



Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Today's ultrasound was performed by a gynecologic sonologist.

**INDICATION:** On Lolo to manage dysmenorrhea and menorrhagia. recent ultrasound suggested possible adenomyosis and PCOS but no previous ultrasound has said and she did not have any symptoms of PCOS before

LMP: Unknown On Medication

**RELEVANT CLINICAL HISTORY:** No

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

Measurements: 68 x 39 x 23 mm; Volume: 31.8 ml.

Orientation: Anteverted

**Adenomyosis:** Evaluation for adenomyosis revealed: **Features Present.**

The following MUSA (Morphologic Uterine Sonographic Assessment) group features are identified:

- Echogenic sub-endometrial lines and buds
- Interrupted junctional zone

Subtle features.

**Fibroids:** No fibroids are visualized

**Congenital anomaly:** No

**Endometrium:**

Thickness 1.8mm. Endometrial pathology: None.

**OVARIES/ADNEXA:**

**Right Ovary:** Normal

was well visualized and measured 28 x 11 x 14 mm; Volume: 2.4 ml.

Mobile

**Left Ovary:** Normal

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Date of transcription: 23 Jan 2025

Sonographer: E. Ocubillo



Mobile

**Adnexa:** Normal

**FREE FLUID:** Present

Enhanced evaluation for superficial endometriosis: ☒ Yes ☐ No

**ANTERIOR COMPARTMENT:**

**Vesicouterine peritoneum:** Normal.

**Bladder:** Normal.

**Ureters:** Normal.

**Kidneys:** Normal.

**POSTERIOR COMPARTMENT:**

**Vagina:** Normal.

**Uterosacral ligaments + Torus uterinus:** Normal.

**Bowel:** Normal.

**Rectouterine pouch peritoneum:** Normal.

**Sliding sign:** Positive

**Interpretation:**

Non-obliterated (normal)	
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**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.

During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with their referring doctor to discuss management strategies going

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patient's diagnostic journey.

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