

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: Hematuria with periods. Hx dysmenorrhea. R/O endometriosis.

CLINICAL INFORMATION: Irregular periods. Cramping and UTI symptoms before periods.

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 75 x 40 x 22 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: 4.8 mm. Trace fluid within the endometrial cavity. Anterior endometrium measures 2.9 mm and posterior endometrium measures 2.0 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 14 x 29 x 16 mm. Volume 3.3 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 26 x 18 x 30 mm. Volume 7.4 ml. A dominant follicle is present.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 02 Feb 2024
Signed

ANTERIOR COMPARTMENT:

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

Ureters: Normal bilaterally with no evidence of hydroureter.

*****Kidneys:** A cortical cyst with thin septations is noted in the mid right kidney, measuring 13 x 17 x 11 mm. Otherwise normal.

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 identified: Superficial endometriosis on the rectouterine pouch peritoneum.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including superficial endometriosis.

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. *Specifically, I highlighted the importance of pelvic floor physiotherapy as she describes bladder pain symptoms (that are not proven as infectious), which reveals significant involvement of the pelvic floor.* 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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