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**Uterosacral ligament nodules or thickening?**

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ T2 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

3: Yes thickening.

- 3a: Left.
- 3b: Right
- 3c: Both.

**Retrocervical nodule present?**

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

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

1: No

2: Yes

- 2a: Size (mm)
- 2b1: Inactive.
- 2b2: Active

**Rectum and colon:**

**Is there bowel deep infiltrating endometriosis seen?**

Definition: Inactive/ fibrotic disease characterised as ↓ 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 ↓ T2 at its 'base' and ↑ T2 at its 'cap'.

1: No

2: 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).
  - 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
  - 2d-4: Ovary
- 2d: Plaque thickness
  - 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?**

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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3b: Absent

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

4a: Present.

4b: Absent.

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**Adnexa**

1: Hydrosalpinx

1a: No

1b: Yes

2: Hematosalpinx

2a: No

2b: 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

2: 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 (↓ T1, ↓ T2)

1: Negative

2: Partial

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 haemorrhagic deposits)

1: No

2: Yes

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 ↓ T1 ↓ 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

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3e: Other: (free text)

**Left ovarian endometrioma**

1: No

2: Yes

1a: Size: NN in millimetres (mm)

1b: T2 shading (intermediate/low homogeneous T2 signal).

1b-0: No

1b-1: Yes

1c: T1 fat sat hyperintense

1c-0: Absent

1c-1: Present

1d: 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 endometriomas**

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

3b: Absent

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

4a: Present.

4b: Absent.

---

**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 19x9x22
2. Volume (above x 0.52). 2ml

**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) 0
3. Dominant follicle
   a. Y
   b. N.

**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 adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

**Right ovarian endometrioma**

1: No

2: Yes

2a: Size: NN in millimetres (mm)

2b: T2 shading (intermediate/low homogeneous T2 signal).

2b-0: No

2b-1: Yes

2c: T1 fat sat hyperintense

2c-0: Absent

2c-1: Present

2d: Internal nodularity, septation, complex.

2d-1: No

2d-2: Yes

**Right ovarian lesions/cysts other than suspected endometriomas**

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

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# ENDOMETRIOSIS PELVIC MRI ASSESSMENT – BR PROFORMA REPORT BLIND REVIEW

**Uterus**

1: Absent

2: Present

**Uterine anatomy**

1. 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 )**

1. (Free text). 63X42X44

**Endometrial thickness (sag plane in mm to nearest mm)**

1. (Free text) 7mm

**Endometrial lesions**

1. 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
      i. Anterior (mm)
      ii. Fundal (mm)
      iii. Posterior (mm)

**Presence of an adenomyoma**

1: No

2: Yes

**Fibroids**

1: No

2: 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

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)**

1. NN x NN x NN mm 16x12x17
2. Volume (above x 0.52). 1.7ml

**Left ovary follicle measurements and count**

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) 1
2. N follicles > 9 mm
   a. (Free text) 0
3. Dominant follicle
   a. Y
   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