SUBJECT ID = RR

ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

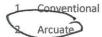
BR PROFORMA REPORT BLIND REVIEW

Uterus

1: Absent

2: Present

Uterine anatomy



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

Uterine Lie (can be more than one selection)

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

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

1. (Free text).

95 x 55 + 55 nn

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

12mm

Endometrial lesions

- Not identified.
- 2. Present. Polyp.

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

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

Adenomyosis

- No MRI supportive features
- 2. Supportive MRI features as described:
 - Submucosal cysts.
 - 2. Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma

| _ | 1: | No | , |
|----|----|-----|---|
| 2: | | Yes | |

Fibroids



Number of fibroids: 2a:

2b: Largest fibroids (location and size mm all

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

Submucosal fibroids 2b:

> 2b-0: No

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

FV

Left ovary

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

Present

Left ovary size (3 planes and volume)

1. NN x NN x NN mm 28+17+27~.

2. Volume (above x 0.52).

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)



2. N follicles > 9 mm

(Free text)



Dominant follicle

Left ovary position

1: Lateral adnexa, Unremarkable,

2: High positioning in iliac fossa.

Tethered/ distorted appearances - (may be 3:

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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|--------------|--------|-------------|---|
| 3e: | Other: | (free text) | |

Left ovarian endometrioma



2: Yes

1a: Size: NN in millimetres (mm)

1b: T2 shading (intermediate/low homogeneous T2 signal).

1b-0: No

1b-1: Yes

1c: T1 fat sat hyperintense

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

- 1: Not classifiable
- 2: 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

3b: Absent

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

4a: Present.

4b: Absent.

Right ovary

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

2: Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm 26 x 18 x 24 mm

2. Volume (above x 0.52).

\$.9cc

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

6

2. N follicles > 9 mm

. (Free text)

3. Dominant follicle

a. Y

Right 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

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

EV

Right ovarian endometrioma

1: ____No___

2: 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

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

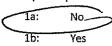
Fat component (T1/T2 hyperintense. Low signal on fat suppression).

> 4a: Present.

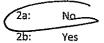
4b: Absent.

Adnexa

1: Hydrosalpinx

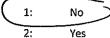


2: Hematosalpinx



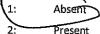
3: Other (free text).

Are both ovaries immediately approximated "kissing"?



Urinary bladder nodule

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



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.

Normal.

2: Abnormal.

> (free text if required) 2a:

Ureteric nodule(s)?

1: 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 ($\sqrt{T1}$, $\sqrt{T2}$)

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 2: Yes **REVIEWER INITIALS**

Dimension of nodule to be measured in 2a: millimetres (mm).

Inactive. 2b1:

> 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.

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

1: No 2: Yes

> 2a: Size (mm)

2b1: inactive.

2b2: Active

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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as $\mbox{$\psi$}$ T1 $\mbox{$\psi$}$ T2 signal.

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

| 1: | No S |
|----|-------------|
| 2: | Yes nodules |

2a: Left

2a-1: Size (mm)

2b: Right

2b-1: Size (mm)

2c1: Inactive.

2c2: Active

3: Yes thickening.

3a: Left.

3b: Right

3c: Both.

Retrocervical nodule present?

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).



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 its 'base' and \uparrow T2 at its 'cap'.



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

FV

2d: Plague thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

2f1: Inactive.

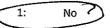
2f2: Active.

2f: "Mushroom cap" appearance:

2g1: Present.

2g2: Absent.

Is there evidence of tethering of the bowel?



2: Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other.

Any other salient findings on the study:



a. (Free text).

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