

ADVANCED GYNECOLOGY ULTRASOUND:

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the identification of endometriosis on the basic gynecology ultrasound today, advanced dynamic techniques were performed.

INDICATION: New onset spotting between periods. LMP Feb 9th and generally regular. PMHx is significant for R pelvic wall mass with excision in 2012 - found to be desmoplastic round cell tumor. Rule out any lesions or abnormalities.

Patient states she has very painful periods. She had CT scans after mass excision for 10 years which were good.

FINDINGS:**UTERUS:**

The uterus was well visualized, in orientation and size measuring 74 x 45 x 55 mm. Volume 94.9 ml.

Myometrium: The myometrium appeared normal.

- **Adenomyosis:** Evaluation for adenomyosis revealed: Nil.
- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 11.8 mm. Endometrial cavity pathology: **Possible anterior lower segment polyp** measuring 7.8 x 4.6 x 8.5 mm. The echogenicity is the same as the surrounding endometrium but there is a slightly hypoechoic from around the area, giving it a subtle shape.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 29 x 18 x 21 mm. Volume 5.6 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 38 x 15 x 12 mm. Volume 3.7 ml.

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 02 Mar 2024

Signed



Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.

Ureters: Normal bilaterally with no evidence of hydroureter.

POSTERIOR COMPARTMENT:

Posterior vaginal fornix: Normal with no evidence of deep endometriosis or other gross pathology.

Rectovaginal septum: Normal with no evidence of deep endometriosis or other gross pathology.

Left uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.

Right uterosacral ligament: **Abnormal** with evidence of deep endometriosis measuring 9.5 x 3.7 x 10.4 mm.

Torus uterinus: Normal with no evidence of deep endometriosis or other gross pathology.

Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Sliding sign/Triangle sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with findings of possible lower segment polyp. For this, I recommend a sonohysterography for confirmation as it is not clearly visualized today and could be false positive. In addition, endometriosis is identified in the following locations: right uterosacral ligament.

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