



## PELVIC ULTRASOUND

**INDICATION:** Right sided endometrioma measuring 37 x 40 x 47 mm on ultrasound in 2022. Reassess.

LMP: 07-Oct-2024

**RELEVANT CLINICAL HISTORY:** No

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

**UTERUS: Abnormal.** The uterus was well visualized.

Measurements: 48 x 49 x 47 mm; Volume: 58.0 ml.

Orientation: Anteverted and Retroflexed  
C-section scar is seen.

**Adenomyosis:** Evaluation for adenomyosis revealed: Nil.

**Fibroids:**

**Congenital anomaly:**

**Endometrium:**

Thickness 6.7mm. Endometrial pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary: Abnormal**

was well visualized and measured 34 x 35 x 23 mm; Volume: 14.4 ml.

Type of abnormality	Measurements	Description	Other relevant details:
Right ovarian cyst	26 x 20 x 29 mm Volume: 8.2 ml	Endometrioma	

Fixed

There is a unilocular cystic lesion with ground glass echogenic contents, smooth and thin walls, no solid components, and no abnormal Doppler vascularity. This is benign as per the IOTA Simple Rules. This is an

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endometrioma as per IOTA Easy Descriptors.

**Left Ovary:** Normal

was well visualized and measured 13 x 14 x 23 mm; Volume: 2.2 ml.

Fixed

**Adnexa:** Normal

**FREE FLUID:** Absent

**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 measuring 7.6 x 2.7 x 5.0 mm.

**Right uterosacral ligament:** **Abnormal** with evidence of deep endometriosis measuring 12.6 x 6.5 x 8.2 mm.

**Torus uterinus:** **Abnormal** with evidence of deep endometriosis measuring 13.0 x 8.3 x 4.5 mm.

**Bowel:** **Abnormal** with evidence of deep endometriosis measuring 10.8 x 11.1 x 5.3 mm. The right ovary is adhered to the bowel nodule.

**Rectouterine pouch (cul de sac):** Sliding sign: Negative, representing an obliterated rectouterine pouch.

**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** complete pelvic ultrasound today.

Severe endometriosis is noted with right endometrioma, bowel endometriosis, bilateral USL deep endometriosis, and complete obliteration of the rectouterine pouch.

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Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst endometriosis was identified, 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.

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