ENDOMETRIOSIS PELVIC MRI ASSESSMENT -

BR PROFORMA REPORT BLIND REVIEW

Uterus

Absent

Present

Uterine anatomy

Conventional ircuate Septate

- Full septum
- Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- Didelphys
- Other (free text enabled)

Uterine Lie (can be more than one selection)

Anteverted Anteflexed Retroverted Retroflexed

- Axia
- Others (please specify) (Free text mabled)

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

Endometrial thickness (sag plane in mm to nearest mm)

(Free text)

Endometrial lesions

- Not identified.
- Present. Polyp.

No. of polyps (free text) 2b-1

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

Ademomyosis

- No MRI supportive features
- Supportive MRI features as described
 - Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma

No

Yes

Fibroids

Yes

2a. Number of fibraids.

2b Largest fibroids (location and size mm all

Fibroids >10mm and/or simpact 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

Absent (Branching logic - move to "Right ovary")

Present

Left ovary size (3 planes and volume)

1. NN×NN×NNmm

2. Volume (above x 0.52)

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

N follicles > 9 mm

a. (Free text)

Dominant follicle

Leff ovary position

Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

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:Tethening to the uterosacral ligament.

3e

Other (free text)

teft evarian endometrioma

No

Yes

1a Size NN in millimetres (mm)

1b T2 shading (intermediate/low homogeneous T2 signal).

1b-0 No

1b-1: Yes

ac: T1 fat sat hyperintense

1c-0 Absent

1c-1 Present

1:do Internal nodularity, septiation or other

complexity

1:d-1: No

1d 2 Yes

1-d-2 1. (Free text).

Left ovarian lesions/cysts other than suspected

endometriomas

Not classifiable

2 Lesion features

2a Unifocular grist

2b Unifocular solid cyst

2c Mujthocular crst

2d Multilocular solid cyst

Ze. / Solid

Vascularity (post gadolinium enhancement)

Present

3b: Absent

4 Fat component (T1/ T2 hyperintense. Low signal on fat suppression).

Present.

4b Absent.

Right ovary

Absent (Branching logic – move to "Adnexa")

Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm

Volume (above x 0.52).

Right ovary follicle measurements and count

N follicles between 2 and 9 rpm in diameter

(Free text)

2. N follicles > 9 mm

(Free text)

Dogmant follicle

b. N

Right overy position

Lateral adnexa. Unremarkable

High positioning in iliac fossa.

Tethered/ distorted appearances – may be multiple options.

33 Intimate relationship to the lateral uterus

35 immate relationship/ tethering to

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adjacent bowel

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

No

Yes

2a: Size: NN in millimetres (mm)

T2 shading (intermediate/low)

homogeneous T2 signal)

2b-0: N

2b-1. Yes

2c: T1 fat sat hyperintense

2c-0: Absent

2c-1: Present

2d: Internal rodularity, septation, complex.

2d-1. No

2d-2 Yes

Right ovarian lesions/cysts other than suspected endometriomas

Not classifiable

Lesion features

2a: Unilogelar cyst

Unifocular-solid cyst

2c Multilocular cyst

2d / Multilonular-spird cyst

Solid

Vascularity (post gadolinium enhancement).

Present

3b: Absent

4 Fat component (T1/T2 hyperintense. Low signal on fat suppression).

4a: Present.

4b: Absent.

Adnexa

1:

1a No

2: Hematosalpinx

2a. No 2b: Yes

Other (free text).

Are both ovaries immediately approximated "kissing"?

N-

2 Yes

Urinary bladder nodule

Definition. Is there presence of a nodule in the bladder.

1 Absent
Present

2a. Size NN in millimetres (mm).

Uterovesical region

Definition. Assessment of whether there is a visible presented fat plane +/ physiologic fluid +/- absent stortion between the anterior utenne serosa and to

estortion between the anterior uterine serosa and bladder.

Normal.

- 2: Abnormal
 - (free text if required)

Ureteric nodule(s)?

1: Absent

Present

2a: Location (free text + distance to ureteric onfice/ 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 (\$\square\$ T1, \$\square\$ T2)

1: Negative
Partial

2a: Left

2b. Right

Complete

3a: Positive = obliteration.

3b Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

No.

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.

. No

Yes

2a: Left.

2b: Right

2c: Left and Right

Rectovaginal nodules present?

Definition Presence of deep infiltrating endomernosis in the anterior rectal wall and posterior vaginal fornix, located below the peritoneum of the Pouch of Douglas. Inactive fibrotic disease characterised as \downarrow T1 \downarrow T2 signal.

Active disease as TT1, T to intermediate-T2 signal (hemorrhagic/proteinaceous content + glandular deposits).

No.

Yes

2a Size (mm)

2b1 meetive

2b2 Active

Uterosacral ligament nodules or thickening?

Definition Inactive/ fibrotic disease nodules characterised as \$\rightarrow T1 \rightarrow T2 signal.

Active disease as ↑T1, ↑ to intermediate T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

- No
- Yes nodules
 - 2a. Left
 - 2a-1 Size (mm)
 - 2b Right
 - 2b-1 Size (mm)
 - 201: Inactive
 - 2c2: Active
- Yes thickening.



Left.

Right

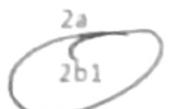
Both.

Retrocervical nodule present?

Definition Inactive/fibrotic disease characterised as \$\psi\$ T1 ↓ T2 signal.

Active disease as ↑T1. ↑ to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits).

- No
- Yes



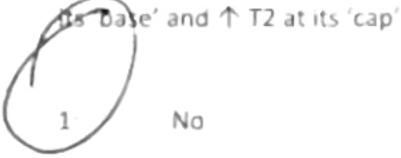
Inactive. Active

Rectum and colon

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as \$\psi\$ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits). "Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with \$\sqrt{12}\$ at



No

Yes

- Distance from the anal verge 2a.
 - Length (mm) 2a-1:
- 2b Lesion type
 - Isolated lesion 2b-1
 - Multiple lesions 2b-2
 - Curved lesion 2b-3
 - Straight lesion
- Maximal depth layer of invasion each 20: leasion (muscularis, submucosa,

mucosa)

- Lesion 1: (free text) 2c-1
- Lesion 2 (free text) delete if (2c 2 not relevant

(2c-3 etc.)

- Is it stuck to any structures or free lying? 20:
 - 2d-1. Vagina
 - 2d-Z Uterus
 - Uterosacral ligaments 2d-3

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2d-4. Ovary

Plaque thickness 2d:

2a: 1-5mm.

2b: 6-10mm

2c: >11mm.

Activity 2e:

> 2f1: Inactive.

2f2: Active.

"Mushroom cap" appearance 2f:

> Present. 2g1.

2g2: Absent.

Is there evidence of tethering of the bowel?



No

Yes, tethered to

2a Uterus

2b. L. ovary

R ovary 2c:

L. uterosacral ligament nodulă. R. uterosacral ligament nodule.

2f L pelvic side wall.

Zg: R pelvic side wall

Zh: Other

Any other salient findings on the study:

Yes

(Free text).

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