SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Today's ultrasound was performed by a gynecologic sonologist.

INDICATION: 26 year old female with pelvic pain ?endometriosis

LMP: 20-Jan-2025

RELEVANT CLINICAL HISTORY: No

UTERUS: Normal. The uterus was well visualized.

Measurements: 74 x 45 x 29 mm; Volume: 51 ml.

Orientation: Anteverted

Adenomyosis: Evaluation for adenomyosis revealed: Nil.

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:
Thickness 3.8mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Abnormal
was well visualized and measured 37 x 22 x 21 mm; Volume: 9.1 ml.
Mobile

Type of abnormality	*Measurements*	*Description*	*Other relevant details:*
Polycystic ovarian morphology	N/A	More than 20 follicles are noted	

Left Ovary: Normal
was well visualized and measured 31 x 22 x 15 mm; Volume: 5 ml.

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Date of transcription: 23 Jan 2025

Sonographer: E. Ocubillo

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Adnexa: Normal

FREE FLUID: Present
Enhanced evaluation for superficial endometriosis: ☑ **Yes** ☐ No

ANTERIOR COMPARTMENT:

Vesicouterine peritoneum: Normal.
Bladder: Normal.
Ureters: Normal.
Kidneys: Normal.

POSTERIOR COMPARTMENT:

Vagina: Normal.
Uterosacral ligaments + Torus uterinus: Normal.
Bowel: Normal.
Rectouterine pouch peritoneum: Normal.

Sliding sign: Positive

Interpretation:

Non-obliterated (normal)	

IMPRESSION:
Abnormal advanced pelvic ultrasound

The following were identified:

- Polycystic ovarian morphology **(right)**. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

Whilst PCOS/PCOM is not a broadly recognized cause of dysmenorrhea and pelvic pain, some newer literature is supportive that anovulatory-induced bleeding may be more painful than ovulatory-induced bleeding (i.e. periods). Ref: Mann et al. **Menstrual Cramps in Anovulatory versus Normally Ovulatory Cycles — SARS-COV-2 Pandemic Daily Data Plus a Meta-Analysis of Cramps and Anovulation.** J Pain Res. PMID: 39005755

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and pelvic pain/dysmenorrhea and PCOS/PCOM and endometriosis.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with their referring doctor to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

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