SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: Chronic lower abdo and pelvic pain ~ 10 years, associated with ovulation (2 weeks after periods)
CLINICAL HISTORY: Patient states she has right sided/back pain.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 85 x 64 x 40 mm.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis**: Evaluation for adenomyosis revealed: **Present**. The following MUSA criteria were seen:

1. Subendometrial buds/lines
2. Irregular junctional zone
3. Myometrial cysts

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

Endometrium: Endometrial thickness measured: 5.0 mm. Endometrial cavity pathology:
Abnormal. There is an intrauterine adhesion centrally noted. This is in proximity to the adenomyosis. Likely the adenomyosis and intrauterine adhesion have a similar inciting event, usually something obstetrical (termination, retained placenta, infection, etc.)

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 22 x 18 x 29 mm. Volume 6.1 ml. Corpus luteum noted.
Right Ovary Mobility: Mobile

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Date of transcription: 28 Mar 2024
Signed

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Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 18 x 17 x 18 mm. Volume 2.9 ml.
Left Ovary Mobility: Fixed medially, mobile otherwise

Adnexa: normal bilaterally

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.
Ureters: Normal bilaterally with no evidence of hydroureter.
Kidneys: limited assessment shows no hydronephrosis.

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): Normal with no evidence of deep endometriosis or other gross pathology.
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 on the rectouterine pouch peritoneum.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including adenomyosis. Also, an intrauterine adhesions was noted central in the uterine cavity. No evidence of deep or ovarian endometriosis. No pelvic adhesions. It is important to note that we

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cannot rule out superficial endometriosis at this time. A history of Chlamydia may also yield pelvic inflammatory disease that could yield persistent pain.

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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