SUBJECT ID = RR Endometrial thickness (sag plane in mm to nearest mm) **ENDOMETRIOSIS PELVIC MRI ASSESSMENT** 1. (Free text) **BR PROFORMA REPORT BLIND REVIEW Endometrial lesions** Left ovary Uterus Not identified. Absent Present. Polyp. 2: Present 2: Present 2b-1: No. of polyps (free text) 2b-2: Size of each polyp. (free text) Uterine anatomy /Conventional Adenomyosis Arcuate No MRI supportive features 3. Septate Supportive MRI features as described: Full septum Submucosal cysts. b. Subseptate Abnormal junctional zone thickening and Bicornuate unicollis measurement Bicornuate bicollis Anterior (mm) **Didelphys** 7. Other (free text enabled). ii. Fundal (mm) Posterior (mm) Presence of an adenomyoma b. N. Uterine Lie (can be more than one selection) 1: No Anteverted Yes Left ovary position Anteflexed 1: Retroverted 2: Retroflexed **Fibroids** 5. Axial No Others (please specify) (Free text enabled) 2: Yes 2a: Number of fibroids: Uterine Size (body + cervix - 3 planes in mm ) 2b: Largest fibroids (location and size mm all bowel. fibroids >10mm and/or iimpact on the cavity) - (Free text)

2b:

Submucosal fibroids

2b-0:

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2b-1:

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

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

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)

2. N follicles > 9 mm

a. (Free text)

Dominant follicle

Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

Tethered/ distorted appearances - (may be multiple options)

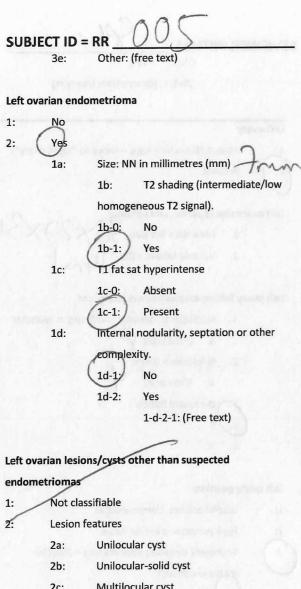
3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to adjacent

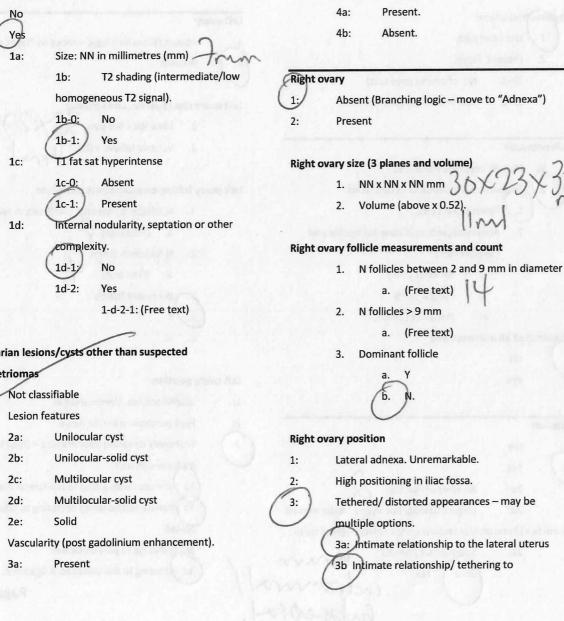
3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

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3:

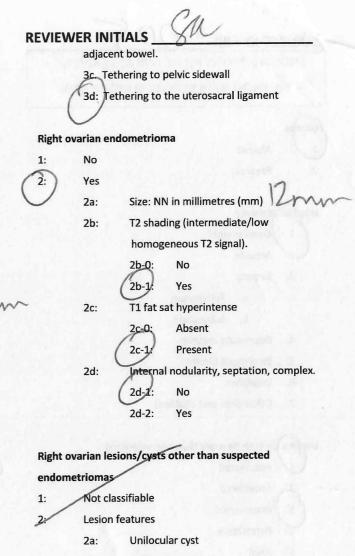


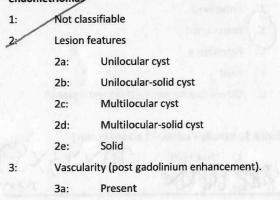
3b:

on fat suppression).

Absent

Fat component (T1/T2 hyperintense. Low signal





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3b: Absent

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

> 4a: Present.

> > Absent.

Adnexa

1: Hydrosalpinx

4b:

No

Yes

Hematosalpinx 2:

> 2a: No 2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?

1: No

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 anterior uterine serosa and bladder.

1: Normal. 2:

Abnormal.

2a: (free text if required)

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

2: **Partial** 

> 2a: Left

2b: Right

Complete

3:

Positive = obliteration. 3a:

Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

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

No

2: Yes REVIEWER INITIALS

Dimension of nodule to be measured in 2a: 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

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 SUBJECT ID = RR

### 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 (hemorrhagic/proteinaceous content + glandular deposits).

1: 2: No

Yes nodules

2a:

Left

2a-1:

2b:

Right 2b-1:

2c1:

Inactive.

2c2:

Active

3:

Yes thickening.

3a:

Left.

3c:

Right

Both.

### Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

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

No 1:

Yes

Size (mm) 2a:

2b1:

Inactive. Active

2b2:

#### Rectum and colon:

## Is there bowel deep infiltrating endometriosis seen?

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

1:

No

Yes

2a: Distance from the anal verge

> Length (mm) 2a-1:

2b: Lesion type

> Isolated lesion 2b-1:

Multiple lesions 2b-2:

2b-3: Curved lesion

Straight lesion 2b-4:

Maximal depth layer of invasion each 2c: leasion (muscularis, submucosa, mucosa).

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

Lesion 2 (free text) - delete if (2c-2: not relevant

(2c-3 etc.)

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

> 2d-1: Vagina

> 2d-2: Uterus

Uterosacral ligaments 2d-3:

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2d-4: Ovary

2d: Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

Activity 2e:

> 2f1: Inactive.

2f2: Active.

2f: "Mushroom cap" appearance:

> 2g1: Present.

Absent. 2g2:

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

2:

No

Yes, tethered to

Uterus

L. ovary R. ovary

L. uterosacral ligament nodule

R. uterosacral ligament nodule

2f: L pelvic side wall.

R pelvic side wall. 2g:

2h: Other.

# Any other salient findings on the study:

No

2. Yes

a. (Free text).

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