



**ENDOMETRIOSIS ULTRASOUND:**

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

**INDICATION:** very heavy painful menses, worsening over time, associated vomiting, infertility

**FINDINGS:**

**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 68 x 33 x 43 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: 2.1 mm. Endometrial cavity pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared normal in appearance and echogenicity, measuring 25 x 14 x 28 mm. Volume 5.0 ml.

**Right Ovary Mobility:** Mobile

**Left Ovary:** the left ovary appeared normal in appearance and echogenicity, measuring 27 x 14 x 14 mm. Volume 2.7 ml.

**Left Ovary Mobility:** Mobile

**Adnexa:** Normal bilaterally.

**ANTERIOR COMPARTMENT:**

**Bladder:** Normal with no evidence of deep endometriosis or other gross pathology.

**Ureters:** Normal bilaterally with no evidence of hydroureter.

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 23 Sep 2023

Signed



**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-obiterated (i.e. normal) rectouterine pouch.

**Superficial endometriosis:** Evaluation for superficial endometriosis today was/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 endometriosis or adenomyosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

We would suggest considering a **sonohysterography** to try and better visualize superficial endometriosis using sonoPODography after installing fluid into the rectouterine pouch.

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  
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