SUBJECT ID = RR

561

# 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).

105 x 117 x 90 mm

#### Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

12 mn

#### **Endometrial lesions**

- 1. Not identified.
- Present. Polyp.

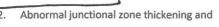
2b-1: No. of polyps (free text)

2b-2: Size of each polyp. (free text)

#### Adenomyosis

- No MRI supportive features
- 2. Supportive MRI features as described:





#### measurement

- i. Anterior (mm)
- i. Fundal (mm)
- iii. Posterior (mm)

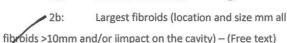
#### Presence of an adenomyoma

1: No 2: Yes

## Fibroids



2a: Number of fibroids:



2b: Submucosal fibroids



posteria bads with

REVIEWER INITIALS

FU

2b-1: Yes

2b-1-1: (description: free text)

### Left ovary

Absent (Branching logic – move to "Right ovary")

2: Present

## Left ovary size (3 planes and volume)

1. NN x NN x NN mm 31 x 24 x 31 m-

2. Volume (above x 0.52). | 2 ' | e c

## Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

3

2. N follicles > 9 mm

a. (Free text)

1 @ 19m-

Dominant follicle

(a. Y)

b. N.

# Left ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

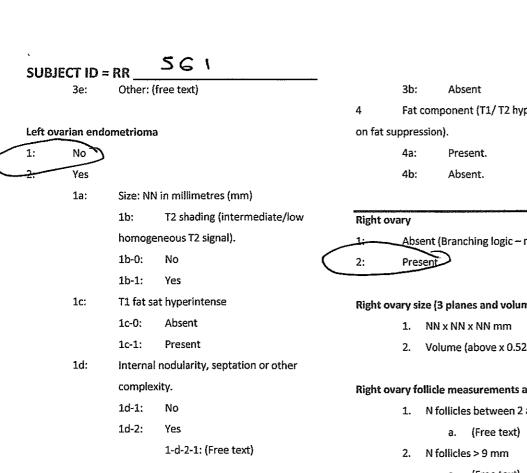
Tethered/ distorted appearances – (may be multiple options)

3a: Intimate relationship to the lateral uterus3b Intimate relationship/ tethering to adjacent bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

Page 1 of 4



Left ovarian lesions/cysts other than suspected

Unilocular cyst

Multilocular cvst

Solid

Present

Unilocular-solid cvst

Multilocular-solid cyst

Vascularity (post gadolinium enhancement).

Not classifiable

Lesion features

endometriomas

2a:

2b:

2c:

2d:

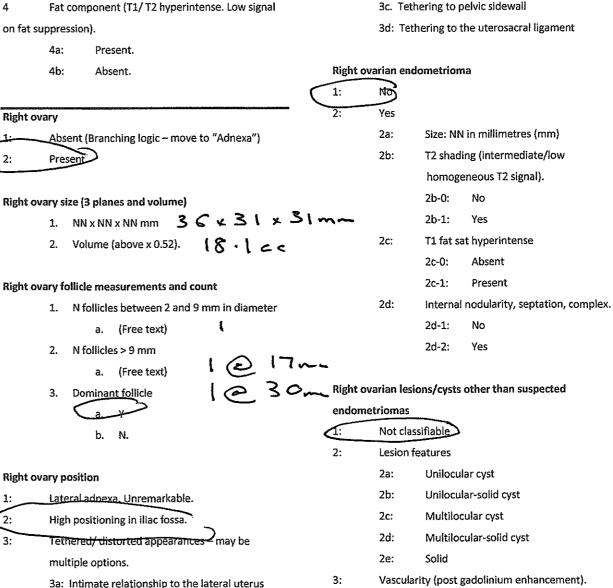
2e:

3a:

1:

2:

3:



3b Intimate relationship/ tethering to

FU

**REVIEWER INITIALS** 

3a:

Present

adjacent bowel.

SUBJECT ID = RR

56 L

3b:

Absent

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

4a:

Present.

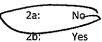
4b: Absent.

#### Adnexa

1: Hydrosalpinx



2: Hematosalpinx



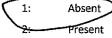
3: Other (free text).

Are both ovaries immediately approximated "kissing"?



### Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder.



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

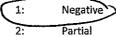
orifice/ VUJ)

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 (\$\sqrt{T1}\$, \$\sqrt{T2}\$)



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 Yes

# REVIEWER INITIALS

2a: Dimension of nodule to be measured in millimetres (mm).

FU

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.



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  $\downarrow$  T1  $\downarrow$  T2 signal. Active disease as  $\uparrow$ T1,  $\uparrow$  to intermediate-T2 signal

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



2a: Size (mm)

2b1: Inactive.

2b2: Active

SUBJECT ID = RR

56 L

### Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as  $\downarrow$  T1  $\downarrow$  T2 signal.

Active disease as  $\uparrow$ T1,  $\uparrow$  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  $\downarrow$  T1  $\downarrow$  T2 signal.

Active disease as 171, 1 to intermediate- T2 signal

(hemorrhagic/ proteinacous content + glandular deposits).

1: No Yes

2a: Size (mm)

2b1: Inactive.

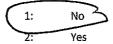
2b2: Active

#### Rectum and colon:

#### Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as  $\downarrow$  T1  $\downarrow$  T2 signal.

Active disease as  $\uparrow$ T1,  $\uparrow$  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  $\downarrow$  T2 at its 'base' and  $\uparrow$  T2 at its 'cap'.



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.

Is there evidence of tethering of the bowel?

2f2:

2g1:

2g2:

Active.

"Mushroom cap" appearance:

Present.

Absent.

1: No

2: Yes, tethered to

2f:

2a: Uterus

2b: L. ovary

2c: R. ovarv

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).

Scan/ Photo/ Email: kate.cook@bensonradiology.com.au