[redacted]

ADVANCED GYNECOLOGY ULTRASOUND (ENDOMETRIOSIS SONOGRAPHER-LED):

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

INDICATION: Worsening menstrual cramps, very severe first 3 days of cycle. ? endo

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 46 x 50 x 33 mm. Volume 40 ml.

Myometrium: The myometrium appeared normal.

- **Adenomyosis**: Evaluation for adenomyosis revealed: Nil.
- **Fibroids**: Evaluation for fibroids revealed: Nil.
- **Congenital anomaly**: Nil.

Endometrium: Endometrial thickness measured: 11.0 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 29 x 24 x 21 mm. Volume 7.9 ml. Multifollicular.
Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 28 x 15 x 17 mm. Volume 3.5 ml. Multifollicular.
Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.
I. Mick, MD
Date of transcription: 16 Oct 2024
Signed

[redacted]

Ureters: Normal bilaterally with no evidence of hydroureter.
Kidneys: No hydronephrosis bilaterally.

POSTERIOR COMPARTMENT:

Posterior vaginal fornix: Normal with no evidence of deep endometriosis or other gross pathology.
Rectovaginal septum: Normal with no evidence of deep endometriosis or other gross pathology.
Left uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.
Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.
Torus uterinus: Normal with no evidence of deep endometriosis or other gross pathology.

Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Sliding sign: Positive, representing a non-obliterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We did not identify superficial endometriosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

Normal limited abdominal and full pelvic ultrasound today.

It is important to note that a normal ultrasound does not signify the patient is normal; rather, it simply means we have not visualized anatomical abnormalities in the structures evaluated on today's ultrasound. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

Findings include:

- Multifollicular ovaries - the patient is 7 years post-menarche.
  As per the latest guidelines on the assessment of PCOS, ultrasound is *no* longer appropriate to use in adolescent individuals to assess the ovaries for follicle number or volume. Today's patient falls into this adolescent period (within 8 years of menarche), so the appearance of their ovaries is irrelevant to the potential PCOS diagnosis. PCOS may still be diagnosed using the other criteria. If there is ongoing

I. Mick, MD
Date of transcription: 16 Oct 2024
Signed

[redacted]

concern for PCOS beyond adolescents or in the case of multifollicular appearing ovaries today, a repeat scan can be considered then.

Please see:
Recommendations from the 2023 International Evidence-based Guideline for the Assessment and Management of Polycystic Ovary Syndrome
DOI: 10.1016/j.fertnstert.2023.07.025

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst we did not identify endometriosis, we 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, even though these were not identified today.

I. Mick, MD
Date of transcription: 16 Oct 2024
Signed