ENDOMETRIOSIS PELVIC MRI ASSESSMENT -

BR PROFORMA REPORT BLIND REVIEW

Uterus

Absent

Present

Uterine anatomy

- Conventional
- Septate

Arcuate

Full septum

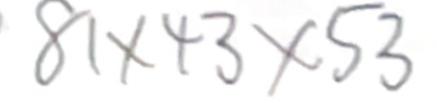
Subseptate

- Bicornuate unicollis
- Bicornuate bicoflis
- Didelphys
- Other (free text enabled).

Uterine Lie (can be more than one selection)

- Anteverted
- Anteflexed
- Retroverted
- Retroflexed
- Axial
- Others (please specify) (Free text enabled)

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

Adenomyosis

- 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

Yes.

Fibroids

No

2a:

Yes

Number of fibroids:

Largest fibroids (location and size mm all Zb:

fibroids >10mm and/or impact on the cavity) - (Free text)

Submucosal fibroids

Zb-0:

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Present

2b-1 Yes

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

Left ovary

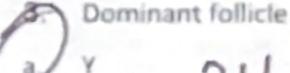
Absent (Branching logic - move to "Right ovary")

Left ovary size (3 planes and volume)

2. Volume (above x 0.52)

Left ovary follicle measurements and count

- N follicles between 2 and 9 mm in diameter
 - (Free text)
- 2: N follicles > 9 mm
 - a. (Free text)



Left 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:Tethering to the uterosacral ligament

3e.

Yes

Other (free text)

3b: Absent

on fat suppression).

4a:

4b:

REVIEWER INITIALS adjacent bowel

eten ovarian endometrioma

No

endometriomas

2a

26

2c:

2d

2e:

Size. NN in millimetres (mm) 1a.

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

1b-0: No

1b-1. Yes

T1 fat sat hyperintense 1c:

> lc-0: Absent

1c-1 Present

Internal nodularity, septation or other ld.

complexity

1d-1:

1d-2. Yes

Unilocular cysy

Multilocular cyst

Solid

Present

Unilocular solid cyst

Multilocular-solid cyst

Vascularity (post gadolinium enhancement)

Left ovarian lesions/cysts other than suspected

Not classifiable

Lesion features

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

Present

Present

Absent.

Right ovary size (3 planes and volume)

Volume (above x 0.52)

Fat component (T1/T2 hyperintense. Low signal

N follicles between 2 and 9 mm in diameter



N follicles > 9 mm

High positioning in iliac fossa.

Tethered/ distorted appearances - may be

3a Intimate relationship to the lateral uterus

3b. Intimate relationship/ tethening to

Right ovary

Absent (Branching logic - move to "Adnexa").

Right ovary follicle measurements and count

a. (Free text)

Dominant follicle

Rightpovary position

Lateral adnexa. Unremarkable.

multiple options.

Makening

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Might ovarian endometrioma

No

Yes

Size: NN in millimetres (mm) 2a: Utemor analosos

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

2b-0.

2b-1 Yes

2c: T1 fat sat hyperintense

> ZC-0: Absent

> > Present

Internal nodularity, septation, complex Zd:

2d-1

24-1

2d-2: Yes

Right ovarian lesions/cysts other than suspected endometriamas

Not classifiable

Lesion features

Unilocular g 2a.

2b. Unilogalar-solid cyst

Multilocular cyst 2r.

2d. Multilocular-solid cyst

Solid

Vascularity (post gadolinium enhancement)

3a: Present

Absent

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

> 4a: Present.

4b: Absent.

Adnexa

ydrogalpinx.

Yes

Hematosalpinx

2b

Yes

No

Other (free text).

Are both ovaries immediately approximated "kissing"?

Yes

Urinary bladder nodule

Present

No

finition is there presence of a nodule in the bladder.

Absent.

2a Size: NN in millimetres (mm)

Uterovesical region

Definition. Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent

for on between the anterior uterine serosa and bladder.

Normal.

Abnormal.

(free text if required) 2a.

Ureteric nodule(s)?

Absent

Present

Location (free text + distance to ureteric 2a.

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 sergsa cervix +/- vaginal wall.

Discrepe linear bands may be visible (\$\sqrt{11}, \$\sqrt{12}\$).

Negative

Partial

Left

Right 2b:

Complete

Positive = obliteration. 3a:

Positive = band adhesions. 3b

Nodules present on the posterior vaginal fornix?

Definition. Thickening of superior 1/3 of posterior vaginal. wa# +/c nodularity Nodules. ↓ T2 ↑T1 (if active. emgfrrhagic deposits).

No

Yes

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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 endometriosis in the anterior rectal wall and posterior vaginal fornix, located below the peritoneum of the Pouch of Dauglas Inactive/ fibrotic disease characterised as ↓ T1 ↓ T2 signal

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

No

Yes

Size (mm)

mactive

Active Zb2

Uterosacral ligament nodules or thickening?

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

Active disease as TT1, T to intermediate T2 signal

Therporrhagic/ proteinaceous content + glandular deposits).

1./ No

2 Yes nodules

2a: Left

2a-1: Size (mm)

2b. Right

2b-1: Size (mm)

2c1 Inactive

2r.2. Active

Yes thickening.

3a: Left.

3b Right

3c Both

Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as \$\J\$ T1

J 12 signal

Active disease as . TT1, . To intermediate- T2 signal

chemorrhagic/ proteinacous content + glandular deposits).

No

Yes

2a Size (mm)

2b1 Inactive

2b2. Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as \downarrow T1

↓ T2 signal.

Active disease as \$\T1\$, \$\T0\$ 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

its 'base' and 1 T2 at its 'cap'

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

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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?

No

...

Yes, tethered to

2a Uterus

2b: Lovary

2c R ovary

2d: L. uterosacral ligament nodule

2e: R uterosacral ligament nodule.

E pelvic side wall.

R pelvic side wall.

2h: Other

Any other salient findings on the study:

No

Yes

a (Free text)

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