



PELVIC ULTRASOUND

INDICATION: Pelvic pain r/o endometriosis

LMP: 19-Oct-2024

RELEVANT CLINICAL HISTORY: No

Our patient consented to a complete pelvic ultrasound examination using real-time transabdominal and transvaginal ultrasound.

UTERUS: Normal. The uterus was well visualized.

Measurements: 83 x 100 x 84 mm; Volume: 360.2 ml.

Orientation: Retroverted

Adenomyosis: Evaluation for adenomyosis revealed: Nil.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:

Thickness 8.7mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Normal

was well visualized and measured 16 x 16 x 22 mm; Volume: 2.9 ml.

Left Ovary: Abnormal

was well visualized and measured 25 x 36 x 21 mm; Volume: 10.1 ml.

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Date of transcription: 20 Dec 2024

Sonographer: L. Yu



Type of abnormality	Measurements	Description	Other relevant details:
Polycystic ovarian morphology	N/A	More than 20 follicles are noted	

Adnexa: Normal

FREE FLUID: Present

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): Normal with no evidence of deep endometriosis or other gross pathology.

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

Superficial endometriosis: Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified: Superficial endometriosis on the rectouterine pouch peritoneum and uterine serosa in the form of echogenic foci and surface irregularities.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including superficial endometriosis. The left ovary has polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's

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experiences. I advised them to follow up with you, their referring doctor, to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

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