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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)

88x43x51mm

Endometrial thickness (sag plane in mm to nearest mm)

- 1 (Free text)

11mm

Endometrial lesions

- 1 Not identified  
2 Present Polyp

2b-1 No of polyps (free text)

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

possible

1  
2mm

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)

46x43x42mm  
43ml

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)

(R) ovary adhesions  
medialised

Left ovarian endometrioma

1 No

2 Yes

1a:

Size: NN in millimetres (mm)

39mm

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)

septation a 2X  
adjacent  
endometriomas

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

45x43x43

2. Volume (above x 0.52).

45ml.

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

9

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

3e: (U) ovary adhesions.

Right ovarian endometrioma

No

Yes

2a:

Size: NN in millimetres (mm)

39mm

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/ 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 (↓ 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) 4mm
- 2b Right  
2b-1 Size (mm) 6mm
- 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.)
- 2c 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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