SUBJECT ID = RR

485

ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

BR PROFORMA REPORT BLIND REVIEW

Uterus

1:

Absent

(2:

Present

Uterine anatomy

1. Conventional



- 3. Septate
 - a. Full septum
 - b. Subseptate
- 4. Bicornuate unicollis
- 5. Bicornuate bicollis
- 6. Didelphys
- 7. Other (free text enabled).

Uterine Lie (can be more than one selection)

- 1. Anteverted
- 2. Anteflexed
- 3. Retroverted



- 5. Axial
- 6. Others (please specify) (Free text enabled)

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

1. (Free text).

66 × 55 × 45 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

2mm

Endometrial lesions

1. Not identified.

2. Present. Polyp.

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

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

Adenomyosis

1. No MRI supportive features

2. Supportive MRI features as described:

1. Submucosal cysts.

2. Abnormal junctional zone thickening and

measurement

i. Anterior (mm)

ii. Fundal (mm)
ii. Posterior (mm) 20 ~ ~ ~

Presence of an adenomyoma

1:

No

posteria ba

Fibroids

1: No 2: Yes

2a: Number of fibroids:

2b: Largest fibroids (location and size mm all

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

2b: Submucosal fibroids

2b-0: No

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r

2b-1: Ye

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

Left ovary

1: Absent (Branching logic – move to "Right ovary")

2: Present

Left ovary size (3 planes and volume)

1. NN x NN x NN mm

32 x 12 x 20 n.

2. Volume (above x 0.52).

4.000

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

15

2. N follicles > 9 mm

a. (Free text)

0

Dominant follicle

a. Y

b. N.

Left ovary position

1: Lateral adnexa. Unremarkable.

2: 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

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3e:

Other: (free text)

Left ovarian endometrioma

1: No

2: Yes

1a: Size: NN in millimetres (mm)

1b: T2 shading (intermediate/low

homogeneous T2 signal).

1b-0: No

1b-1: Yes

1c: T1 fat sat hyperintense

1c-0: Absent

1c-1: Present

1d: Internal nodularity, septation or other

complexity.

1d-1: No

1d-2: Yes

1-d-2-1: (Free text)

Left ovarian lesions/cysts other than suspected

endometriomas

1: Not classifiable

2:

Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

3b: Absent

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

4a: Present.

4b: Absent.

Right ovary

1: Absent (Branching logic – move to "Adnexa")

2: Present

Right ovary size (3 planes and volume)

1. NN x NN x NN mm 27 x 17 x 26 ~~~

2. Volume (above x 0.52).

6.Zc.

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

30

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

Right ovary position

1: Latera adnexa. Unremerkable.

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

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1: No Yes

2a: Size: NN in millimetres (mm)

2b: T2 shading (intermediate/low

homogeneous T2 signal).

2b-0: No

2b-1: Yes

2c: T1 fat sat hyperintense

2c-0: Absent

2c-1: Present

2d: Internal nodularity, septation, complex.

2d-1: No

2d-2: Yes

Right ovarian lesions/cysts other than suspected

endometriomas

1: Not classifiable
2: Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

3a: Present

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3b:

Absent

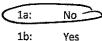
Fat component (T1/T2 hyperintense. Low signal on fat suppression).

> 4a: Present.

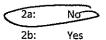
4b: Absent.

Adnexa

1: Hydrosalpinx

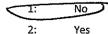


2: Hematosalpinx



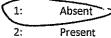
3: Other (free text).

Are both ovaries immediately approximated "kissing"?



Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder.

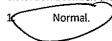


2a:

Size: NN in millimetres (mm)

Uterovesical region

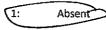
Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent distortion between the anterior uterine serosa and bladder.



2: Abnormal.

> 2a: (free text if required)

Ureteric nodule(s)?



2: Present

> 2a: Location (free text + distance to ureteric

> > orifice/VUJ)

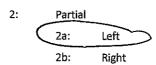
2b: Size (mm)

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



3: 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)



Yes

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2a: Dimension of nodule to be measured in 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.

1: 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).



2a: Size (mm)

2b1: Inactive.

2b2: Active

Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ T2 signal.

Active disease as \$\partial T1, \$\partial \text{to intermediate- T2 signal}\$ (hemorrhagic/proteinaceous content + glandular deposits).

- 1: No
- 2: Yes nodules

2a:

2a-1: Size (mm)

2b: Right

Left

2b-1: Size (mm)

2c1: Inactive.

2c2: Active

3: Yes thickening.

3c:

3a: Left. 3b: Right_3

Retrocervical nodule present?

Both.

Definition: Inactive/fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits).

No Yes

> 2a: Size (mm)

2b1: Inactive.

2b2: Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as \$\square\$ T1

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 plague with \$\sqrt{12}\$ at its 'base' and 1 T2 at its 'cap'.



Distance from the anal verge 2a:

> 2a-1: Length (mm)

2b: Lesion type

> 2b-1: Isolated lesion

2b-2: Multiple lesions

2b-3: Curved lesion

2b-4: Straight lesion

Maximal depth layer of invasion each 2c:

leasion (muscularis, submucosa,

mucosa).

Lesion 1: (free text) 2c-1:

Lesion 2 (free text) - delete if (2c-2:

not relevant

(2c-3 etc.)

Is it stuck to any structures or free lying? 2c:

> 2d-1: Vagina

> 2d-2: Uterus

Uterosacral ligaments 2d-3:

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2d:

Ovary 2d-4: Plaque thickness

2a: 1-5mm.

2b: 6-10mm.

2c: >11mm.

2e: Activity

> 2f1: Inactive.

2f2: Active.

2f: "Mushroom cap" appearance:

> Present. 2g1:

2g2: Absent.

Is there evidence of tethering of the bowel?

Yes, tethered to

2a: Uterus

2b: L. ovary

2c: R. ovary

L. uterosacral ligament nodule 2d:

R. uterosacral ligament nodule 2e:

2f: L pelvic side wall.

R pelvic side wall. 2g:

Other. 2h:

Any other salient findings on the study:

1. No 2. Yes

(Free text).

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