SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

PELVIC ULTRASOUND

INDICATION: Recent Dx of endometriosis.

LMP: 31-Aug-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: 56 x 44 x 40 mm; Volume: 51.8 ml.

Orientation: Anteverted

Adenomyosis: Evaluation for adenomyosis revealed: Nil.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:
Thickness 3.1mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Abnormal
was well visualized and measured 58 x 39 x 35 mm; Volume: 41.7 ml.

Type of abnormality	*Measurements*	*Description*	*Other relevant details:*
Right ovarian cyst	48 x 31 x 38 mm Volume: 29.4 ml	Endometrioma	

Immobile inferiorly and medially. Mobile laterally.

Left Ovary: Abnormal

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Date of transcription: 03 Sep 2024

Sonographer: L. Yu

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was well visualized and measured 68 x 57 x 43 mm; Volume: 87.2 ml.

Type of abnormality	*Measurements*	*Description*	*Other relevant details:*
Left ovarian cyst	48 x 45 x 42 mm Volume: 46.9 ml	Endometrioma	

Immobile. Ovaries are "kissing" in the midline posteriorly.

Adnexa: Normal

FREE FLUID: Absent
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: Abnormal with evidence of deep endometriosis measuring 16.5 x 15.4 x 8.3 mm.
Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.
Torus uterinus: Abnormal with evidence of deep endometriosis measuring 6.8 x 3.6 x 4.9 mm.

Bowel: Challenging assessment due to bilateral ovarian endometriomas, though there is note of tethering of the bowel to the left uterosacral ligament nodule and bilateral ovarian endometriomas. Unable to exclude bowel endometriosis.

Rectouterine pouch (cul de sac): Sliding sign: Negative, representing an obliterated (i.e. abnormal) 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 complete pelvic ultrasound today with findings of:

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1. Bilateral "kissing" ovarian endometriomas that are obscuring the rectouterine pouch peritoneum, causing obliteration of the rectouterine space.
2. Deep endometriosis of the left uterosacral ligament and torus uterinus.
3. There is tethering of the bowel in the posterior cul-de-sac and due to presence of the ovarian endometriomas, bowel endometriosis cannot be excluded. A sonologist-led endometriosis scan may help for diagnostic clarity here, if clinically helpful.

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst endometriosis was identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is 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.

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