

**ADVANCED GYNECOLOGY ULTRASOUND (ENDOMETRIOSIS SONOGRAPHER-LED):**

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

**INDICATION:** Severe cramping and pain associated with cycles. Starts 1 week prior to cycle. Hospitalization in youth. Concerns over endometriosis.

**FINDINGS:****UTERUS:**

The uterus was well visualized, retroverted in orientation and size measuring 58 x 52 x 38 mm. Volume 59 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: 5.1 mm. Endometrial cavity pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared **abnormal** in appearance and echogenicity, measuring 31 x 34 x 16 mm. Volume 9.0 ml. The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles.

**Right Ovary Mobility:** Mobile

**Left Ovary:** the left ovary appeared **abnormal** in appearance and echogenicity, measuring 38 x 38 x 20 mm. Volume 14.6 ml. The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles. A corpus luteum is identified.

**Left Ovary Mobility:** Mobile

**Adnexa:** Normal bilaterally.

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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. Triangle sign: Positive.

**Superficial endometriosis:** Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified an echogenic projection overlying the midline rectal serosa that exhibits "jiggling" with transducer pressure. An echogenic focus is also identified over the left pelvic sidewall. These may be areas of superficial endometriosis.

**IMPRESSION:**

**Abnormal** limited abdominal and full pelvic ultrasound today.

Findings include:

- Both ovaries have polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.
- *Possible* superficial endometriosis identified in the rectouterine space as described above.

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst endometriosis was *possibly* 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

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optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter  
endometriosis and severe endometriosis-associated adhesions.

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