

SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS

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ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: 39 yo with known endometriosis, adverse effects to hormonal options. Currently has Mirena. Recently hospitalized for acute abdominal pain, suspicious of ovarian cyst/rupture. Assess for endometriosis.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 78 x 31 x 42 mm.

Myometrium: The myometrium appeared normal.

- Adenomyosis: Evaluation for adenomyosis revealed: Nil
- **Fibroids**: Evaluation for fibroids revealed: Nil.
- Congenital anomaly: Nil.

Endometrium: Endometrial thickness measured: 4.2 mm. Endometrial cavity pathology: None.

IUD: correct position and orientation.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 33 x 15 x 14 mm. Volume 3.8 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 32 x 10×16

mm. Volume 2.8 ml.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

M. Leonardi, MD, PhD, FRCSC Date of transcription: 26 Aug 2023

Signed



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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-obliterated (i.e. normal) 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:

Normal limited abdominal and full pelvic ultrasound today with no findings of deep endometriosis or other pathology. IUD in correct orientation and position within the uterine cavity.

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.

M. Leonardi, MD, PhD, FRCSC Date of transcription: 26 Aug 2023 Signed