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

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

1. (Free text).   46 x 72 x 40

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)   13 mm

Endometrial lesions

1. (Not identified.)
2. Present. Polyp.
   2b-1:   No. of polyps (free text)
   2b-2:   Size of each polyp. (free text)

Adenomyosis

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

Presence of an adenomyoma

1:      (No)

2:      Yes

Fibroids

1:      (No)

2:      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

     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   34 x 26 x 27
2. Volume (above x 0.52).   12.5

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text)   16
2. N follicles > 9 mm
   a. (Free text)
3. Dominant follicle
   a. (Y)   23m collapsed follicle / corpus luteum
   b. N.

Left 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 adjacent bowel.

     3c. Tethering to pelvic sidewall

     3d:Tethering to the uterosacral ligament

3e: Other: (free text)

Left ovarian endometrioma

1:     (No)

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   21 x 22 x 16

      2.   Volume (above x 0.52).   3·8

Right ovary follicle measurements and count

      1.   N follicles between 2 and 9 mm in diameter

         a.   (Free text)   15

      2.   N follicles > 9 mm

         a.   (Free text)   0

      3.   Dominant follicle

         a.   Y

         b.   (N.)

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 ligament

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)

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.

Adnexa

1:     Hydrosalpinx

    1a: No

    1b: Yes

2:     Hematosalpinx

    2a: No

    2b: Yes

3:     Other (free text).

Are both ovaries immediately approximated "kissing"?

1:     No

2:     Yes

Urinary bladder nodule

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

1:     Absent

2:     Present

    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.

1:     Normal.

2:     Abnormal.

    2a: (free text if required)

Ureteric nodule(s)?

1:     Absent

2:     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

    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: $\downarrow$ T2 $\uparrow$T1 (if active haemorrhagic deposits)

1:     No

2:     Yes

    2a: Dimension of nodule to be measured in 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.

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

1:     No

2:     Yes

    2a: Size (mm)

    2b1:   Inactive.

    2b2:   Active

Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised

as ↓ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal

(hemorrhagic/ proteinaceous content + glandular deposits).

1:     (No)

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 ↓ T1

↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal

(hemorrhagic/ proteinacous content + glandular deposits).

1:     (No)

2:     Yes

    2a: Size (mm)

    2b1:   Inactive.

    2b2:   Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as ↓ 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 ↓ T2 at

its 'base' and ↑ T2 at its 'cap'.

1:     (No)

2:     Yes

    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

        2d-4:   Ovary

    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?

1:     (No)

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:

    1.   No

    (2.) Yes

        a.   (Free text). *Caesarian Scar Uterus*