

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. Anteverted
3. Retroverted
4. Retroflexed
5. Axial
6. Others (please specify) (Free text enabled)

Uterine Size (body + cervix - 3 planes in mm)

1. (Free text)

97x53x60

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)

Adenomyosis

1. No MRI supportive features
2. Supportive MRI features as described:
1. Submucosal cysts
2. Abnormal junctional zone thickening and measurement
L. Anterior (mm) 14
ii. Fundal (mm) 16
iii. Posterior (mm) 15

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)

23x23x17

4.7ml

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
a. (Free text) 4
2. N follicles > 9 mm
a. (Free text) 1
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
 - 1d-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 22x23x24
2. Volume (above x 0.52) 6.6 ml.

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
 - a. (Free text) 2
2. N follicles > 9 mm
 - a. (Free text) 1
3. Dominant follicle
 - a. Y
 - b. N. 18mm

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/ 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

(haemorrhagic/ 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.)

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 relevant findings on the study:

1: No

2: Yes

a. (Free text).

Scanned with CamScanner