SUBJECT ID = RR

#### Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as  $\sqrt{11}$  T2 signal.

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



3:

No

Yes nodules

2a: Left

2a-1:

Size (mm)

2b: Right

2b-1:

Size (mm)

2c1:

Inactive.

2c2:

Active

Yes thickening.

Left.

Right

Both.

#### Retrocervical nodule present?

Definition: Inactive/fibrotic disease characterised as  $\downarrow$  T1 ↓ T2 signal.

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



Nο

Yes

2a:

2b1:

Inactive.

2b2:

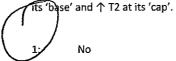
Active

#### Rectum and colon:

### Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as  $\sqrt{11}$ ↓ 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



No

Yes

Distance from the anal verge 2a:

> 2a-1: Length (mm)

2b: Lesion type

> 2b-1: Isolated lesion

Multiple lesions 2b-2:

2b-3: Curved lesion

Straight lesion 2b-4:

2c: Maximal depth layer of invasion each

leasion (muscularis, submucosa,

mucosa).

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

Lesion 2 (free text) - delete if (2c-2:

not relevant

(2c-3 etc.)

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

> 2d-1: Vagina

> 2d-2: Uterus

Uterosacral ligaments 2d-3:

### **REVIEWER INITIALS**

Ovary

Plaque thickness 2d:

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

> 2f1: Inactive.

2f2: Active.

2f: "Mushroom cap" appearance:

> 2g1: Present.

2g2: Absent.

# Is there evidence of tethering of the bowel?

No

Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovarv

2d: L. uterosacral ligament nodule

R. uterosacral ligament nodule 2e:

2f: L pelvic side wall.

R pelvic side wall. 2g:

2h: Other.

Any other salient findings on the study:

1. Nο

Yes

(Free text).

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3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1:

Hydrosalpinx

1b:

No Yes

2:

Hermatosalpinx 2a: No 2b: Yes

3:

Other (free text).

Are both ovaries immediately approximated "kissing"?

No

2: Yes

Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder.

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)?

Absent

Present

2a: Location (free text + distance to ureteric

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

Partial

artial

2a: Left

2b: Right

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: ↓ T2 ↑T1 (if active hae morrhagic deposits)

l:/ No

Yes

**REVIEWER INITIALS** 

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.

l:/ 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  $\psi$  T1  $\psi$  T2 signal.

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

/ No

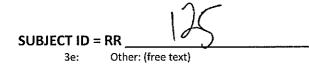
2:

Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active



#### keft ovarian endometrioma

No

Yes

Size: NN in millimetres (mm) 1a:

> 1b: T2 shading (intermediate/low

homogeneous T2 signal).

1b-0: No

Yes 1b-1:

1c: T1 fat sat hyperintense

> Absent 1c-0:

1c-1: Present

Internal nodularity, septation or other 1d:

complexity.

1d-1: No

1d-2: Yes

1-d-2-1: (Free text)

# Left ovarian lesions/cysts other than suspected endometriomas

Not classifiable 1:

Lesion features 2:

Unilocular cyst 2a:

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

Present

3b: Absent

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

> 4a: Present.

4b: Absent.

#### Right ovary

Absent (Branching logic - move to "Adnexa")

Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm

Volume (above x 0.52).

#### Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

(Free text)

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle



#### Right 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

# **REVIEWER INITIALS**

adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

#### Right ovarian endometrioma

No

Yes

Size: NN in millimetres (mm)

2a: 2b: T2 shading (intermediate/low

homogeneous T2 signal).

2b-0: No

2b-1: Yes

2c: TI fat sat hyperintense

> 2c-0: Absent

Present

2d: Internal nodularity, septation, complex.

No

2d-2: Yes

# Right ovarian lesions/cysts other than suspected

## endometriomas

1: Not classifiable

2: Lesion features

> Unilocular cyst 2a:

2b: Unilogular-solid cyst

Multilocular cyst 2c:

2d: Multilocular-solid cyst

Solid

3: Vascularity (post gadolinium enhancement).

> За; Present

SUBJECT ID = RR

**ENDOMETRIOSIS PELVIC MRI ASSESSMENT –** 

**BR PROFORMA REPORT BLIND REVIEW** 

Uterus

Absent

2:

Present

Uterine anatomy

. / Conventional

2. Arcuate

3. Septate

a. Full septum

b. Subseptate

4. Bicornuate unicollis

5. Bicornuate bicollis

6. Didelphys

7. Other (free text enabled).

Uterine Lie (can be more than one selection)

1. Anteverted

2. Anteflexed

3. Retroverted

4. Retroflexed

5. Axial

6. Others (please specify) (Free text enabled)

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

(Free text).

77X46X50

Endometrial thickness (sag plane in mm to nearest mm)

(Free text)

Tm

**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)

i. Fundal (mm)

iii. Posterior (mm)

resence of an adenomyoma

N

2: Yes

Fibroids

1

No

Yes

2a: Number of fibroids:

2b: Largest fibroids (location and size mm all

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

2b: Submucosal fibroids

2b-0: No

**REVIEWER INITIALS** 

2b-1: Yes

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

Left ovary

1: Absent (Branching logic – move to "Right ovary")

(2:)

Present

Left ovary size (3 planes and volume)

NN x NN x NN mm

2. Volume (above x 0.52).

3.4m

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

. (Free text)

2. N follicles > 9 mm

a. (Free text)

Dominant follicle

(a. ) Y

Б. N.

10.

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

36 Intimate relationship/ tethering to adjacent

bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament