



### ENDOMETRIOSIS ULTRASOUND:

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

**INDICATION:** hx of dysmenorrhea. Hx of appendectomy

### **FINDINGS:**

#### UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 64 x 44 x 68 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: 15 mm. Endometrial cavity pathology: None.

#### OVARIES/ADNEXA:

**Right Ovary:** the right ovary appeared **abnormal** in appearance and echogenicity, measuring 31 x 16 x 34 mm. Volume 8.8 ml. The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles.

**Right Ovary Mobility:** Mobile

**Left Ovary:** the left ovary appeared **abnormal** in appearance and echogenicity, measuring 41 x 30 x 34 mm. Volume 21.7 ml. There is a unilocular cystic lesion measuring 21 x 18 x 22 mm with some internal echoes (reticular/web-like), smooth and thin walls, no solid components, and with peripheral 'ring of fire'. This is a functional hemorrhagic cyst.

The following criteria for **polycystic ovarian morphology** are noted: equal or greater than 20 follicles.

**Left Ovary Mobility:** Mobile

**Adnexa:** Normal bilaterally.

#### ANTERIOR COMPARTMENT:

M. Leonardi, MD, PhD, FRCSC

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**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:** **abnormal** with evidence of deep infiltrative endometriosis at the level of the left USL measuring 9.0 x 4.5 x 9.6 mm

**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):**

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

**Abnormal.** There is a peritoneal pocket in the left pararectal space. This is an indirect feature of endometriosis.

**Superficial endometriosis:** Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified superficial endometriosis on the rectouterine pouch peritoneum. 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 main findings including deep and superficial endometriosis (peritoneal pocket). Both ovaries have polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome.

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

M. Leonardi, MD, PhD, FRCSC

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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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