SUBJECT ID = RR

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ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

BR PROFORMA REPORT BLIND REVIEW

Uterus

1: Absent

2: Present

Utering anatomy

Conventiona

- 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).

72 x 44 x 37 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

3m~

Endometrial lesions

- 1. Not identified.
- 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.
 - Abnormal junctional zone thickening and measurement
 - i. Anterior (mm)
 - ii. Fundal (mm)
 - iii. Posterior (mm)

Presence of an adenomyoma

1: No

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

subscrosel

3

Funda

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2b-1: Yes

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

Left ovary

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

2: Present

Left ovary size (3 planes and volume)

1. NN x NN x NN mm 26 x 29 x 16 mm

2. Volume (above x 0.52).

6.3 00

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

10

2. N follicles > 9 mm

a. (Free text)

0

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

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3e:

Other: (free text)

Left ovarian endometrioma



Yes

Size: NN in millimetres (mm) 1a:

> 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

Not classifiable

2: Lesion features

> 2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cvst

2e: Solid

3: Vascularity (post gadolinium enhancement).

> 3a: Present

3b: Absent

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×NN×NNmm 29 x 18 x 20 mm

2. Volume (above x 0.52).

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Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

4

O

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

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

EV

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

Unilocular cyst 2a:

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

> 3a: Present

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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).

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 (\$\sqrt{T1}\$, \$\sqrt{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: ↓ T2 ↑T1 (if active

haemorrhagic deposits)

<u>1: No</u>

2: Yes

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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 \(\gamma T1\), \(\gamma\) to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1: No Yes

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2a: Size (mm)

2b1: Inactive.

2b2: Active

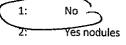
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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as $\sqrt{11}$ $\sqrt{12}$ signal.

Active disease as 171, 1 to intermediate-T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).



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.

Retrocervical nodule present?

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

Active disease as 171, 1 to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits).



2a: Size (mm)

2b1: Inactive.

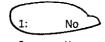
2b2: Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

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

Active disease as \uparrow T1, \uparrow 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 \downarrow T2 at its 'base' and \uparrow 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?

1: NO

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:



a. (Free text).

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