

Patient: RRI164
DOB:
Patient ID:
Site: Specialist Imaging Partners

Ref By: Dr Louise Hull
Exam Date: 29/01/2021
Reported: 29/01/2021 13:43

PELVIC ULTRASOUND

HISTORY: Endometriosis scan ? AFC ? Anatomy Known endo-Ovulation pain on left, bowel problems

FINDINGS:

Transvaginal ultrasound performed

Uterus:

The uterus is anteverted and mildly enlarged at 99 x 50 x 38mm (vol 100.2 ml).

The endometrial thickness measures 8mm.(9Day 10 of 28DC). No focal endometrial lesion identified.

The uterine cavity shape is normal on 3D coronal images.

A single right fundal intramural fibroid measured 14 x 14 x 13mm. There was no associated distortion of the endometrial cavity contour.

Right Ovary:

The right ovary is slightly enlarged at 38 x 28 x 21mm (vol 11.6cc) due to a dominant follicle measuring 20 x 20 16mm and 13 follicles (2 - 9mm).

Left Ovary:

The left ovary is normal in size and appearance, at 28 x 17 x 16mm (vol 3.9cc) and contains 12 follicles (2 - 9mm).

No adnexal masses or cysts were noted. No free fluid was present in the pelvis.

Endometriosis Ultrasound:

The vaginal wall and right uterosacral ligament were not thickened and have normal mobility.

The left uterosacral ligament is thickened measuring 9mm.

There is a 31 x 10mm endometriotic nodule close to the thickened left uterosacral ligament.

The left ovary appears to be tethered to the left uterosacral ligament.

The uterus and bladder have normal mobility.

The rectal muscularis was examined to the level of the distal sigmoid colon. There was normal movement of the rectum.

CONCLUSION

Solitary 13mm intramural fibroid with no associated cavity distortion.

Thickened left uterosacral ligament with a 13mm endometriotic nodule.

The left ovary appears to be tethered to the left uterosacral ligament.

Thank you for referring Bianca Tassone.



Dr Juliet Kaye
MBBS(Hons), BmedSci(Hons), FRANZCR
Sonographer: Anthea Croft

Patient: Bianca Tassone
DOB: 14/03/1980
Patient ID: SIP19013

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