

**ADVANCED GYNECOLOGY ULTRASOUND (ENDOMETRIOSIS SONOGRAPHER-LED):**

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the **indication of endometriosis on the requisition**, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

**INDICATION:** Hx of adenomyosis as she was in Saudi Arabia.

**RELEVANT CLINICAL HISTORY:** Patient has dysmenorrhea, she states she had difficulty getting pregnant and did IVF - cesarean section x 2.

**FINDINGS:****UTERUS:**

The uterus was well visualized, retroverted in orientation and size measuring 53 x 44 x 65 mm. Volume 80.2 ml. Cervical length is 38 mm.

**Myometrium:** The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: Nil.
- **Fibroids:** Evaluation for fibroids revealed: **Present**.

1. Posterior left FIGO type 4 measuring 13 x 14 x 13 mm - calcified rim.

- **Congenital anomaly:** Nil.

**Endometrium:** Endometrial thickness measured: 12.3 mm. Endometrial cavity pathology: none.

**OVARIES/ADNEXA:**

**Right Ovary:** the right ovary appeared normal in appearance and echogenicity, measuring 31 x 14 x 32 mm. Volume 7.2 ml.

**Right Ovary Mobility:** Mobile

**Left Ovary:** the left ovary appeared normal in appearance and echogenicity, measuring 36 x 19 x 32 mm. Volume 11.5 ml.

**Left Ovary Mobility:** Mobile

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

**Superficial endometriosis:** Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified superficial endometriosis in the left and right pelvic sidewalls and rectouterine pouch in the form of echogenic foci and filmy adhesions.

**IMPRESSION:**

**Abnormal** limited abdominal and full pelvic ultrasound today.

Findings include:

- small uterine fibroid, not impacting endometrium
- no adenomyosis seen
- superficial endometriosis likely - the patient has undergone C-section surgeries and oocyte retrieval, so technically inflammation from these sources could also yield these appearances

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst endometriosis was identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered

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for this patient, I would recommend a **sonologist-led endometriosis ultrasound** to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions.

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