



ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: 34 yo with symptoms of endometriosis. Minimal response to OCP + Mirena.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 55 x 33 x 44 mm.

Myometrium: The myometrium appeared normal.

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

Endometrium: Endometrial thickness measured: 4.0 mm. Endometrial cavity pathology: None. IUD: correctly positioned.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 20 x 29 x 22 mm. Volume 6.6 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 34 x 23 x 25 mm. Volume 10.0 ml. A dominant follicle is noted.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 28 Nov 2024

Signed



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): Normal with no evidence of deep endometriosis or other gross pathology.

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We identified: Superficial endometriosis in the form of hypoechoic irregularities on the rectouterine pouch peritoneum and right USL.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings of superficial endometriosis.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. Normal uterus and ovaries.

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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