[redacted]

ADVANCED GYNECOLOGY ULTRASOUND (ENDOMETRIOSIS SONOGRAPHER-LED):

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the **indication of endometriosis on the requisition**, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: Dyspareunia x 10 years/S+S PCOS. Likely PCOS vs endometriosis.
LMP: 5 October 2025

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 50 x 42 x 26 mm. Volume 29.0 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: 1.3 mm. Endometrial cavity pathology: Fluid within endometrial cavity, there is an echogenic and avascular area measuring 26 x 11 x 3 mm - polyp vs blood.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 21 x 22 x 15 mm. Volume 3.5 ml.
Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 30 x 18 x 16 mm. Volume 4.3 ml.
Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 09 Oct 2024
Signed

[redacted]

ANTERIOR COMPARTMENT:

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

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

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today. The cavity is filled with blood and a hyperechoic area, possibly representative of a clot vs polyp. Sonohysterography is recommended.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

No evidence of PCOM. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst we did not identify endometriosis, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 09 Oct 2024
Signed

[redacted]

going to be considered for this patient, I would recommend a **sonologist-led endometriosis ultrasound** to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions, even though these were not identified today.

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 09 Oct 2024
Signed