SUBJECT ID = RR

**ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW** 

#### Uterus

Absent

Present

Uterine anatomy

Conventional

- Arcuate
- 3. Septate
  - Full septum
  - Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- **Didelphys**
- Other (free text enabled).

# Uterine Lie (can be more than one selection)

- 1. 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)

1. (Free text)



**Endometrial lesions** 

Not identified.

Present. Polyp.

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

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 measurement

Anterior (mm)

Fundal (mm)

Posterior (mm)

resence of an adenomyoma

No

Yes

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:

Yes

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

Left ovary

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

Present

1. NN x NN x NN mm 27×23×42

2. Volume (above x 0.52).

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

2. N follicles > 9 mm

a. (Free text)

Dominant follicle

Left ovary position

Lateral adnexa. Unremarkable.

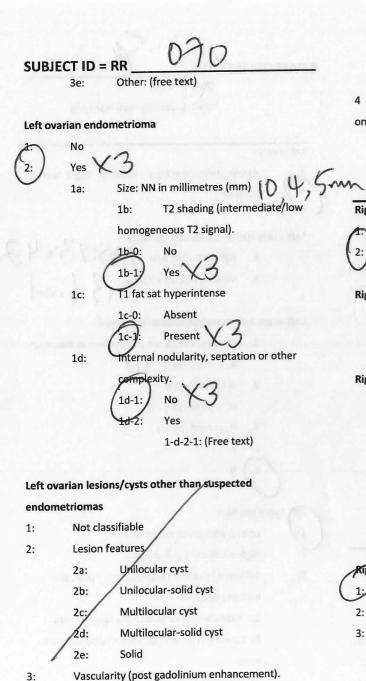
High positioning in iliac fossa.

Tethered/ distorted appearances - (may be 3: 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

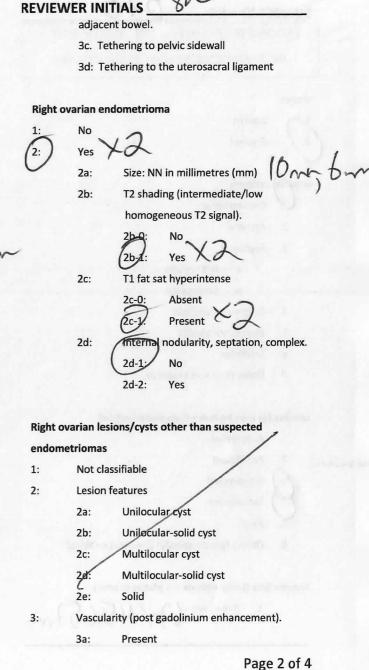


3a:

Present

3b: Absent 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 467 2. Volume (above x 0.52). Right ovary follicle measurements and count 1. N follicles between 2 and 9 mm in diameter a. (Free text) 2. N follicles > 9 mm a. (Free text) 3. Dominant follicle b. N. Right ovary position Lateral adnexa. Unremarkable. High positioning in iliac fossa. 2: 3: Tethered/ distorted appearances - may be multiple options. 3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to



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3b: Absent

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

4a:

Present.

4b: Absent.

Adnexa

1:

Aydrosalpinx

No

Yes

2:

Hematosalpinx No

2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?

1: No

Yes

Urinary bladder nodule

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

Absent

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. Normal.

2: Abnormal.

> 2a: (free text if required)

Ureteric nodule(s)?

1: Absent

2: Present

2a:

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 ( $\sqrt{T1}$ ,  $\sqrt{T2}$ )

2a:

2b: Right

3: 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+/- nodularity. Nodules: ↓ T2 ↑T1 (if active haemorrhagic deposits)

No

2: Yes **REVIEWER INITIALS** 

millimetres (mm).

Dimension of nodule to be measured in 2a:

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

yaginal wall, and/or acute angulation of the fornix.

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 ↓ T1 ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal

hemprrhagic/ proteinaceous content + glandular deposits).

No

2: Yes

> 2a: Size (mm)

2b1: Inactive.

Active 2b2:

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#### 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

> Left 2a:

> > 2a-1: Size (mm)

2b: Right

> 2b-1: Size (mm)

Inactive.

2c1:

2c2: Active

Yes thickening.

Left.

Right

Both.

### Retrocervical nodule present?

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

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

No

Yes

Size (mm) 2a:

2b1: Inactive.

2b2: Active

#### Rectum and colon:

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

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

Active disease as ↑T1, ↑ 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 1 T2 at its 'cap'.

No

Yes

2a: Distance from the anal verge

> Length (mm) 2a-1:

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.)

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

> 2d-1: Vagina

> 2d-2: Uterus

2d-3: Uterosacral ligaments

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Ovary 2d-4:

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.

# Athere evidence of tethering of the bowel?

No

Yes, tethered to

Uterus 2a:

2b: L. ovary

2c: R. ovarv

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

R pelvic side wall. 2g:

Other. 2h:

Any other salient findings on the study:

No

Yes

(Free text).

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