ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: 26 F known surgical diagnosis, surgery in Kenya. Please assess for deep disease. Currently suppressed on Visanne.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 62 x 48 x 39 mm. Volume was 61.5 ml.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis**: Evaluation for adenomyosis revealed: Nil

- **Fibroids**: Evaluation for fibroids revealed: **Present**.

1. Anterior central FIGO type 6 fibroid measuring 8 x 8 x 9 mm.
2. Posterior FIGO type3 measuring 7 x 7 x 10 mm.

- **Congenital anomaly**: Nil.

Endometrium: Endometrial thickness measured: 2.9 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 31 x 23 x 13 mm. Volume 5.0 ml.
Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 18 x 20 x 19 mm. Volume 3.6 ml.
Left Ovary Mobility: Mobile

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Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: No evidence of deep endometriosis or other gross pathology. Small hyperechoic foci overlying bladder peritoneum and vesicouterine peritoneum suggestive of **superficial endometriosis**.
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 a hyperechoic and hypoechoic foci suggestive of superficial endometriosis along the medial aspect.
Right uterosacral ligament: Abnormal with a hyperechoic foci proximally close to the pararectal space suggestive of superficial endometriosis.
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): Normal with no evidence of deep endometriosis or other gross pathology.
Sliding sign: Positive, representing a non-obliterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We identified: Superficial endometriosis along bilateral uterosacral ligaments as well as the vesicouterine pouch as noted above.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including sites of superficial endometriosis along the uterosacral ligaments and vesicouterine pouch. There are also small fibroids noted. No evidence of deep or ovarian endometriomas or adenomyosis or severe adhesions.

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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 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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