

ADVANCED GYNECOLOGY ULTRASOUND:

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the **indication of dysmenorrhea and dyspareunia on the requisition**, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: 23y F dysmenorrhea, HMB, superficial and deep dyspareunia. Menarche age 14. Regular cycles q28d. No IMB/PCB.

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 93 x 63 x 39 mm. Volume 120 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: 4.7 mm. Endometrial cavity pathology: None. Patient currently menstruating and therefore echogenicity seen within cavity representative of blood.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 31 x 14 x 15 mm. Volume 3.4 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 33 x 28 x 20 mm. Volume 9.3 ml.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

J. Tigdi, MD, FRCSC

Date of transcription: 18 Jun 2024

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ANTERIOR COMPARTMENT:

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

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): 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 did not identify superficial endometriosis. 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. There were no findings of adenomyosis or endometriosis today. Please note the absence of superficial endometriosis on ultrasound does not rule out endometriosis.

Today's ultrasound was a sonographer-performed endometriosis ultrasound. Whilst endometriosis was not identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a sonologist-led endometriosis ultrasound to ensure accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis, which was not seen today.

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