SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the:
indication of endometriosis on the requisition, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: Longstanding dysmenorrhea. Family hx of endometriosis. Symptoms managed with Lolo x 6 yrs. Briefly stopped x 2 wks with significant lower abd pain.

LMP: 06-Jan-2025

RELEVANT CLINICAL HISTORY: No

UTERUS: **Abnormal.** The uterus was well visualized.

Measurements: 45 x 46 x 28 mm; Volume: 29.9 ml.

Orientation: Anteverted
The cervix measures 30.2 mm in length.

Adenomyosis: Evaluation for adenomyosis revealed: **Features Present.**
The following MUSA (Morphologic Uterine Sonographic Assessment) group features are identified:
- Echogenic sub-endometrial lines and buds
- Myometrial cysts

Fibroids: No fibroids are visualized

Congenital anomaly: No

Endometrium:
Thickness 2.6mm. Endometrial pathology: None.

OVARIES/ADNEXA:

Right Ovary: Normal
was well visualized and measured 38 x 25 x 20 mm; Volume: 9.9 ml.
Mobile

Left Ovary: Normal

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 13 Jan 2025

Sonographer: M. Palmer

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Mobile

Adnexa: Normal
A small left paratubal cyst is noted.

FREE FLUID: Absent
Enhanced evaluation for superficial endometriosis: ☐ **Yes** ☑ No

ANTERIOR COMPARTMENT:

Vesicouterine peritoneum: Normal.
Bladder: Normal.
Ureters: Normal.
Kidneys: No evidence of hydronephrosis bilaterally.

POSTERIOR COMPARTMENT:

Vagina: Normal.
Uterosacral ligaments + Torus uterinus: Normal.
Bowel: Normal.
Rectouterine pouch peritoneum: Normal.

Sliding sign: Positive

Interpretation:

Non-obliterated (normal)	

IMPRESSION:
Abnormal advanced pelvic ultrasound

The following were identified:

- Adenomyosis

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

Today's adenomyosis features are very subtle.

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endometriosis, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a sonologist-led endometriosis ultrasound to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions, even though these were not identified today.

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