ENDOMETRIOSIS PELVIC MRI ASSESSMENT -

BR PROFORMA REPORT BLIND REVIEW

Uterus

1:

Absent

2:

Present

Uterine anatomy

- 1. Conventional
- 2. Arcuate
- Septate



- b. Subseptate
- 4. Bicornuate unicollis
- 5. Bicornuate bicollis
- 6. Didelphys
- Other (free text enabled).

Uterine Lie (can be more than one selection)

- 1. Anteverted
- 2. Anteflexed
- 3. Retroverted
- 4. Retroflexed
- Axial
- 6. Others (please specify) (Free text enabled)

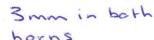
Uterine Size (body + cervix - 3 planes in mm)

1. (Free text).

72 x 43 x 25 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endometrial lesions

1. Not identified.

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

1:

No

2: Yes

Fibroids



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

REVIEWER INITIALS



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 45 x 56 x 40 mn

2. Volume (above x 0.52).

52.8cc

Left 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)



Dominant follicle

a. Y

b.) N.

Left ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

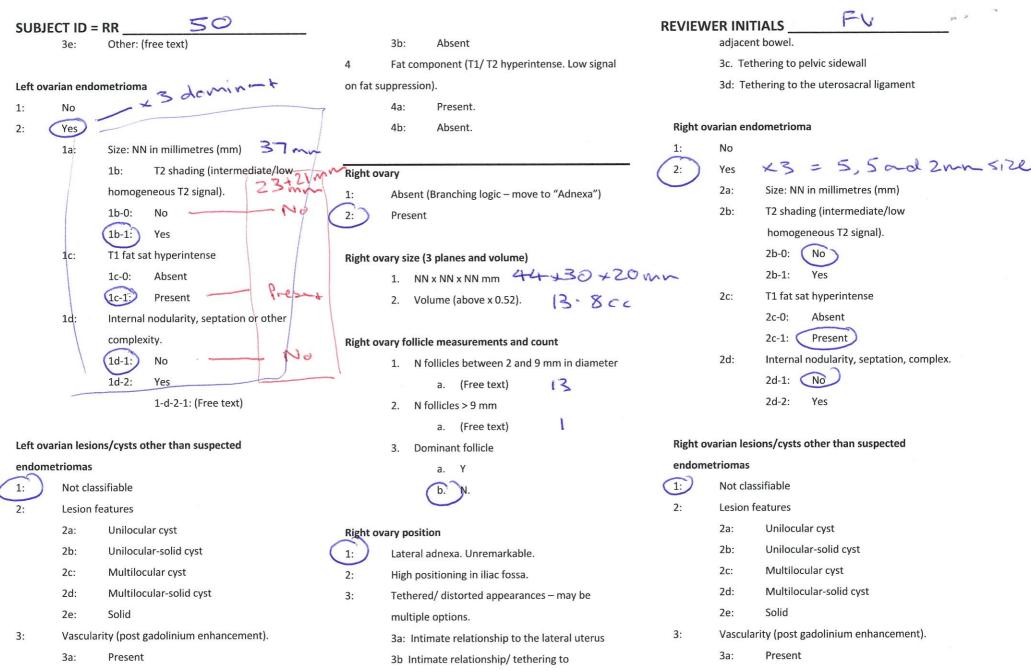
Tethered/ distorted appearances – (may be multiple options)

 $\ensuremath{\mathtt{3a}}\xspace$: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to adjacent bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament



SUBJECT ID = RR



3b:

Absent

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

> 4a: Present.

4b: Absent.

Adnexa

1: Hydrosalpinx

1a:

1b: Yes

2: Hematosalpinx

> No 2a:

2b: Yes

3: Other (free text)

Are both ovaries immediately approximated "kissing"?

2: Yes

Urinary bladder nodule

No

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)

Ureteric nodule(s)? bladder overdistended

Absent

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

1: Negative

2: **Partial**

2a:

Left

2b: Right

Complete 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: ↓ T2 ↑T1 (if active haemorrhagic deposits)

1: No

2: Yes **REVIEWER INITIALS**

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

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).

No

2: Yes

> 2a: Size (mm)

2b1: Inactive.

2b2: Active

SUBJECT ID = RR



Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as $\sqrt{11}$ 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 \downarrow T1 \downarrow T2 signal.

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

1:) No

2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

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'.



No

: 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

REVIEWER INITIALS

2d-4: Ovary

FV

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

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.

Any other salient findings on the study:

1. No



a. (Free text). renal calledting

Scan/ Photo/ Emaii: kate.cook@bensonradiology.com.au

Page 4 of 4