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ENDOMETRIOSIS PELVIC MRI ASSESSMENT – BR PROFORMA REPORT BLIND REVIEW

Uterus

1. Absent
2. Present

Uterine anatomy

1. Conventional
2. Arcuate
3. Septate
   a. Full septum
   b. Subseptate
4. Bicornuate unicollis
5. Bicornuate bicollis
6. Didelphys
7. Other (free text enabled)

Uterine Lie (can be more than one selection)

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

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

1. (Free text) 110X53X82mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text) 10mm

Endometrial lesions

1. Not identified
2. 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.
   2. Abnormal junctional zone thickening and measurement
      - i. Anterior (mm)
      - ii. Fundal (mm)
      - iii. Posterior (mm)

Presence of an adenomyoma

1. No
2. Yes

Fibroids

1. No
2. Yes
   - 2a Number of fibroids
   - 2b Largest fibroids (location and size mm all fibroids >10mm and/or impact on the cavity) – (Free text)
   - 2b: Submucosal fibroids
     - 2b-0: No
     - 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 44X35X36
2. Volume (above x 0.52) 22ml

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) >25
2. N follicles > 9 mm
   a. (Free text) 0
3. Dominant follicle
   a. Y
   b. N

Left ovary position

1. Lateral adnexa. Unremarkable
2. High positioning in iliac fossa
3. Tethered/ distorted appearances – (may be multiple options)
   - 3a. Intimate relationship to the lateral uterus
   - 3b Intimate relationship/ tethering to adjacent bowel
   - 3c Tethering to pelvic sidewall
   - 3d Tethering to the uterosacral ligament

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3e. Other (free text)

Left ovarian endometrioma

1. No
2. Yes

1a: Size: NN in millimetres (mm)

1b: T2 shading (intermediate/low homogeneous T2 signal).

1b-0: No

1b-1: Yes

1c: T1 fat sat hyperintense

1c-0: Absent

1c-1: Present

1d: Internal nodularity, septation or other complexity.

1d-1: No

1d-2: Yes

1-d-2-1: (Free text)

Left ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

3b: Absent

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

4a: Present

4b: Absent.

Right ovary

1: Absent (Branching logic – move to "Adnexa")

2: Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm 32X27X35
2. Volume (above x 0.52). 16ml.

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) 725
2. N follicles > 9 mm
   a. (Free text) 0
3. Dominant follicle
   a. Y
   b. N

Right ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

3: Tethered/ distorted appearances – may be multiple options.

3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to

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Absent

Present

Internal nodularity, septation, complex.

2d-1: No

2d-2: Yes

Left ovarian lesions/cysts other than suspected endometriomas

1: Not classifiable

2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

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3b: Absent

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

4a: Present.

4b: Absent.

Adnexa

1: Hydrosalpinx

1a: No

1b: Yes

2: Hematosalpinx

2a: No

2b: Yes

3: Other (free text)

Are both ovaries immediately approximated "kissing"?

1: No

2: Yes

Urinary bladder nodule

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)?

1: 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 (↓ T1, ↓ T2)

1: Negative

2: Partial

2a: Left

2b: Right

3: Complete

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

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 ↓ T1 ↓ T2 signal. Active disease as ↑T1, ↑ to intermediate T2 signal (hemorrhagic/ proteinaceous content + glandular deposits)

1: No

2 Yes

2a Size (mm)

2b1 Inactive.

2b2 Active

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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ 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 ↓ T1 ↓ T2 signal

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous 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 ↓ T1 ↓ T2 signal

Active disease as ↑T1, ↑ 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 ↓ T2 at its 'base' and ↑ T2 at its 'cap'.

1 No

2 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
  - 2d-4 Ovary
- 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

2 Yes

a (Free text): PCOS.

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