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# ENDOMETRIOSIS PELVIC MRI ASSESSMENT > BR PROFORMA REPORT BLIND REVIEW

#### Uterus

1: Absent

2: Present

## **Uterine anatomy**

1. Conventional

- 2. Arcuate
- 3. Septate
  - a. Full septum
  - b. Subseptate
- Bicornuate unicollis
- 5. Bicornuate bicollis
- 6. Didelphys
- 7. Other (free text enabled).

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



- 3. Retroverted
- 4. Retroflexed
- 5. Axial
- 6. Others (please specify) (Free text enabled)

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

1. (Free text).

113 x 69 x 58 nn

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

(Free text)

17mm

## **Endometrial lesions**

Not identified.

2. Present. Polyp.

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

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

## Adenomyosis

- 1. No MRI supportive features
- 2. Supportive MRI features as described:
  - 1. Submucosal cysts.
  - Abnormal junctional zone thickening and measurement
    - i. Anterior (mm)
    - ii. Fundal (mm)
    - iii. Posterior (mm)

### Presence of an adenomyoma



#### **Fibroids**

1: No Yes

2b:

2a: Number of fibroids:

Largest fibroids (location and size mm all

fibroids >10mm and/or iimpact on the cavity) - (Free text)

2b: Submucosal fibroids



intramural anteria

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2b-1: Yes

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

#### Left ovary

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

2: Present

## Left ovary size (3 planes and volume)

1. NNXNNXNN mm 41 x 34 x 43 mm

2. Volume (above x 0.52). 31.4cc

## Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

10

2. N follicles > 9 mm

a. (Free text)

1 @ 12mm

Dominant follicle

a. Y

b. N.

## Left ovary position

1: Lateral adnexa. Unremarkable

2: High positioning in iliac fossa.

Tethered/ distorted appearances – (may be multiple options)

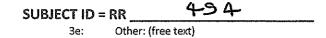
3a: Intimate relationship to the lateral uterus3b Intimate relationship/ tethering to adjacent

bowel.

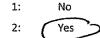
3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

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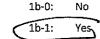
### Left ovarian endometrioma



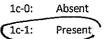
1a:

Size: NN in millimetres (mm) 3 4-

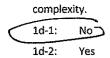
1b: T2 shading (intermediate/low homogeneous T2 signal).



T1 fat sat hyperintense 1c:



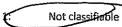
1d: Internal nodularity, septation or other



1-d-2-1: (Free text)

## Left ovarian lesions/cysts other than suspected

## endometriomas



- 2: Lesion features
  - 2a: Unilocular cyst
  - 2b: Unilocular-solid cyst
  - 2c: Multilocular cvst
  - 2d: Multilocular-solid cyst
  - 2e: Solid
- 3: Vascularity (post gadolinium enhancement).
  - 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)

- 59x72x62mm 1. NN x NN x NN mm
- 2. Volume (above x 0.52).

## 137.9cc

## Right ovary follicle measurements and count

- 1. N follicles between 2 and 9 mm in diameter
  - a. (Free text)



0

- 2. N follicles > 9 mm
  - a. (Free text)
- 3. Dominant follicle



## Right ovary position



- 2: High positioning in iliac fossa.
- 3: Tethered/ distorted appearances - may be

## multiple options.

3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to

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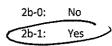
64 mm

adjacent bowel.

- 3c. Tethering to pelvic sidewall
- 3d: Tethering to the uterosacral ligament

## Right ovarian endometrioma

- 1: No Yes 2:
  - Size: NN in millimetres (mm) 2a:
  - T2 shading (intermediate/low 2b: homogeneous T2 signal).



2¢: T1 fat sat hyperintense

	2c-0:	Absent
<u></u>	2c-1:	Present

Internal nodularity, septation, complex. 2d:

2d-1:	No
2d-2:	Yes

## Right ovarian lesions/cysts other than suspected

## endometriomas

1: Not classifiab

- 2: Lesion features
  - 2a: Unilocular cyst
  - Unilocular-solid cvst 2b:
  - 2c: Multilocular cyst
  - Multilocular-solid cyst 2d:
  - 2e: Solid
- 3: Vascularity (post gadolinium enhancement).
  - 3a: Present

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3b:

Absent

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

4a: Present.

4b: Absent.

#### Adnexa

1: Hydrosalpinx

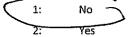


2: Hematosalpinx



3: Other (free text).

## Are both ovaries immediately approximated "kissing"?



### Urinary bladder nodule

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

1: Absent
2: Present

2a: Size: NN in millimetres (mm)

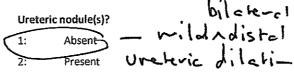
## Uterovesical region

Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent distortion between the anterior uterine serosa and bladder.

1: Normal.

2: Abnormal.

2a: (free text if required)



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

1: Negative

2: Partial

2a: Left

Complete

2b: Right

3:

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:  $\downarrow$  T2  $\uparrow$ T1 (if active

haemorrhagic deposits)

1: No

2: Yes

2a: Dimension of nodule to be measured in millimetres (mm).

FU

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  $\downarrow$  T1  $\downarrow$  T2 signal.

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

1: No Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

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## Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as  $\downarrow$  T1  $\downarrow$  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.

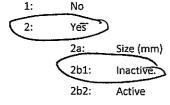
3a: Left.

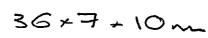
3b: Right 3c: Both.

### Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as  $\sqrt{11}$  T2 signal.

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





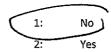
#### Rectum and colon:

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

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

Active disease as  $\uparrow$ T1,  $\uparrow$  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  $\uparrow$  T2 at its 'cap'.



2a: Distance from the anal verge

2a-1: Length (mm)

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.)

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

2d-1: Vagina

2d-2: Uterus

2d-3: Uterosacral ligaments

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	2d-4:	Ovary
2d:	Plaque t	hickness
	2a: 1-5m	nm.
	2b: 6-10	mm.
	2c: >11n	nm.
2e:	Activity	
	2f1:	Inactive.
	2f2:	Active.
2f:	"Mushro	oom cap" appearance:

## Is there evidence of tethering of the bowel?

2g1:

2g2:

Present.

Absent.

1: No

2: Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

2d: L. uterosacral ligament nodule

2e: R. uterosacral ligament nodule

2f: L pelvic side wall.

2g: R pelvic side wall.

2h: Other Reproce	unvical madule
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### Any other salient findings on the study:

1 1.	No
\	
2.	Yes

a. (Free text).

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