

RRI174

Patient:

DOB:

Patient ID:

Site: Specialist Imaging Partners

Ref By:

Dr Tran Nguyen

Exam Date:

27/04/2021

Reported:

28/04/2021 13:33

PELVIC ULTRASOUND

HISTORY: Dyspareunia and dysmenorrhoea. Previous USS= stuck left ovary. Planning for surgery June
?endometriosis

FINDINGS:

Transvaginal and transabdominal ultrasound performed. Reference was made to the report of the pelvic MRI performed at Benson's Radiology 22/4/2021.

Uterus:

The uterus is anteverted and is normal in size at 76 x 54 x 41mm (vol 87.7 ml).
There are no focal or diffuse myometrial abnormalities.

The endometrial thickness measures 9.4mm (Day 20 of 26-28). No focal endometrial lesion identified. The uterine cavity shape is normal on 3D coronal images. The uterus was freely mobile and non tender.

Right Ovary:

A thorough assessment of the right adnexa was performed both transabdominally and transvaginally. The right ovary was not convincingly visualised. Upon following the fallopian tube laterally from the uterine fundus, there is a region which measures 12 x 7 x 7mm (vol 0.2cc) and contains a single small cystic space which may represent the ovary.

Left Ovary:

The left ovary measures 39 x 34 x 14mm (vol 9.9cc) and contains 13 follicles (2 - 9mm). A 17mm corpus luteum was visualised. The ovary was located deep to the uterus. Minimal mobility was demonstrated with probe pressure which is likely due to position however filmy adhesions at this location cannot be excluded. The previously seen endometrioma was not visualised.

No adnexal masses or cysts were noted. No free fluid was present in the pelvis.

Endometriosis Ultrasound:

The vaginal wall and uterosacral ligaments were not thickened and have normal mobility.

The ovaries, uterus and bladder have normal mobility.

The rectal muscularis was examined to the level of the distal sigmoid colon. There was normal movement of the rectum and no endometriotic nodules were identified.

CONCLUSION

The right ovary was not confidently identified, there is a tiny structure in the expected location of the right ovary which is equivocal for ovarian tissue.

Minimal mobility of the left ovary noted with probe pressure.

Normal appearance and mobility of the uterus, left ovary, bladder and rectum. No nodules of endometriosis identified. Superficial deposits of endometriosis will not be identified on ultrasound.

Sonographer: Alison Deslandes



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