ENDOMETRIOSIS PELVIC MRI ASSESSMENT –

BR PROFORMA REPORT BLIND REVIEW

Uterus

1:

Absent

2:

Present

Uterine anatomy

- Conventional
- 2. Arcuate
- Septate
 - Full septum
 - Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- **Didelphys** 6.
- Other (free text enabled).

Uterine Lie (can be more than one selection)

- Anteverted
- Anteflexed
- Retroverted
- Retroflexed
- 5. Axial
- Others (please specify) (Free text enabled)

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

(Free text).

80 x 54 x 46mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endometrial lesions

Not identified.

2. 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.

2. Abnormal junctional zone thickening and measurement

Anterior (mm)

Fundal (mm)

iii. Posterior (mm)

Presence of an adenomyoma

No

Yes

No

Fibroids

2: Yes

> Number of fibroids: 2a:

Largest fibroids (location and size mm all 2b:

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

2b: Submucosal fibroids

> 2b-0: No

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2b-1: Yes

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

Left ovary

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

2:

Present

Left ovary size (3 planes and volume)



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)



3. Dominant follicle

b.)N.

Left ovary position

1: Lateral adnexa, Unremarkable,

2: 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 adjacent

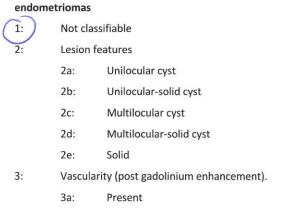
bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

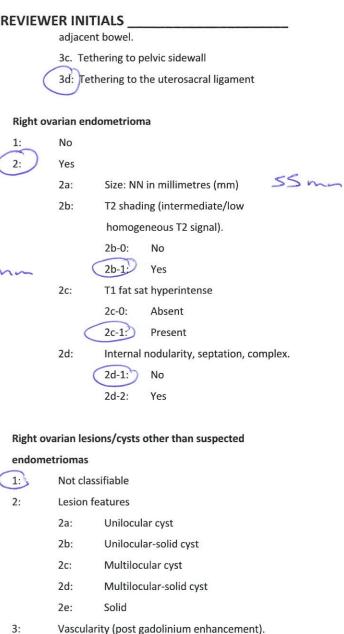
SUBJECT ID = RR Other: (free text) 3e: Left ovarian endometrioma No Size: NN in millimetres (mm) T2 shading (intermediate/low homogeneous T2 signal). 1b-0: No Yes 1b-1: T1 fat sat hyperintense 1c-0: Absent 1c-1: Present Internal nodularity, septation or other complexity. 1d-1: No 1d-2: Yes 1-d-2-1: (Free text)

Left ovarian lesions/cysts other than suspected



				RE	
		3b:	Absent		
	4	Fat component (T1/ T2 hyperintense. Low signal			
	on fat s	suppression).			
		4a:	Present.		
		4b:	Absent.		
			v.	-	
	Right ovary				
	1: Absent (Branching logic – move to "Adnexa")				
(2: Present				
-					
	Right ovary size (3 planes and volume)				
		1.	NN x NN x NN mm 58+52+5	hn	
		2.	Volume (above x 0.52).		
	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)		
		3.	Dominant follicle	F	
			a. Y	•	
			b. N.		
				2	
	Right ovary position				
	1:	Lateral adnexa. Unremarkable.			
	2: High positioning in iliac fossa. 3: Tethered/ distorted appearances – may be				
1		multiple options.			
	3a: Intimate relationship to the lateral uterus				

3b Intimate relationship/ tethering to



3a:

Present

SUBJECT ID = RR

3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1: Hydrosalpinx



No

1b:

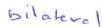
Yes

2: I

Hematosalpinx



No Yes



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

2:

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 Present

2:

Location (free text + distance to ureteric

orifice/VUJ)

2b:

2a:

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 (\downarrow T1, \downarrow T2)

1: Negative

2:

Partial 2a:

h.

2b: Right

Left

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: \downarrow T2 \uparrow T1 (if active haemorrhagic deposits)

1:

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.

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 \uparrow T1, \uparrow to intermediate- T2 signal

(hemorrhagic/proteinaceous content + glandular deposits).

1:

No

Yes

2a: Size (mm)

2b1:

Inactive.

2b2: Active

Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as $\sqrt{11}$ $\sqrt{12}$ signal.

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

1: 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 (hemorrhagic/ proteinacous content + glandular deposits).

1: No

Ye

Yes 2a:

Size (mm)

19 min

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'.

1: No

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).

submucesel

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:>12mm. 13n-

2e: Activity

2f1: Inactive.

2f2: Active.

2f: "Mushroom cap" appearance:

2g1: Present.

2g2: Absent.

Is there evidence of tethering of the bowel?

1: No

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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