

## **ENDOMETRIOSIS ULTRASOUND:**

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

**INDICATION:** 35 yo longstanding infertility with successful conception through IVF, previous laparoscopy 2018 demonstrating superficial endo, AUB

## **FINDINGS:**

### **UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring: 60.9 x 36.6 x 44.6 mm; Volume: 52 ml.

Isthmocele visualized, measuring 8.2 x 7.9 x 6.6 mm, residual myometrial thickness 2.1 mm.

**Myometrium:** The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: **Present**. The following MUSA criteria were seen:

1. Subendometrial buds/lines
2. Irregular junctional zone

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

**Endometrium:** Endometrial thickness measured: 8.7 mm. Endometrial cavity pathology: None.

### **OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared normal in appearance and echogenicity, measuring 37.3 x 23.8 x 21.4 mm; Volume: 8.2 ml. Dominant follicle seen.

**Right Ovary Mobility:** Mobile

**Left Ovary:** the left ovary appeared normal in appearance and echogenicity, measuring 28.2 x 19.0 x 16.5 mm; Volume: 4.6 ml.

**Left Ovary Mobility:** Mobile

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 17 Oct 2024

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

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

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

**Superficial endometriosis:** Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified: None. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

**IMPRESSION:**

**Abnormal** limited abdominal and full pelvic ultrasound today with main findings including adenomyosis.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

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During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with you, their referring doctor, to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

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