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ENDOMETRIQUIS PELVIC MRI ASSESSMENT >

BR PROFORMA REPORT BLIND REVIEW

Uterus

1:

Absent

Present

Uterine anatomy

Conventional

Arcuate

Septate

a. Full septum

b. Subseptate

Bicornuate unicollis

Bicornuate bicollis

Didelphys

7. Other (free text enabled).

Uterine Lie (can be more than one selection)

Anteverted

Anteflexed >

3. Retroverted

4. Retroflexed

5. Axial

Others (please specify) (Free text enabled)

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

1. (Free text).

100 x 88 x 60 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

Endometrial lesions

Not identified.

Present. Polyp.

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

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

Adenomyosis

1. No MRI supportive features

Supportive MRI features as described:

Submucosal cysts.

Abnormal junctional zone thickening and measurement

Anterior (mm)

Fundal (mm) ii.

iii. Posterior (mm)

Presence of an adenomyoma

1:

Fibroids

1: No

Yes 2:

Number of fibroids: 2a:

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

> Submucosal fibroids 2b:

mm intramural

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2b-1:

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

Volume (above x 0.52).

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

2. N follicles > 9 mm

a. (Free text)

Dominant follicle

N.

Left ovary position

Lateral adnexa. Unremarkable. 1:

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

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

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

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 x NN x NN mm

2. Volume (above x 0.52).

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

b. N.

Right ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in Iliac fossa.

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

2a: Unilocular cyst

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



2: Hematosalpinx
2a: No

3: Other (free text).

Are both ovaries immediately approximated "kissing"?

Yes

1: No 7 May be engulfe

Yes · i — postevice Vherine moss

Urinary bladder nodule

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

1: Absent 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

a: Positive = obliteration.
3b: Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

1: No

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



2a: Size (mm)

2b1: Inactive.

2b2: Active

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Uterosacral ligament nodules or thickening?

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

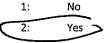
Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

- 1: No
- 2: Yes nodules
 - 2a: Left
 - 2a-1: Size (mm)
 - 2b: Right
 - 2b-1: Size (mm)
 - 2c1: Inactive.
 - 2c2: Active
- 3: Yes thickening.
 - За: Left.
 - 3b: Right
 - 3c: Both

Retrocervical nodule present?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

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



Size (mm) 2a:

2b1: 2b2:

external adamyasis
involving pasteria
uterus mae tha
cenvix

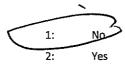
77 x 78 + 46m

Rectum and colon:

is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as \downarrow 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 plague with \downarrow T2 at its 'base' and 1 T2 at its 'cap'.



Distance from the anal verge 2a:

> Length (mm) 2a-1:

2b: Lesion type

2c:

Isolated lesion 2b-1:

2b-2: Multiple lesions

Curved lesion 2b-3:

Straight lesion 2b-4:

Maximal depth layer of invasion each leasion (muscularis, submucosa,

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

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

(2c-3 etc.)

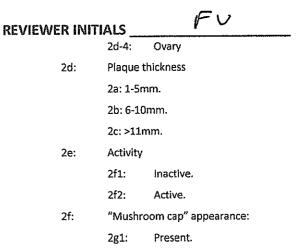
mucosa).

Is it stuck to any structures or free lying?

2d-1: Vagina

2d-2: Uterus

2d-3: Uterosacral ligaments



Absent.

Is there evidence of tethering of the bowel?

2g2:

1: No

Yes_tethered to 2: 2a: Uterus

2b: L. ovarv

2c: R. ovarv

2d: L. uterosacral ligament nodule

R. uterosacral ligament nodule 2e:

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other.

Any other salient findings on the study:

1. No 2. Yes

(Free text).

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