

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: 44 yo G2P2 with heavy HMB ad Hx of dysmenorrhea, 3d pre-menses and 5d of period. Stabbing pain in rectum/vagina when passings tool, dyspareunia

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 84 x 50 mm.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: **Present**. The following MUSA (Morphologic Uterine Sonographic Assessment) group features are identified:

1. Globular uterus
2. Asymmetrical thickening
3. Fan-shaped shadowing

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

Endometrium: Endometrial thickness measured: 3.7 mm. Endometrial cavity pathology: None. IUD correctly positioned.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 25 x 18 x 25 mm. Volume <10 ml.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 23 x 17 x 26 mm. Volume <10 ml.

Left Ovary Mobility: Mobile

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 20 Mar 2024

Signed

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.

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:

Abnormal limited abdominal and full pelvic ultrasound today with findings including adenomyosis. No endometriosis noted, no adhesions noted. 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 pelvic ultrasound does not signify the patient is normal; rather, it simply means we have not visualized anatomical abnormalities in the structured evaluated on today's ultrasound.

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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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