

ENDOMETRIOSIS ULTRASOUND:

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

INDICATION: 45 year-old with dysmenorrhea and dyspareunia. Irregular cycles for the last year.

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 50 x 28 x 36 mm.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: **Equivocal**. The following MUSA criteria were seen:
 1. Asymmetric myometrial thickening (Ant: 10 mm; Post: 14 mm)
 2. Subendometrial buds/lines
- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 1.9 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 15 x 8 x 11 mm. Volume 0.7 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary was not well visualized though was grossly normal in appearance and echogenicity, measuring 11 x 12 x 15 mm. Volume 1.0 ml.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

J. Tigdi, MD, FRCSC

Date of transcription: 20 Nov 2023

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ANTERIOR COMPARTMENT:

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

Ureters: Normal bilaterally with no evidence of hydroureter.

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: **Abnormal** with evidence of deep endometriosis nodule measuring 10.6 x 3.7 x 9.4 mm. There is evidence of adherence of the rectum to this nodule but no evidence of a rectal nodule.

Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.

Torus uterinus: **Abnormal** with evidence of deep endometriosis nodule measuring 5.4 x 5.1 x 4.7 mm.

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

Rectouterine pouch (cul de sac): Normal with no evidence of deep endometriosis or other gross pathology.

Sliding sign: Partially negative, representing a partially obliterated rectouterine pouch of the left side.

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:

Abnormal limited abdominal and full pelvic ultrasound today with findings of deeply infiltrating endometriosis of the torus uterinus and left uterosacral ligament and possible early stage adenomyosis. There is evidence of adherence of the lateral aspect of the rectum to the left uterosacral ligament nodule, though no evidence of deeply infiltrating endometriosis of the rectal wall itself. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

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During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with you, their referring doctor, to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

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