SUBJECT ID = RR _____031_____

ENDOMETRIOSIS PELVIC MRI ASSESSMENT –

BR PROFORMA REPORT BLIND REVIEW

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)   10

2b-1:   Yes

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

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).

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)

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   21 x 27 x 30
2. Volume (above x 0.52).   17 cc

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)   1
3. Dominant follicle
   a. (Y)   corpus luteum (L)
   b. N.

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).   86 x 64 x 53

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 iimpact on the cavity) – (Free text)

   2b: Submucosal fibroids

   2b-0:   No

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

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) — none

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   25 × 21 × 23

    2.   Volume (above x 0.52).   6 cc

Right ovary follicle measurements and count

    1.   N follicles between 2 and 9 mm in diameter

        a.   (Free text)   11

    2.   N follicles > 9 mm

        a.   (Free text)   —

    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)   2

    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

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 ($\downarrow$ T1, $\downarrow$ T2)

1:     Negative

2:     (Partial)

    2a: Left

    2b: Right

3:     Complete *central*

    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: $\downarrow$ T2 $\uparrow$T1 (if active haemorrhagic deposits)

1:     (No)

2:     Yes

    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 $\downarrow$ T1 $\downarrow$ T2 signal. Active disease as $\uparrow$T1, $\uparrow$ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

1:     (No)

2:     Yes

    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 ↑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) 6 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/ 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) Uterine serosal invasive endometriosis particularly posterior uterus with uterocervical adhesion.

   a. (Free text).

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