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ENDOMETRIOSIS PELVIC MRI ASSESSMENT -

BR PROFORMA REPORT BLIND REVIEW

Uterus

1.

Absent

2:

Present

Uterine anatomy

1. Conventional

- 2. Arcuate
- Septate
 - a. Full septum
 - b. Subseptate
- 4. Bicornuate unicollis
- Bicornuate bicollis
- Didelphys
- 7. Other (free text enabled).

Utering Lie (can be more than one selection)

- 1. Anteverted
- Anteflexed
 - Retroverted
 - 4. Retroflexed
 - Axial
 - 6. Others (please specify) (Free text enabled)

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

1. (Free text)

115X89X87

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endemetrial lesions

1. Not identified.

Present. Polyp.

2b-1: No. of polyps (free text)

2b-2: Size of each polyp. (free text)

Adonomyosis

No MRI supportive features

- 2. Supportive MRI features as described:
 - 1. Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - i. Anterior (mm)
 - ii. Fundal (mm)
 - iii. Posterior (mm)

resence of an adenomyoma

No

Yes

Fibroids

2:

No

Yes

2a: Number of fibroids:

b: XLargest fibroids (location and size mm all

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

2b: Subpruçosal fibroid:

2b-0: N

mual

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2b-1: Y

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

Left ovary

1:

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

Present

Left ovary size (3 planes and volume)

1. NN X NN X NN mm 31 X 14 X 22

2. Volume (above x 0.52).

18 5~

Left ovary follicle measurements and count

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

Left ovary position

1: Lateral adnexa. Unremarkable.

2: / High positioning in iliac fossa.

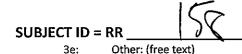
Tethered/ distorted appearances – (may be multiple options)

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



Left ovarian endometrioma

No

Yes

Size: NN in millimetres (mm) 1a:

> T2 shading (intermediate/low homogeneous T2 signal).

1b-0: No

Yes 1b-1:

T1 fat sat hyperintense 1c:

> 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

Not classifiable 1:

2: Lesion features

> 2a: Unilocular cyst

Unilocular-solid cyst 2b:

2c: Multilocular cyst

Multilocular-solid cyst 2d:

2e: Solid

Sascularity (post gadolinium enhancement). 3:

> 3a: 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") 1:

Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm 25 x 13 x 3 0

2 Volume (above x 0.52). 5.1 \ldots 1.

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)

Dominant follicle



Right ovary position

Lateral adnexa. Unremarkable.

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

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

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: T1 fat sat hyperintense

> 2c-0: Absent

2c-1: Present

2d: Internal nodularity, septation, complex.

> No 2d-1:

2d-2: Yes

Right ovarian lesions/cysts other than suspected

endometriomas

Not classifiable 1:

2: Lesion features

> Unilocular cyst 2a:

Unifocular-solid cyst 2b:

2c: Multilocular cyst

Multilocular-solid cyst 2d;

Źе: Solid

Vascularity (post gadolinium enhancement).

3a: Present

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3b:

Absent

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

4a: Present.

4b: Absent.

Adnexa

1:

Hydrosalpinx

lay∕ No

b: 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)

Wreteric 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 (\downarrow T1, \downarrow T2)

: / 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

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.

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).

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Yes

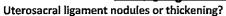
No

2a: Size (mm)

2b1: Inactive.

2b2: Active

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

Active disease as ↑T1, ↑ to intermediate- T2 signal

(hemorrhagic/ proteinaceous content + glandular deposits).

1:

No

Yes nodules

2a:

Left

2a-1:

Size (mm)

2b:

Right 2b-1:

Size (mm)

2c1:

Inactive.

2c2:

Active

3:

Yes thickening.

За:

: Left. o: Right

3b: 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 Yes

5.

2a: Size (mm)

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



No

its 'base' and 个 T2 at its 'cap'.

: 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

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2d-4: Ovary

2d:

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Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm. Activity

2e:

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

2e:

R. uterosacral ligament nodule

L pelvic side wall.

2f:

: R pelvic side wall.

2g: 2h:

Other.

Any other salient findings on the study:

1./ No

2. Yes

. (Free text).

Scan/ Photo/ Emaii: kate.cook@bensonradiology.com.au