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# ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

# BR PROFORMA REPORT BLIND REVIEW

#### Uterus

1: Absent

2: Present

### Uterine anatomy

Conventional



Septate

- Full septum
- Subseptate
- Bicornuate unicollis
- Bicornuate bicoffis
- Didelphys
- 7. Other (free text enabled).

#### Uterine Lie (can be more than one selection)

- Anteverted
- Anteflexed
- Retroverted



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

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

(Free text).

77x 45 x 46 mm

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

1. (Free text)



#### **Endometrial lesions**

Not identified.

2. Present. Polyp.

No. of polyps (free text) 2b-1:

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

#### Adenomyosis

- 1. No MRI supportive features
- 2. Supportive MRI features as described:

1. Submucosal cysts.

Abnormal junctional zone thickening and

measurement

Anterior (mm)

Fundal (mm)

Posterior (mm)

15

### Presence of an adenomyoma

No 2:

Yes

#### **Fibroids**

No 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-1-1: (description: free text)

Yes

### Left ovary

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

2: Present

# Left ovary size (3 planes and volume)

1. NN x NN x NN mm

49x51x43m

Volume (above x 0.52).

2b-1:

56.300

# Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

(Free text)

17

2. N follicles > 9 mm

(Free text)

0

Dominant follicle

# Left ovary position

3:

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

Tethered/ distorted appearances - (may be

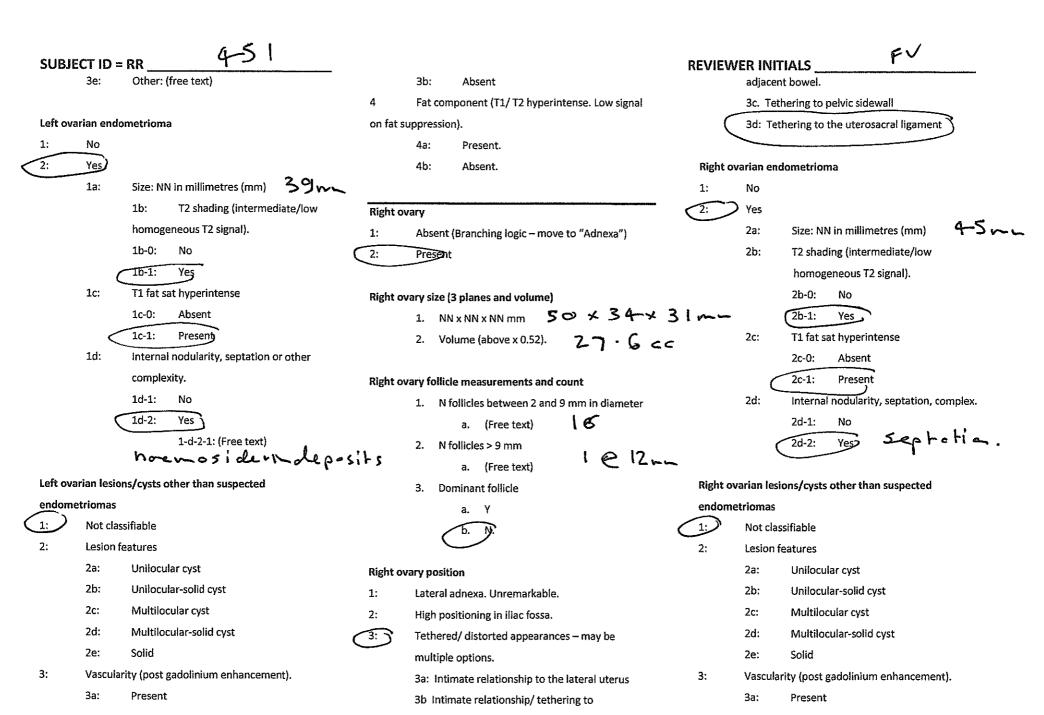
multiple options)

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



3b: Absent

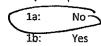
4 Fat component (T1/T2 hyperintense. Low signal on fat suppression).

4a: Present.

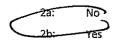
4b: Absent.

#### Adnexa

1: Hydrosalpinx



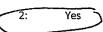
2: Hematosalpinx



3: Other (free text).

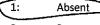
Are both ovaries immediately approximated "kissing"?

1: No



## Urinary bladder nodule

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

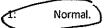


2: Present

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.



2: Abnormal.

2a: (free text if required)

# Ureteric nodule(s)?

1: Absent

2: Present

2a: Location (free text + distance to ureteric

orifice/VUJ)

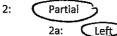
2b: Size (mm)

#### 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 ( $\downarrow$  T1,  $\downarrow$  T2)

1: Negative



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 haemorrhagic deposits)

1: No

2: Yes

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2a: 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.

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  $\psi$  T1  $\psi$  T2 signal.

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

1: No

2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

### Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ 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

3c: Both-

#### Retrocervical nodule present?

Definition: Inactive/fibrotic disease characterised as \$\sup T1\$ ↓ T2 signal.

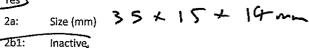
Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/proteinacous content + glandular deposits).

1: No

2:

2b2:

Active



251: Inactive,

#### Rectum and colon:

#### Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

Active disease as 171, 1 to intermediate- T2 signal (hemorrhagic/proteinacous content + glandular deposits). "Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plague with  $\downarrow$  T2 at its 'base' and 1 T2 at its 'cap'.



2c:

2a: Distance from the anal verge

> 2a-1: Length (mm)

2b: Lesion type

> Isolated lesion 2b-1:

2b-2: Multiple lesions

2b-3: Curved lesion

2b-4: Straight lesion

Maximal depth layer of invasion each

leasion (muscularis, submucosa,

mucosa).

2c-1: Lesion 1: (free text)

Lesion 2 (free text) - delete if (2c-2:

not relevant

(2c-3 etc.)

2c: Is it stuck to any structures or free lying?

> 2d-1: Vagina

2d-2: Uterus

Uterosacral ligaments 2d-3:

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2d-4: Ovary

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?

1: No

2; Yes, tethered to

> 2a: Uterus

2b: L. ovary

2¢: R. ovary

2d: L. uterosacral ligament nodule

R. uterosacral ligament nodule 2e:

2f: L pelvic side wall.

2g: R pelvic side wall.

2h;

Other Retrocervice

### Any other salient findings on the study:

1. No 2. Yes

a. (Free text).

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