ENDOMETRIOSIS PELVIC MRI ASSESSMENT –

BR PROFORMA REPORT BLIND REVIEW

Uterus

1:     Absent

2:     (Present)

Uterine anatomy

1.   (Conventional)

2.   Arcuate

3.   Septate

    a.   Full septum

    b.   Subseptate

4.   Bicornuate unicollis

5.   Bicornuate bicollis

6.   Didelphys

7.   Other (free text enabled).

Uterine Lie (can be more than one selection)

1.   Anteverted

2.   Anteflexed

3.   Retroverted

4.   (Retroflexed)

5.   (Axial)

6.   Others (please specify) (Free text enabled)

Uterine Size (body + cervix – 3 planes in mm)

1.   (Free text).   58 x 84 x 51

Endometrial thickness (sag plane in mm to nearest mm)

1.   (Free text)   9 mm

Endometrial lesions

1.   (Not identified.)

2.   Present. Polyp.

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

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

Adenomyosis

1.   (No MRI supportive features)

2.   Supportive MRI features as described:

    1.   Submucosal cysts.

    2.   Abnormal junctional zone thickening and measurement

        i.   Anterior (mm)

        ii.   Fundal (mm)

        iii.   Posterior (mm)

Presence of an adenomyoma

1:   (No)

2:   Yes

Fibroids

1:   (No)

2:   Yes

    2a: Number of fibroids:

    2b: Largest fibroids (location and size mm all fibroids >10mm and/or iimpact on the cavity) – (Free text)

    2b: Submucosal fibroids

    2b-0:   No

    2b-1:   Yes

    2b-1-1: (description: free text)

Left ovary

1:   Absent (Branching logic – move to "Right ovary")

2:   (Present)

Left ovary size (3 planes and volume)

1.   NN x NN x NN mm   48 x 38 x 31

2.   Volume (above x 0.52).   30cc

Left ovary follicle measurements and count

1.   N follicles between 2 and 9 mm in diameter

    a.   (Free text)   13

2.   N follicles > 9 mm

    a.   (Free text)   2

3.   Dominant follicle

a.   (Y)

b.   N.

Left ovary position

1:   (Lateral adnexa. Unremarkable.)

2:   High positioning in iliac fossa.

3:   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:Tethering to the uterosacral ligament

3e: Other: (free text)

Left ovarian endometrioma

1: (No)
2: Yes

   1a: Size: NN in millimetres (mm)

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

         1b-0: No

         1b-1: Yes

   1c: T1 fat sat hyperintense

      1c-0: Absent

      1c-1: Present

   1d: Internal nodularity, septation or other complexity.

      1d-1: No

      1d-2: Yes

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

Left ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable
2: Lesion features

   2a: (Unilocular cyst) _3cm_ _haemorrhagic_
   2b: Unilocular-solid cyst
   2c: Multilocular cyst
   2d: Multilocular-solid cyst
   2e: Solid

3: Vascularity (post gadolinium enhancement).

   3a: Present

3b: Absent

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

   4a: Present.

   4b: (Absent.)

Right ovary

1: Absent (Branching logic – move to "Adnexa")
2: (Present)

Right ovary size (3 planes and volume)

   1. NN x NN x NN mm _29 x 54 x 23_

   2. Volume (above x 0.52). _18_

Right ovary follicle measurements and count

   1. N follicles between 2 and 9 mm in diameter

      a. (Free text) _11_

   2. N follicles > 9 mm

      a. (Free text) _0_

   3. Dominant follicle

      a. Y

      b. (N.)

Right ovary position

1: Lateral adnexa. Unremarkable.
2: High positioning in iliac fossa.
3: Tethered/ distorted appearances – may be multiple options.

   3a: Intimate relationship to the lateral uterus

   3b Intimate relationship/ tethering to

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adjacent bowel.

