SUBJECT ID = RR

ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW

1.10	
1.71 107 1.1	

Absent

Present

Utering Inatomy

Conventional

Arcuate

Septate

Full septum

Subseptate

Bicornuate unicollis

Bicornuate bicollis

Didelphys

Other (free text enabled):

Uterine Lie (can be more than one selection)

Anteverted

Anteflexed

Retroverted

Retroflexed



Axial

Others (please specify) (Free text enabled)

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



Endometrial thickness (sag plane in mm to nearest mm)

(Free text)

Endometrial lesions

Not identified.

Present. Polyp.

No of polyps (free text) 2b-1

Size of each polyp. (free text) 2b-2:

Adenomyosis

No MRI supportive features



Supportive MRI features as described.

Submucosal cysts.

Abnormal junctional zone thickening and



Ariterior (mm)

Fundal (mm)

Posterior (mm)



No

Yes

Fibroids

No

Yes

2a

Number of fibroids

Largest fibroids (location and size mm all-Zb

fibroids >10mm and/or impact on the cavity) = (Free text).

Zb:

2b-0

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Yes

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

Left byary

Absent (Branching logic - move to "Right ovary")

Present

Left ovary size (3 planes and volume)

2. Volume (above x 0.52)

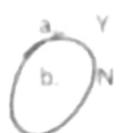
Left ovary follicle measurements and count

N follicles between 2 and 9 mm in diameter.

N follicles > 9 mm

a. (Free text)

Dominant follicle



Aeft ovary position

Lateral adnexa. Unremarkable

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

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Other: (free text)

Left ovarian endometrioma

1 No

Yes

1a Size. NN in millimetres (mm)

T2 shading (intermediate/low homogeneous T2 signal)

1b-0: No

1b-1 Yes

1c T1 fat sat hyperintense

1c-0 Absent

1c-1: Present

Internal nodularity, septation or other

ld 1 No

complexity

1d-2: Yes

1-d-2-1 (Free text)

Left ovarian lesions/cysts other than suspected endometriomas

Not classifiable

Lesion features

2a Unifocular cyst

2h: Unifocular solid cyst

2c MultiJøcular cyst

2d. Multilocular-solid cyst

2e Solid

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

Absent (Branching logic - move to "Adnexa")

Present

Right ovary size (3 planes and volume)

1 NN x NN x NN mm

Volume (above x 0.52).

Right ovary follicle measurements and count

N follicles between 2 and 9 mm in diameter

a (Free text)

N follicles > 9 mm

a (Free text)

Dominant follicle

(b)

Right ovary position

Lateral adnexa. Unremarkable.

High positioning in iliac fossa.

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 evarian endometrioma

. / No

Yes

2a: Size: NN in millimetres (mm)

2b: T2 shading (intermediate/low

homogeneous T2 signal).

2b-0: No

2b-1: Yes

T1 fat sat hyperintense

2c-0: Absent

2c-1: Present

Internal nodularity, septation, complex.

2d-1: No

2d-2. Yes

Right ovarian lesions/cysts other than suspected

endometriomas

Not classifiable

Lesion features

2a Unilocular cyst

2b: Unifocular-solid cyst

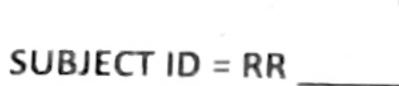
2c Multilocular cyst

2d Multilocular solid cyst

2e Salid

Vascularity (post gadolinium enhancement).

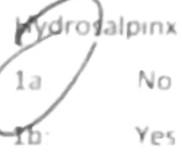
3a Present

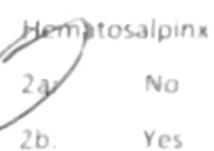


3b: Absent

- Fat component (T1/ T2 hyperintense. Low signal on fat suppression).
 - 4a: Present.
 - Absent 4b:

Adnexa





Other (free text).

Are both ovaries immediately approximated "kissing"?

No YES

Urinary bladder nodule

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

Absent Present

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

Uterovesical region

Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent sfort)on between the anterior uterine serosa and bladder Normal

- Abnormal.
 - (free text if required)

Ureteric nodule(s)?

Absent

Present

Location (free text + distance to ureteric orifice/ VUJ)

Size (mm) 2b:

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 (\$\square\$ T1, \$\square\$ T2).

- Negative
- Partial
 - Left 2a:
 - Right Zb:
- Complete
 - Positive = obliteration 3a:
 - Positive = band adhesions. 3b

Nodules present on the posterior vaginal fornix?

Definition. Thickening of superior 1/3 of posterior vaginal wall + A nodularity Nodules ↓ T2 ↑T1 (if active frrhagic deposits)

No

Yes

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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

No

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 ↓ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal bemor/hagic/ proteinaceous content + glandular deposits).

No

Yes

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 ↑T1, ↑ to intermediate- T2 signal

(hemarrhagic/ proteinaceous content + glandular deposits).

- 1 / No
- Yes nodules
 - Za 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 \downarrow T1

J. T2 signal.

Active disease as - 111, - 11 to intermediate- 12 signal

(hemog hagic/ proteinacous content + glandular deposits)

- No.
- Yes
 - Za Size (mm)
 - 2h1 Inactive

Active

Th I mart

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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'.



No

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. Ovary

2d: Plague 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?

No.

- Yes, tethered to
 - 2a. Uterus
 - 2b. L. oyary
 - 2c: R. ovary
 - L. uterosacral ligament nodule
 - R. uterosacral ligament nodule
 - 2f: L pelvic side wall:
 - 2g: R pelvic side wall.
 - 2h: Other

Any other salient findings on the study:

- I No.
- 2. Yes
- (Free text).

Scan/ Photo/ Email: kate.cook@bersonradiology.com.au

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