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# ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

## BR PROFORMA REPORT BLIND REVIEW

#### Uterus

1: Absent

2: Present

#### **Uterine anatomy**

1. Conventional



3. Septate

- a. Full septum
- b. Subseptate
- 4. Bicornuate unicollis
- 5. Bicornuate bicollis
- 6. Didelphys
- 7. Other (free text enabled).

#### Uterine Lie (can be more than one selection)



Anteflexed

3. Retroverted

Retroflexed

Axial

6. Others (please specify) (Free text enabled)

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

(Free text).

84 x 65 x 57mm

#### Endometrial thickness (sag plane in mm to nearest mm)

(Free text)



#### **Endometrial lesions**

- 1. Not identified.
- Present. Polyp.

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

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

#### Adenomyosis

- 1. No MRI supportive features
- 2. Supportive MRI features as described:
  - 1. Submucosal cysts.
  - Abnormal junctional zone thickening and measurement
    - i. Anterior (mm)
    - ii. Fundal (mm)
    - iii. Posterior (mm)

#### Presence of an adenomyoma

: No

: Yes

#### **Fibroids**

1: No

Yes

2:

2a: Number of fibroids:

2b: Largest fibroids (location and size mm all

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

2b: Submucosal fibroids

2b-0: No

## **REVIEWER INITIALS**

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2b-1: Y

2b-1-1: (description: free text)

#### Left ovary

1: Absent (Branching logic – move to "Right ovary")

2: Present

## Left ovary size (3 planes and volume)

1. NN x NN x NN mm

32x15x24n

2. Volume (above x 0.52).



## Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

16

2. N follicles > 9 mm

a. (Free text)

0

3. Dominant follicle

a. Y

## Left ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

3: Tethered/ distorted appearances – (may be

multiple options)

 $\ensuremath{\mathtt{3a}}\xspace$  : Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to adjacent

bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

Зе:

Other: (free text)

#### Left ovarian endometrioma



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 cvst

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 ovarian endometrioma

2a:

2b:

adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Size: NN in millimetres (mm)

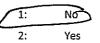
T2 shading (intermediate/low

homogeneous T2 signal).

No

Yes

**REVIEWER INITIALS** 



1: Absent (Branching logic - move to "Adnexa")

Present

Right ovary

Right ovary size (3 planes and volume)

1. NN x NN x NN mm 36 x 31 x 34 m

Volume (above x 0.52).

20.000

T1 fat sat hyperintense

2b-0:

2b-1:

Absent 2c-0:

2c-1: Present

2d: Internal nodularity, septation, complex.

FU

2d-1: No

2d-2: Yes

# 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)

10,21~~

3. Dominant follicle

# Right ovarian lesions/cvsts other than suspected endometriomas

# Not classifiable -

Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cvst

2c: Multilocular cvst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

> 3a: Present

# Right ovary position-

2:

# لبهاdateral adnexa. Unremarkable

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

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3b:

Absent

Fat component (T1/T2 hyperintense. Low signal on fat suppression).

> 4a: Present.

4b: Absent.

Adnexa

1: Hydrosalpinx

No 7

1b: Yes

2: Hematosalpinx



3: Other (free text).

Are both ovaries immediately approximated "kissing"?

1: No >

2: Yes

Urinary bladder nodule

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

1: Absent<sup>¬</sup>

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.

Normal.

2: Abnormal.

> (free text if required) 2a:

Ureteric nodule(s)?

1: Absent

2: Present

> Location (free text + distance to ureteric 2a:

> > 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,

Partial

2a: Left

2b: Right

3: Complete

> 3a: Positive = obliteration.

3b: Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

Definition: Thickening of superior 1/3 of posterior vaginal wall +/- nodularity. Nodules: ↓ T2 个T1 (if active

haemorrhagic deposits) NO.

Yes

1:

2:

**REVIEWER INITIALS** 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 ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/proteinaceous content + glandular deposits).

1: No > 2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

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#### Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as  $\downarrow$  T1  $\downarrow$  T2 signal.

1: No Yes nodules

2a: Left

2a-1: Size (mm)

2b: Right

2b-1: Size (mm)

2c1: Inactive.

2c2: Active

3: Yes thickening.

3a: Left.

3b: Right

3c: Both.

#### Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as  $\downarrow$  T1  $\downarrow$  T2 signal.

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



2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

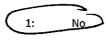
#### Rectum and colon:

#### Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as  $\downarrow$  T1  $\downarrow$  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 plaque with ↓ T2 at its 'base' and ↑ T2 at its 'cap'.



2: Yes

2a: Distance from the anal verge

2a-1: Length (mm)

2b: Lesion type

2b-1: Isolated lesion

2b-2: Multiple lesions

2b-3: Curved lesion

2b-4: Straight lesion

2c: Maximal depth layer of invasion each

leasion (muscularis, submucosa,

mucosa).

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

(2c-2: Lesion 2 (free text) - delete if

not relevant

(2c-3 etc.)

2c: Is it stuck to any structures or free lying?

2d-1: Vagina

2d-2: Uterus

2d-3: Uterosacral ligaments

# **REVIEWER INITIALS**

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2d-4: Ovary

2d: Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

2f1: Inactive.

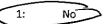
2f2: Active.

2f: "Mushroom cap" appearance:

2g1: Present.

2g2: Absent.

### Is there evidence of tethering of the bowel?



2: Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other.

# Any other salient findings on the study:

1. No 2. Yes

a. (Free text).

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