SUBJECT ID = RR

ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW

Uterus

Absent

Present

Uterine anatomy

Conventional

- Arcuate
- Septate
 - Full septum
 - Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- Didelphys

Other (free text enabled).

15ee vomments end.

Uterine Lie (can be more than one selection)

- Anteverted
- Anteflexed
- Retroverted
- Retroflexed

Offiers (please specify) (Free text epabled)

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

Endometrial thickness (sag plane in mm to nearest mm)

Englometrial lesions

- /Not identified
- Present. Polyp.

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

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

Adenomyosis

No MRI supportive features

- Supportive MRI features as described:
 - Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma.

Yes

proronds

No

Yes

- Number of fibroids: 2a
- Largest fibroids (location and size mm all

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

Submucosal fibroids Zb.

> 2b-0: No

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Yes 2b-1

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

Left ovary

Absent (Branching logic - move to "Right ovary")

Present

Left ovary size (3 planes and volume)

Volume (above x 0.52).

Left ovary follicle measurements and count

- 1. N follicles between 2 and 9 mm in diameter
- N follicles > 9 mm
 - (Free text)
- Dominant follicle

Left ovary position

Lateral adnexa. Unremarkable

- High positioning in iliac fossa
- 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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Other: (free text) 3e:

Ceft divarian endometrioma

No

Yes

Size. NN in millimetres (mm) 1a:

> T2 shading (intermediate/low homogeneous T2 signal)

1b-0 No

Yes 1b-1.

T1 fat sat hyperintense 10

> Absent 1c-0

16-1 Present

No

Internal nodularity, septation or other 1d:

complexity

1d-1:

1d-2: Yes

1-d-2 1 (Free text)

Left ovarian lesions/cysts other than suspected

endometriomas

- Not classifiable
- Lesion features

Unillocular cyst 2.a

Unifocular-solid cyst 2 b

Multilocular cyst-20

Multilocular-solid cyst

Solid

Vascularity (post gadolinium enhancement)

Present 3.a

Absent 3b:

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

> Present. 4a:

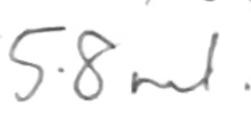
Absent. 4b:

Right ovary

Absent (Branching logic - move to "Adnexa") Present

Right ovary size (3 planes and volume)

Volume (above x 0.52).



Right ovary follicle measurements and count

N follicles between 2 and 9 mm in diameter

N follicles > 9 mm



Dominant follicle



Right overy position

Lateral adnexa. Unremarkable.

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

TRight ovarian endometrioma

No

Yes

Size: NN in millimetres (mm) 2a:

T2 shading (intermediate/low 2b: homogeneous T2 signal).

2b-0-

2b-1 Yes

2c: T1 fat sat hyperintense

> 20-0: Absent

2c-1: Present

2d: Internal nodularity, septation, complex.

> 2d-1: Νo

2d 2 Yes

Right ovarian lesions/cysts other than suspected endometriomas

Not classifiable

Lesion features

2a. Unilocular cyst

Unilocular-solid cyst 2b:

2c: Multilocular cyst

2d Multilocular-solid cyst

Solid

Vascularity (post gadolinium enhancement)

Present 3a:

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3b.

Absent

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

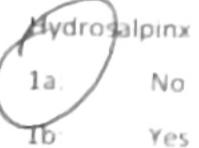
4a:

Present.

4b: Absent

Adnexa

1:



2:

2a: No 2b: Yes

3: Other (free text)

Are both ovaries immediately approximated "kissing"?

No

2: Yes

Urinary bladder nodule

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

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 antenor utenne serosa and bladder.

Normal

. Abnormal.

2a: (free text if required)

Oreteric nodule(s)?

Absent

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 (\$\pm\$ T1, \$\pm\$ T2)

Left

: / !

Negative

2a:

Partial

2b Righ

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 +/2 nodularity. Nodules. ↓ T2 ↑T1 (if active haemorrhagic deposits)

/ No

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.

No

?. 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 \$\psi\$ T1 \$\psi\$ T2 signal.

Active disease as TT1, T to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1: No

Yes

Za. 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.

Active disease as ↑T1, ↑ to intermediate- T2 signal

the norrhagic/ proteinaceous content + glandular deposits).

/ No

2: Yes nodules

2a: Left

2a-1. Size (mm)

2b:

Right

2b-1: Size (mm)

2c1: Inactive.

2c2: Active

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 ↑T1, ↑ to intermediate- T2 signal

Themorrhagic/ proteinacous content + glandular deposits).

No

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 $\uparrow T1$, $\uparrow to Intermediate-T2 signal$ (hemorrhagic/ proteinacous content + glandular deposits). "Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with $\downarrow T2$ at its 'base' and $\uparrow T2$ at its 'cap'.



No

Yes

2a: Distance from the anal verge

2a-1: Length (mm)

2b: Lesion type

2b-1: Isolated lesion

b-2: Multiple lesions

2b-3: Curved lesion

2b-4: Straight lesion

 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

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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?

/ No

Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

Zf: L pelvic side wall

2g: R pelvic side wall.

2h. Other

Any other salient findings on the study:



Yes

a. (Free text)

Hossible unicomet

Scary Photo/ Email. kate cook@bensonradiology.com.au

2) /100

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