

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: Pelvic pain, bloating with periods ?pathology ?endo.

FINDINGS:**UTERUS:**

The uterus was well visualized, retroverted in orientation. Measures 76 x 35 x 54 mm.

Myometrium: The myometrium appeared normal.

- **Adenomyosis:** Nil.
- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 8.2 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared **abnormal** in appearance and echogenicity, measuring 31 x 38 x 32 mm. Volume 19.7 ml. Hemorrhagic cyst vs. corpus luteum noted on the right. The following criteria for **polycystic ovarian morphology** are noted: greater than 20 follicles.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 23 x 12 x 22 mm. Volume 3.2 ml.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

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

Ureters: Normal bilaterally with no evidence of hydroureter.

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Date of transcription: 26 Jan 2024

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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: **Abnormal** with evidence of deep endometriosis nodule measuring 6.6 x 2.4 x 7.4 mm.

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 any superficial endometriosis. 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 with main findings including deep endometriosis of the left uterosacral ligament. There are no findings suggestive of ovarian endometriosis or severe adhesions. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

The right ovary has polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

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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