SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

PELVIC ULTRASOUND

INDICATION: Dysmenorrhea and dyspareunia, assess for endometriosis and PCO

LMP: 22-Nov-2024

RELEVANT CLINICAL HISTORY: No

Our patient consented to a complete pelvic ultrasound examination using real-time transabdominal and transvaginal ultrasound.

UTERUS: Normal. The uterus was well visualized.

Measurements: 64 x 38 x 25 mm; Volume: 32.1 ml.

Orientation: Anteverted

Adenomyosis: Evaluation for adenomyosis revealed: Nil.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:
Thickness 5.9mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Abnormal
was well visualized and measured 53 x 39 x 35 mm; Volume: 37.7 ml.

Type of abnormality	*Measurements*	*Description*	*Other relevant details:*
Right ovarian cyst	28 x 28 x 31 mm Volume: 13 ml	Hemorrhagic cyst	
Right ovarian cyst	23 x 16 x 20 mm Volume: 4 ml	Hemorrhagic cyst	

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 16 Dec 2024

Sonographer: L. Yu

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Two hemorrhagic cystic lesions are noted - two unilocular cystic lesions with some internal echoes (reticular/web-like), smooth and thin walls, no solid components, and no abnormal Doppler vascularity

Mobile, patient was extra tender with movement of the probe.

Left Ovary: Normal

was well visualized and measured 24 x 19 x 26 mm; Volume: 6.2 ml.
Corpus luteum is noted.
Mobile, patient was extra tender with movement of the probe.

Adnexa: Normal

FREE FLUID: Present
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: 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 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 complete pelvic ultrasound today.

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Two right hemorrhagic cystic lesions.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

No evidence of polycystic ovarian morphology. However, clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

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.

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