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

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

(Free text).

90 x 57x 52mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endometrial lesions

- 1. Not identified.
- 2. Present. Polyp.

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

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

Adenomyosis

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)

Presence of an adenomyoma

1: No Yes

Fibroids

1: No

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

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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

68x55x31mi

2. Volume (above x 0.52).

60.7cc

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

10

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

Left ovary position

1: Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

3: Tethered/ distorted appearances – (may be

multiple options)

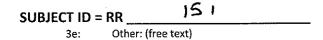
3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to adjacent bowel.

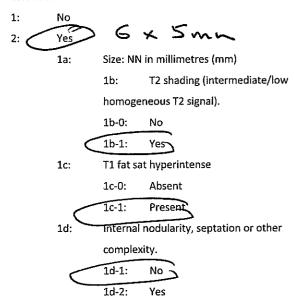
3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

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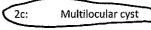
Left ovarian endometrioma



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



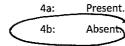
2d: Multilocular-solid cyst

2e: Solid

- 3: Vascularity (post gadolinium enhancement).
 - 3a: Present

3b: Absent

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



Right ovary

1: Absent (Branching logic – move to "Adnexa")



Right ovary size (3 planes and volume)

1. NN x NN x NN mm 33 x 32 x 14 mm

 \circ

2. Volume (above x 0.52).

7.7cc

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)
- 3. Dominant follicle



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

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adjacent bowel.

- 3c. Tethering to pelvic sidewall
- 3d: Tethering to the uterosacral ligamen

Right ovarian endometrioma

- 1: No
- : 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_

2:

- 1: Not classifiable
 - 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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3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1: Hydrosalpinx



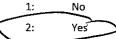
2;



2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?



Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder.



Size: NN in millimetres (mm)

Uterovesical region

2a:

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)?

Absent

Present

2a:

Location (free text + distance to ureteric

orifice/VUJ)

2b:

Size (mm)

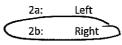
Pouch of Douglas obliteration

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)

1: Negative

2: **Partial**



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 **REVIEWER INITIALS**

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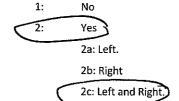
2a: Dimension of nodule to be measured in (multiple)

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.



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 $\sqrt{T1} \sqrt{T2}$ signal. Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).



2a: Size (mm)

2b1: Inactive.

2b2: Active SUBJECT ID = RR

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Uterosacral ligament nodules or thickening?

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: Νo
- 2: Yes nodules

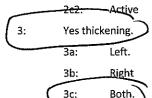
2a: Left

> 2a-1: Size (mm)

2b: Right

> 2b-1: Size (mm)

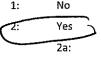
2c1: Inactive.



Retrocervical nodule present?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

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



Size (mm) 38 x 17 x 17 ~~

2b1: Inactive.

Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{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 $\sqrt{T2}$ at its 'base' and ↑ T2 at its 'cap'.



sevosal disease only

- Distance from the anal verge 2a:
 - 2a-1: Length (mm)
- 2b: Lesion type
 - Isolated lesion 2b-1:
 - 2b-2: Multiple lesions
 - Curved lesion 2b-3:
 - 2b-4: Straight lesion
- Maximal depth layer of invasion each 2c:

leasion (muscularis, submucosa,

mucosa).

2c-1: Lesion 1: (free text)

Lesion 2 (free text) - delete if (2c-2:

not relevant

(2c-3 etc.)

- Is it stuck to any structures or free lying? 2c:
 - 2d-1: Vagina
 - 2d-2: Uterus
 - 2d-3: Uterosacral ligaments

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Ovary 2d-4:

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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?

No Yes, tethered to

> 2a: Uterus

2b: L. ovary

R. ovary 2c:

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

R pelvic side wall. 2g:

2h:

Any other salient findings on the study:

(Free text).

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