

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: Assess for parametrial nodule - window seen at time

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 53 x 31 x 45 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: 4.1 mm. Endometrial cavity pathology: None. IUD: correctly positioned.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared **abnormal** in appearance and echogenicity, measuring 35 x 19 x 31 mm. Volume 10.8 ml. The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles and ovarian volume greater than 10 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared **abnormal** in appearance and echogenicity, measuring 31 x 17 x 29 mm. Volume 7.9 ml. The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 15 Aug 2024

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

Ureters: Normal bilaterally with no evidence of hydroureter.

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 aided by the presence of peritoneal fluid. We did not identify superficial endometriosis. We looked extensively for a peritoneal pocket, with pressure/retraction technique, to allow fluid to settle into a pocket, if present. We were unable to find any.

It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today. Both ovaries have polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

No deep endometriosis - specifically, no parametrial deep endometriosis - and no peritoneal pockets were noted. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

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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.

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