SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
200 JAMES ST. SOUTH, SUITE 305 HAMILTON, ON L8P 3A9 | PHONE: (905) 522-2220
FAX: (905) 522-2280 | WWW.SUGOCLINIC.COM

[redacted]

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the:
identification of endometriosis on the basic gynecology ultrasound today, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: 29yo G2P1 heavy menstrual bleeding and dysmenorrhea.

LMP: 07-Jan-2025

RELEVANT CLINICAL HISTORY: No

UTERUS: Normal. The uterus was well visualized.

Measurements: 48 x 56 x 32 mm; Volume: 45.2 ml.

Orientation: Anteverted
The cervix measures 32 mm in length.

Adenomyosis: Evaluation for adenomyosis revealed: **Features Present.**
The following MUSA (Morphologic Uterine Sonographic Assessment) group features are identified:
- Echogenic sub-endometrial lines and buds
Difficult to assess due to presence of IUD.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium: IUD correctly positioned
Thickness 4.8mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Normal
was well visualized and measured 28 x 22 x 20 mm; Volume: 6.5 ml.
Mobile

Left Ovary: Normal
was well visualized and measured 29 x 32 x 17 mm; Volume: 8.1 ml.

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 09 Jan 2025

Sonographer: M. Palmer

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Adnexa: Normal

FREE FLUID: Absent
Enhanced evaluation for superficial endometriosis: ☐ **Yes** ☑ No

ANTERIOR COMPARTMENT:

Vesicouterine peritoneum: Normal.
Bladder: Normal.
Ureters: Normal.
Kidneys: Normal.

POSTERIOR COMPARTMENT:

Vagina: Normal.
Uterosacral ligaments + Torus uterinus: Abnormal, Endometriosis.

Location	*Type*	*Size (L x W x H mm)*	*Other relevant details:*
Left USL	Deep endometriosis	7.8 x 4.8 x 1.8 mm	

Bowel: Normal.
Rectouterine pouch peritoneum: Normal.

Sliding sign: Positive

Interpretation:

Non-obliterated (normal)	

IMPRESSION:
Abnormal advanced pelvic ultrasound

The following were identified:

- Deep endometriosis - Pelvic endometriosis

Today's ultrasound was a sonographer-led endometriosis ultrasound. Whilst endometriosis was identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a sonologist-led endometriosis ultrasound to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions.

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