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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
- 2. Anteflexed
- 3. Retroverted



- 5. Axial
- 6. Others (please specify) (Free text enabled)

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

(Free text).

77×58×40mm

#### Endometrial thickness (sag plane in mm to nearest mm)

(Free text)

4nn

#### **Endometrial lesions**

Not identified

IUCD

- . 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 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

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2b-1: Ye

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

#### Left ovary

1: Absent (Branching logic – move to "Right ovary")

Present 2

## Left ovary size (3 planes and volume)

1. NN x NN x NN mm 63 x 45 x 44 m

2. Volume (above x 0.52).

65.300

1016n-

# 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
- d. Y

b. N.

# Left ovary position

- Lateral adnexa. Unremarkable.
- 2: High positioning in iliac fossa.
- Tethered/ distorted appearances (may be multiple options)

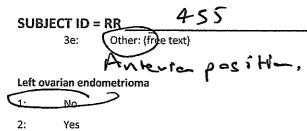
3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to adjacent

bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament



Size: NN in millimetres (mm) 1a:

> 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

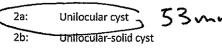
1d-2: Yes

1-d-2-1: (Free text)

# Left ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable

2: Lesion features



2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

> 3a: Present

3b: Absent

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

> Present. 4a:

> > Absent.

# Right ovary

1: Absent (Branching logic - move to "Adnexa") Present

# Right ovary size (3 planes and volume)

1. NN x NN x NN mm 33 x 24 x 3 \ ~~

Volume (above x 0.52).

12.966

# 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)



Dominant follicle

a. Y

# Right ovary position

Lateral adnexa. Unremarkable. 1:

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

No > 2: Yes

> Size: NN in millimetres (mm) 2a:

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

# end<u>ometriomas</u>

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

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3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1: **Hydrosalpinx** 1a: -No

> 1b. Yes

2:

Hematosalpinx No 2a: 2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?

1: No 2:

Urinary bladder nodule

Yes

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

1: Absent

> 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.

> 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 ( $\sqrt{T1}$ ,  $\sqrt{T2}$ )

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: ↓ T2 ↑T1 (if active baemorrhagic deposits)

1: No<sup>2</sup>

2: Yes **REVIEWER INITIALS** 

Dimension of nodule to be measured in

2a: 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 ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/proteinaceous content + glandular deposits).

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  $\downarrow$  T1  $\downarrow$  T2 signal.

Active disease as 171, 1 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

# Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as  $\sqrt{11}$  T2 signal.

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

1: No

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'.

# 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

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2d-4: Ovarv

2d: Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

2f1: Inactive.

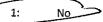
2f2: Active.

2f: "Mushroom cap" appearance:

2g1: Present.

2g2: Absent.

#### Is there evidence of tethering of the bowel?



2: Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

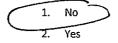
2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other.

# Any other salient findings on the study:



. (Free text).

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