

**ENDOMETRIOSIS ULTRASOUND:**

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

**INDICATION:** 32 F G0. Chronic pelvic pain. Clinical endometriosis. Please assess.

**FINDINGS:****UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 46 x 41 x 32 mm. Volume 31 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: 2.2 mm (anterior endometrium = 1.0 mm, posterior endometrium = 1.2 mm). Endometrial cavity pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared normal in appearance and echogenicity, measuring 25 x 15 x 13 mm. Volume 2.6 ml.

**Right Ovary Mobility:** Mobile - limited assessment due to high position in the pelvis.

**Left Ovary:** the left ovary appeared normal in appearance and echogenicity, measuring 28 x 23 x 9 mm. Volume 2.9 ml.

**Left Ovary Mobility:** Mobile

**Adnexa:** Normal bilaterally.

**ANTERIOR COMPARTMENT:**

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

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 15 Aug 2024

Signed

**Ureters:** Normal bilaterally with no evidence of hydroureter.

**Kidneys:** No hydronephrosis bilaterally.

**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 not* 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:**

Normal limited abdominal and full pelvic ultrasound today with no findings including endometriosis and adenomyosis. No adhesions noted. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

It is important to note that a normal pelvic ultrasound does not signify the patient is normal; rather, it simply means we have not visualized anatomical abnormalities in the structures evaluated on today's ultrasound.

There was significant tenderness elicited on the scan today, indicative of pelvic myofascial pain.

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

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**SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS**

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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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