

SUBJECT ID = RR

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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)

9x52x61

Endometrial thickness (sag plane in mm to nearest mm)

- 1 (Free text)

8mm

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

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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

2: Volume (above x 0.52)

27x16x24
5.4ml.

Left ovary follicle measurements and count

- 1: N follicles between 2 and 9 mm in diameter
a: (Free text)
2: N follicles > 9 mm
a: (Free text)
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
1d-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 **37x22x17**
2. Volume (above x 0.52) **7.2**

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
a. (Free text) **14**
2. N follicles > 9 mm
a. (Free text) **2**
3. Dominant follicle

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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adjacent bowel.

3c. Tethering to pelvic sidewall

3d. Tethering to the uterosacral ligament

Right ovarian endometrioma

1. No
2. Yes

2a. Size: NN in millimetres (mm)

2b. T2 shading (intermediate/low homogeneous T2 signal)

- 2b-0. No
2b-1. Yes

2c. T1 fat sat hyperintense

- 2c-0. Absent
2c-1. Present

2d. Internal nodularity, septation, complex

- 2d-1. No
2d-2. Yes

Right 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

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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/ proteinaceous 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 lesion (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

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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)

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