

ENDOMETRIOSIS ULTRASOUND:

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

INDICATION: intense dysmenorrhea and rectal pain with cycles. Has a known history of adenomyosis

FINDINGS:**UTERUS:**

The uterus was well visualized, in orientation and size measuring 73.6 x 37.7 x 50.6 mm.

Myometrium: The myometrium appeared normal.

- **Adenomyosis:** Evaluation for adenomyosis revealed: Nil. No direct or indirect features of adenomyosis are noted.
- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 5.6 mm. Endometrial cavity pathology: None. Isthmocele was seen, measuring 7.5 x 3.7 x 7.7 mm. RMT 3.1 mm, AMT 8.2 mm.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 26.7 x 17.5 x 22.7 mm. Volume 5.6 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 22.0 x 22.2 x 24.3 mm. Volume 6.2 ml.

Left Ovary Mobility: Mobile

ANTERIOR COMPARTMENT:

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

Ureters: Normal bilaterally with no evidence of hydroureter.

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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 did not identify superficial endometriosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

Limited abdominal and full pelvic ultrasound today with no findings of endometriosis or adenomyosis. We are unable to corroborate the MRI diagnosis of adenomyosis. The MRI diagnosis may be a false positive diagnosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis. There is a small isthmocele present, to have better view of this we advise a sonohysterography if clinically relevant and desired. Isthmoceles may yield abnormal bleeding and more recently are questioned as a cause of pelvic pain.

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 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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