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

4. Bicornuate unicollis

5. Bicornuate bicollis

6. Didelphys

7. Other (free text enabled).

Uterine Lie (can be more than one selection)

1. (Anteverted)

2. Anteflexed

3. Retroverted

4. (Retroflexed)

5. Axial

6. Others (please specify) (Free text enabled)

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

1. (Free text).

86 x 57 x 48 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text) 9mm

Endometrial lesions

1. (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.)

    2. Abnormal junctional zone thickening and measurement

        i. Anterior (mm)

        ii. Fundal (mm)

        iii. (Posterior (mm)) 12mm

Presence of an adenomyoma

1: (No) (external uterine adenomyosis present)

2: Yes

Fibroids

1: (No)

2: 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

    2b-1: Yes

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

Left ovary

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

2: (Present)

Left ovary size (3 planes and volume)

1. NN x NN x NN mm 36 x 27 x 24mm

2. Volume (above x 0.52). 12.2cc

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

    a. (Free text) 8

2. N follicles > 9 mm

    a. (Free text) 4

3. Dominant follicle

    a. Y

    b. (N.)

Left ovary position

1: (Lateral adnexa. Unremarkable.)

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 adjacent bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

3e: Other: (free text)

Left ovarian endometrioma

1:      ~~No~~ (circled)

2:      Yes

1a: Size: NN in millimetres (mm)

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

    1b-0:   No

    1b-1:   Yes

1c: T1 fat sat hyperintense

    1c-0:   Absent

    1c-1:   Present

1d: Internal nodularity, septation or other complexity.

    1d-1:   No

    1d-2:   Yes

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

Left ovarian lesions/cysts other than suspected ~~endometriomas~~

1:      Not classifiable (circled)

2:      Lesion features

    2a: Unilocular cyst

    2b: Unilocular-solid cyst

    2c: Multilocular cyst

    2d: Multilocular-solid cyst

    2e: Solid

3:      Vascularity (post gadolinium enhancement).

    3a: Present

3b: Absent

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

    4a: Present.

    4b: Absent.

Right ovary

1:      Absent (Branching logic – move to "Adnexa") (circled)

2:      Present   *? incorporated into posterior – evl du see mass* (handwritten)

Right ovary size (3 planes and volume)

    1. NN x NN x NN mm

    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

        a. Y

        b. N.

Right ovary position

1:      Lateral adnexa. Unremarkable.

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

---

adjacent bowel.

    3c. Tethering to pelvic sidewall

    3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1:      No

2:      Yes

    2a: Size: NN in millimetres (mm)

    2b: T2 shading (intermediate/low homogeneous T2 signal).

        2b-0:   No

        2b-1:   Yes

    2c: T1 fat sat hyperintense

        2c-0:   Absent

        2c-1:   Present

    2d: Internal nodularity, septation, complex.

        2d-1:   No

        2d-2:   Yes

Right ovarian lesions/cysts other than suspected endometriomas

1:      Not classifiable

2:      Lesion features

    2a: Unilocular cyst

    2b: Unilocular-solid cyst

    2c: Multilocular cyst

    2d: Multilocular-solid cyst

    2e: Solid

3:      Vascularity (post gadolinium enhancement).

    3a: Present

3b: Absent

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

    4a: Present.

    4b: Absent.

Adnexa

1:      Hydrosalpinx

    1a: No ~~(circled)~~

    1b: Yes

2:      Hematosalpinx

    2a: No ~~(circled)~~

    2b: Yes

3:      Other (free text).

Are both ovaries immediately approximated "kissing"?

1:      No ~~(circled)~~

2:      Yes

Urinary bladder nodule

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

1:      Absent ~~(circled)~~

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. ~~(circled)~~

2:      Abnormal.

    2a: (free text if required)

Ureteric nodule(s)?

1:      Absent ~~(circled)~~

2:      Present

    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 ($\downarrow$ T1, $\downarrow$ T2)

1:      Negative

2:      Partial

    2a: Left

    2b: Right

3:      ~~Complete~~

    3a: Positive = obliteration ~~(circled)~~

    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 ~~(circled)~~

2:      Yes

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

    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 ~~(circled)~~

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 $\uparrow$ T1, $\uparrow$ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1:      No ~~(circled)~~

2:      Yes

    2a: Size (mm)

    2b1:   Inactive.

    2b2:   Active

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 ⃝ (circled)

2:      Yes nodules

    2a: Left

        2a-1:   Size (mm)

    2b: Right

        2b-1:   Size (mm)

    2c1:   Inactive.

    2c2:   Active
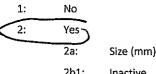
3:      Yes thickening.

    3a: Left.

    3b: Right

    3c: Both.

Retrocervical nodule present?

Definition: Inactive/ fibrotic disease characterised as ↓ T1

↓ T2 signal.

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

(hemorrhagic/ proteinacous content + glandular deposits).

1:      No

2:      Yes (circled)

    2a: Size (mm)   51 x 16 x 33 mm
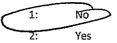
    2b1:   Inactive.

    2b2:   Active (circled)

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as ↓ 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 ↓ T2 at

its 'base' and ↑ T2 at its 'cap'.

1:      No (circled)

2:      Yes

    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.)

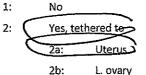   2c: Is it stuck to any structures or free lying?

        2d-1:   Vagina

        2d-2:   Uterus

        2d-3:   Uterosacral ligaments

        2d-4:   Ovary

    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.

Is there evidence of tethering of the bowel?

1:      No

2:      Yes, tethered to (circled)

    2a: Uterus (circled)

    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.

Any other salient findings on the study:

1.   No (circled)

2.   Yes

    a.   (Free text).

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