

ENDOMETRIOSIS ULTRASOUND:

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

INDICATION:

FINDINGS:

UTERUS:

The uterus was well visualized, in anteverted orientation and size measuring 81 x 48 x 52 mm.

Myometrium: The myometrium appeared mostly normal.

- **Adenomyosis:** Evaluation for adenomyosis revealed: Singular indirect feature:

1. Globular uterus

- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 5.1 mm. Endometrial cavity pathology: None. Small isthmocoele

IUD: Correctly positioned.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared **abnormal** in appearance and echogenicity, measuring 61 x 38 x 40 mm. Volume 56 ml.

There is a unilocular cystic lesion measuring 48 x 33 x 37 mm, vol 31 ml with mixed echogenicity and acoustic shadows, smooth and thin walls, no solid components, and no abnormal Doppler vascularity. This is a dermoid cyst as per IOTA Easy Descriptors.

The ovarian cortex actually appears quite normal, substantial with normal follicular appearance and quantity.

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Right Ovary Mobility: Mobile.

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 24 x 18 x 15 mm. Volume 3.4 ml.

Left Ovary Mobility: Mobile.

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Adhesions between bladder and uterus but otherwise normal, no gross pathology. No deep endometriosis.

Ureters: Normal bilaterally with no evidence of hydroureter.

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): Normal with no evidence of deep endometriosis or other gross pathology.

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We did not identify superficial endometriosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

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Abnormal limited abdominal and full pelvic ultrasound today with findings of a large right ovarian dermoid cyst. There is no endometriosis or adenomyosis identified. There are no endometriosis-associated adhesions but there are bladder-to-uterus adhesions. 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 the patient real-time feedback regarding the ultrasound findings. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with you, 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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