

ENDOMETRIOSIS ULTRASOUND:

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

INDICATION: Severe dysmenorrhea 8-9 out of 10 pain. Also dyschezia, dysuria during menses. Not sexually active so unknown re: dyspareunia. R/O endometriosis.

FINDINGS:**UTERUS:**

The uterus was well visualized, in orientation and size measuring 74 x 44 x 32 mm.

Myometrium: The myometrium appeared normal.

- **Adenomyosis:** Evaluation for adenomyosis revealed: Nil.
- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 3.5 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared abnormal in appearance and echogenicity, measuring 29 x 15 x 18 mm. Volume 4.3 ml. The following criteria for **polycystic ovarian morphology** are noted: greater than 20 follicles.

Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared abnormal in appearance and echogenicity, measuring 29 x 23 x 16 mm. Volume 5.6 ml. The following criteria for **polycystic ovarian morphology** are noted: greater than 20 follicles.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 16 Mar 2023

Signed

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.

Ureters: Normal bilaterally with no evidence of hydroureter.

POSTERIOR COMPARTMENT:

Posterior vaginal fornix: Normal with no evidence of deep endometriosis or other gross pathology.

Rectovaginal septum: Normal with no evidence of deep endometriosis or other gross pathology.

Left uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.

Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.

Torus uterinus: Normal with no evidence of deep endometriosis or other gross pathology.

Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Normal with no evidence of deep endometriosis or other gross pathology.

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. However, **we did identify potential superficial endometriosis** in the form of a hyperechoic focus in the rectouterine pouch peritoneum and a collection of hyperechoic foci in the anterior vesicouterine peritoneum.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with findings of potential superficial endometriosis as described as above. Both ovaries have polycystic ovarian morphology. Clinical correlation is required to decide whether the patient meets the other Rotterdam PCOS Diagnostic Criteria for Polycystic Ovarian Syndrome. There is no deep or ovarian endometriosis nor severe adhesions or adenomyosis.

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 you, their referring doctor, to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

M. Leonardi, MD, PhD, FRCSC

Date of transcription: 16 Mar 2023

Signed