



ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: persistent pelvic pain, dysmenorrhea, dyspareunia, menorrhagia. Hx 8 years OCP, now discontinued as is attempting to conceive. Undergoing natural investigative cycle.

LMP: 2 Nov 2024

FINDINGS:

UTERUS:

The uterus was well visualized, retroverted in orientation and size measuring 53 x 40 x 48 mm. Volume 53.5 mL.

Myometrium: The myometrium appeared normal.

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

Endometrium: Endometrial thickness measured: 14.3 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 47 x 27 x 29 mm. Volume 19.6 ml. Corpus luteum noted.

Right Ovary Mobility: Mobile.

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 38 x 12 x 16 mm. Volume 3.7 ml.

Left Ovary Mobility: Mobile.

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 14 Nov 2024

Signed

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

Superficial endometriosis: Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We did not identify any superficial endometriosis on the rectouterine pouch peritoneum. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

Normal limited abdominal and full pelvic ultrasound today with no findings including endometriosis and adenomyosis. No adhesions noted. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

Her dyspareunia may be due to retroverted uterus (she has tenderness when pressure is applied to the fundus), or other pelvic pain drivers such as MSK - myofascial pain.

It is important to note that a normal pelvic ultrasound does not signify the patient is normal; rather, it simply means we have not visualized anatomical abnormalities in the structures evaluated on today's ultrasound.

M. Leonardi, MD, PhD, FRCSC

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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.

M. Leonardi, MD, PhD, FRCSC
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