3c: (Tethering to pelvic sidewall)

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1: (No)
2: Yes

   2a: Size: NN in millimetres (mm)

   2b: T2 shading (intermediate/low homogeneous T2 signal).

      2b-0: No

      2b-1: Yes

   2c: T1 fat sat hyperintense

      2c-0: Absent

      2c-1: Present

   2d: Internal nodularity, septation, complex.

      2d-1: No

      2d-2: Yes

Right ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable
2: Lesion features

   2a: (Unilocular cyst) _4cm_
   2b: Unilocular-solid cyst
   2c: Multilocular cyst
   2d: Multilocular-solid cyst
   2e: Solid

3: Vascularity (post gadolinium enhancement).

   3a: Present

3b: Absent

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

4a: Present.

4b: (Absent.)

Adnexa

1: Hydrosalpinx

1a: No

1b: Yes

2: Hematosalpinx

2a: No

2b: Yes

3: Other (free text). *Septated fluid in Pouch of Douglas*

Are both ovaries immediately approximated "kissing"?

1: (No)

2: Yes

Urinary bladder nodule

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

1: (Absent)

2: Present

2a: Size: NN in millimetres (mm)

Uterovesical region

Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent distortion between the anterior uterine serosa and bladder.

1: (Normal.)

2: Abnormal.

2a: (free text if required)

Ureteric nodule(s)?

1: (Absent)

2: Present

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

1: (Negative)

2: Partial

2a: Left

2b: Right

3: Complete

3a: Positive = obliteration.

3b: Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

Definition: Thickening of superior 1/3 of posterior vaginal wall +/- nodularity. Nodules: $\downarrow$ T2 $\uparrow$T1 (if active haemorrhagic deposits)

1: (No)

2: Yes

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.

1: No

2: (Yes)

2a: Left.

2b: Right

2c: Left and Right.

Rectovaginal nodules present?

Definition: Presence of deep infiltrating endometriosis 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 $\uparrow$T1, $\uparrow$ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1: (No)

2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ T2 signal.

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

1:      No

2:      Yes nodules

       2a: Left

           2a-1:   Size (mm)

       2b: Right

           2b-1:   Size (mm)

       2c1:   Inactive.

       2c2:   Active

3:      Yes thickening.

       3a: Left.

       3b: Right

       3c: (Both) ⬅ circled

Retrocervical nodule present?

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

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

1:      (No) ⬅ circled

2:      Yes

       2a: Size (mm)

       2b1:   Inactive.

       2b2:   Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as ↓ 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 ↓ T2 at its 'base' and ↑ T2 at its 'cap'.

1:      (No) ⬅ circled

2:      Yes

       2a: Distance from the anal verge

           2a-1:   Length (mm)

       2b: Lesion type

           2b-1:   Isolated lesion

           2b-2:   Multiple lesions

           2b-3:   Curved lesion

           2b-4:   Straight lesion

       2c: Maximal depth layer of invasion each leasion (muscularis, submucosa, mucosa).

           2c-1:   Lesion 1: (free text)

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

           (2c-3 etc.)

       2c: Is it stuck to any structures or free lying?

           2d-1:   Vagina

           2d-2:   Uterus

           2d-3:   Uterosacral ligaments

           2d-4:   Ovary

       2d: Plaque thickness

           2a: 1-5mm.

           2b: 6-10mm.

           2c: >11mm.

       2e: Activity

           2f1:   Inactive.

           2f2:   Active.

       2f: "Mushroom cap" appearance:

           2g1:   Present.

           2g2:   Absent.

Is there evidence of tethering of the bowel?

1:      (No) ⬅ circled

2:      Yes, tethered to

       2a: Uterus

       2b: L. ovary

       2c: R. ovary

       2d: L. uterosacral ligament nodule

       2e: R. uterosacral ligament nodule

       2f: L pelvic side wall.

       2g: R pelvic side wall.

       2h: Other.

Any other salient findings on the study:

     1.   (No) ⬅ circled

     2.   Yes

         a.   (Free text).

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