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ENDOMETRIOSIS PELVIC MRI ASSESSMENT -

BR PROFORMA REPORT BLIND REVIEW

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) 94x56x71mm

Endometrial thickness (sag plane in mm to nearest mm)

- 1 (Free text) 7mm

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
2b Largest fibroids (location and size mm all fibroids >10mm and/or impact on the cavity) - (Free text)
2b Submucosal fibroids

2b-0 No

2mm
(R) lateral body
intramural

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2b-1 Yes

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
2 Volume (above x 0.52)

22x18x15
3.1ml.

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

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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 32 x 15 x 28
- 2 Volume (above x 0.52) 7ml.

Right ovary follicle measurements and count

- 1 N follicles between 2 and 9 mm in diameter
- a (Free text) 16
- 2 N follicles > 9 mm
- a (Free text) 0
- 3 Dominant follicle
- a Y
- 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

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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)
- 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

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)

Uterine nodule(s)?

1: Absent

2: Present

2a: Location (free text + distance to uterine orifice/ VUI)

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

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2a: Dimension of nodule to be measured in millimetres (mm) 14mm.

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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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/ proteinaceous content + glandular deposits)

- 1: No
- 2: Yes
- 2a: Size (mm)
- 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/ proteinaceous 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 lesion (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
- 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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vaginal cystic nodule
endometriosis
inclusion cyst.