SUBJECT ID = RR 162

REVIEWER INITIALS SM

Uterosacral ligament nodules or thickening?

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

Active disease as ↑T1, ↑ 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: Active

3: Yes thickening.

- 3a: Left.
- 3b: Right
- 3c: Both.

Retrocervical nodule present?

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

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

1: No

2: Yes

- 2a: Size (mm) 17mm
- 2b1: Inactive.
- 2b2: Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as ↓ T1 ↓ 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'.

1: No

2: 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
  - 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

2: 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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3b: Absent

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

4a: Present.

4b: Absent.

Adnexa

1: Hydrosalpinx

1a: No

1b: Yes

2: Hematosalpinx

2a: 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

2: 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.

2a: (free text if required)

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 (↓ T1, ↓ T2)

1: Negative

2: Partial

2a: Left

2b: Right

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)

1: No

2: Yes

2a: Dimension of nodule to be measured in millimetres (mm). 7

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).

1: No

2: Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active

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3e: Other: (free text)

Left ovarian endometrioma

1: No

2: Yes

1a: Size: NN in millimetres (mm) 20mm

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 27X24X28
2. Volume (above x 0.52). 9.4ml

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) 8
2. N follicles > 9 mm
   a. (Free text) 2
3. Dominant follicle
   a. Y 16mm
   b. N.

Right ovary position

1: Lateral adnexa. Unremarkable.

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 adjacent bowel.

3c: Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1: No

2: Yes

2a: Size: NN in millimetres (mm) 22mm

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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ENDOMETRIOSIS PELVIC MRI ASSESSMENT – BR PROFORMA REPORT BLIND REVIEW

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Uterus

1: Absent
2: Present

Uterine anatomy

1. Conventional
2. Arcuate
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
4. Retroflexed
5. Axial
6. Others (please specify) (Free text enabled)

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

1. (Free text). 146X83X120

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text) 4

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)
      iii. Posterior (mm)

Presence of an adenomyoma

1: No
2: Yes

Fibroids

1: No
2: Yes
   2a: Number of fibroids: >20
   2b: Largest fibroids (location and size mm all fibroids >10mm and/or iimpact on the cavity) – (Free text)
   2b: Submucosal fibroids
   2b-0: No
   2b-1: Yes
   2b-1-1: (description: free text)

1) (R) lat lower body intramural 46mm
2) posterior intramural 35mm body
3) (R) fundal subserosal 47mm
4) L fundal subserosal 85mm

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 33X31X26
2. Volume (above x 0.52). 14mm

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text) 14
2. N follicles > 9 mm
   a. (Free text) 0
3. Dominant follicle
   a. Y
   b. N.

Left ovary position

1: Lateral adnexa. Unremarkable.
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 adjacent bowel.
   3c. Tethering to pelvic sidewall
   3d: Tethering to the uterosacral ligament