SUBJECT ID = RR

ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW



Absent

2:

Present

Uterine anatomy

- 1. Conventional
- Arcuate
- Septate
 - Full septum
 - Subseptate
- Bicornuate unicollis
- Bicornuate bicollis
- Didelphys
- Other (free text enabled).

Uterine Lie (can be more than one selection)

Anteverted



Anteflexed

Retroflexed

- Axial
- Others (please specify) (Free text enabled)

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

1. (Free text). 99×53×52 m

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)



Endometrial lesions

Not identified.

Present. Polyp.

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

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

Adenomyosis

- No MRI supportive features
- Supportive MRI features as described:
 - Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma

- No
- Yes

Eibroids

- No
- Yes
 - Number of fibroids: 2a:
 - 2b: Largest fibroids (location and size mm all

fibroids >10mm and/or iimpact on the cavity) - (Free text)

Submucosal fibroids 2b:

> 2b-0: No

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2b-1: Yes

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

Left ovary



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

Present

Left ovary size (3 planes and volume)

2. Volume (above x 0.52).

1. NN x NN x NN mm 26 x 2 4 x 26 m

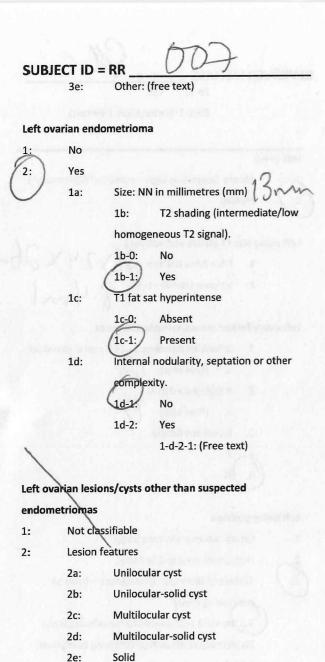
Left ovary follicle measurements and count

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



Left ovary position

- 1: Lateral adnexa. Unremarkable.
- High positioning in iliac fossa.
 - 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



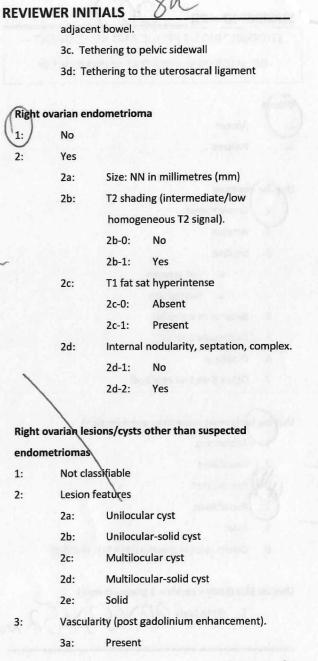
Vascularity (post gadolinium enhancement).

Present

3:

3a:

3b: Absent Fat component (T1/T2 hyperintense. Low signal on fat suppression). 4a: Present. 4b: Absent. **Right ovary** Absent (Branching logic - move to "Adnexa") 1: 2: Present Right ovary size (3 planes and volume) 1. NN x NN x NN mm 38 x 20 x 45 ...
2. Volume (above x 0.52). Right ovary follicle measurements and count N follicles between 2 and 9 mm in diameter a. (Free text) N follicles > 9 mm a. (Free text) Dominant follicle b. **Right ovary position** Lateral adnexa. Unremarkable. 1: 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



SUBJECT ID = RR 3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1:

Hydrosalpinx

No

Yes

2:

Hematosalpinx 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

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.

> (free text if required) 2a:

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

1: Negative

2: **Partial**

> 2a: Left

2b: Right

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)

No

Yes

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Dimension of nodule to be measured in 2a:

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.

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

Yes

Size (mm) 2a:

2b1: Inactive.

2b2: Active SUBJECT ID = RR

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Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as $\sqrt{11} \sqrt{12}$ 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:

3:

Active

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 \uparrow T1, \uparrow to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits).

1:

No

Yes

2a:

Size (mm)

2b1: Inactive.

262:

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 ↑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'.



No

: 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

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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

: 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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