+53+47mm

### Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



#### **Endometrial lesions**

1. Not identified.

Present. Polyp.

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

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

### Adenomyosis

No MRI supportive features

- 2. Supportive MRI features as described:
  - 1. Submucosal cysts.
  - Abnormal junctional zone thickening and measurement
    - i. Anterior (mm)
    - ii. Fundal (mm)
    - Posterior (mm)

### Presence of an adenomyoma

1: No Yes

#### **Fibroids**



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

# **REVIEWER INITIALS**

FU

2b-1: Ye

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

# Left ovary

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

# Left ovary size (3 planes and volume)

1. NN x NN x NN mm 36 x 28 x 27 m.

2. Volume (above x 0.52).

14.3cc

## Left ovary follicle measurements and count

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

15

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

19 mm

## Left ovary position

- 1: 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 adjacent bowel.

owei.

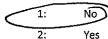
3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

3e:

Other: (free text)

### Left ovarian endometrioma



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 ovarian endometrioma

No

Yes

1:

adjacent bowel.

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# 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 40 x 18 + 26 m-

2. Volume (above x 0.52).

9.800

### Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

16

2. N follicles > 9 mm

a. (Free text)

(

3. Dominant follicle

a. Y

b. N.

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

2a: Size: NN in millimetres (mm)

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

2b: T2 shading (intermediate/low

homogeneous T2 signal).

FV

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

Not classifiable
Lesion features

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

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

> 4a: Present.

4b: Absent.

Adnexa

1: Hydrosalpinx

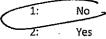


1b: Yes

2: Hematosalpinx 2a: Nos Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?



### Urinary bladder nodule

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

1: Absent 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: NormaD 2: Abnormal.

> 2a: (free text if required)

Ureteric nodule(s)?

Absent ~ Present

> 2a: Location (free text + distance to ureteric

> > orifice/VUJ)

2b: Size (mm)

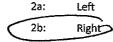
### Pouch of Douglas obliteration

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

2: Partial



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 haemorrhagio deposits)

1: No 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  $\sqrt{11}$  T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1: No Yes

> 2a: Size (mm)

2b1: Inactive.

2b2: Active

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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as  $\sqrt{11}$  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. Right
    - 3c: Both.

# Retrocervical nodule present?

Definition: Inactive/fibrotic disease characterised as \$\subset\$ T1 ↓ T2 signal.

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



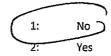
- 2a: Size (mm)
- 2b1: inactive.
- 2b2: Active

#### Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{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  $\downarrow$  T2 at its 'base' and 1 T2 at its 'cap'.



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

#### FV **REVIEWER INITIALS** Ovary 2d-4:

- 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 -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.
  - R pelvic side wall. 2g:
  - 2h: Other.

#### Any other salient findings on the study:

- No Yes
  - a. (Free text).

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