



**ENDOMETRIOSIS ULTRASOUND:**

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. The bladder was very full throughout the entire scan.

**INDICATION:** Dysmenorrhea; h/o autonomic bladder

**FINDINGS:**

**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 92 x 44 x 47 mm.

**Myometrium:** The myometrium appeared normal.

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

**Endometrium:** Endometrial thickness measured: 4 mm. Endometrial cavity pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared normal in appearance and echogenicity, measuring 32 x 15 x 28 mm. Volume 6.7 ml (on TA scan)

**Left Ovary:** the left ovary appeared normal in appearance and echogenicity, measuring 23 x 21 x 33 mm. Volume 8.4 ml (on TA scan).

**Adnexa:** Normal bilaterally.

**ANTERIOR COMPARTMENT:**

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

**Ureters:** Normal bilaterally with no evidence of hydroureter.

M. Leonardi, MD, PhD, FRCSC  
Date of transcription: 24 Jul 2024  
Signed



**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 identified: None. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

**IMPRESSION:**

Normal limited abdominal and full pelvic ultrasound today (besides the very full bladder).

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.

It is important to note that a normal ultrasound does not signify the patient is normal; rather, it simply means we have not visualized anatomical abnormalities in the structures evaluated on today's ultrasound.

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 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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