

SUBJECT ID = RR

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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):

89x55x59mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

9mm

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 impact on the cavity) - (Free text)
2b: Submucosal fibroids
2b-0: No

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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
2. Volume (above x 0.52)

24x22x29
8ml.

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)
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

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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

33x17x26

2. Volume (above x 0.52)

7.6ml

Right ovary follicle measurements and count

1 N follicles between 2 and 9 mm in diameter

a. (Free text)

19

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

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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

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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

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/ VUI)

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 (↓ T1, ↓ 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 ↓ T2 ↑ T1 (if active haemorrhagic deposits)

1: 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 ↓ T1 ↓ T2 signal.

Active disease as ↑ T1, ↑ to intermediate T2 signal

(hemorrhagic/ proteinaceous content + glandular deposits).

1: No

2: Yes

2a: Size (mm)

2b1: Inactive

2b2: Active

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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/ proteinaceous 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/ proteinaceous 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 lesion (muscularis, submucosa, mucosa).
 - 2c-1. Lesion 1: (free text)
 - 2c-2. Lesion 2 (free text) - delete if not relevant
 - 2c-3 etc.
 - 2d. 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?

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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