

ENDOMETRIOSIS ULTRASOUND:

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

INDICATION: Previous surgery, increasing AUB, PCB, wanting hysterectomy.

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 55 x 51 x 91 mm.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: **Present**. The following MUSA criteria were seen:

1. Globular
2. Fan-shaped acoustic shadowing
3. Subendometrial buds/lines
4. Irregular junctional zone
5. Interrupted junctional zone
6. Myometrial cysts

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

1. Fundal type 3 measuring 12 x 9 x 11 mm.

- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 10.0 mm. Endometrial cavity pathology: Possible polyp measuring 12.8 x 10.4 x 7.8 mm, difficult to assess endometrium due to the adenomyosis. IUD is not in the correct position - low in the uterine body and cervix.

OVARIES/ADNEXA:

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Right Ovary: the right ovary appeared **abnormal** in appearance and echogenicity, measuring 46 x 43 x 43 mm. Volume 44.5 ml. There are two unilocular cystic lesions measuring 40 x 31 x 25 mm, 25 x 16 x 20 mm with ground glass echogenic contents, smooth and thin walls, no solid components, and no abnormal Doppler vascularity. The first is clearly an endometrioma and the second, which is a bit harder to visualize, is also likely an endometrioma, but may be a hemorrhagic cyst.

Right Ovary Mobility: Fixed laterally and medially

Left Ovary: the left ovary appeared **abnormal** in appearance and echogenicity, measuring 37 x 30 x 32 mm. Volume 12.9 ml. There is a unilocular cystic lesion measuring 26 x 18 x 24 mm with ground glass echogenic contents, smooth and thin walls, no solid components, and no abnormal Doppler vascularity. This is benign as per the IOTA Simple Rules. This is an endometrioma as per IOTA Easy Descriptors.

Left Ovary Mobility: Fixed in all directions

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.

Ureters: Normal bilaterally with no evidence of hydronephrosis.

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: **Abnormal** with irregularity of the ligament but no nodule.

Torus uterinus: **Abnormal** with evidence of deep endometriosis nodule measuring 7.8 x 5.0 x 8.0 mm.

Bowel: **Abnormal** with evidence of deep endometriosis nodule measuring 19.9 x 15.3 x 9.3 mm. Left endometrioma is tethered to this nodule.

Rectouterine pouch (cul de sac): Sliding sign: Negative, representing an obliterated rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We identified: Superficial endometriosis on the right USL in the form of

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a hypoechoic irregularity of the ligament.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including endometriosis (severe including bowel, obliteration), adenomyosis, fibroid, probable endometrial polyp.

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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