ENDOMETRIOSIS PELVIC MRI ASSESSMENT -BR PROFORMA REPORT BLIND REVIEW

Uterus

Absent

Present

Utering Inatomy

Conventional

Arcuate

Septate

Full septum

Subseptate

- Bicornuate unicollis
- Bicornuate bicollis
- Didelphys
- Other (free text enabled).

Uterine Lie (can be more than one selection)

- Anteverted
- Anteflexed
- Retroverted
- Retroflexed

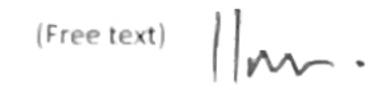
Axial

Others (please specify) (Free text enabled)

Uterine Size (body + cervix - 3 planes in mm)

1. (Free text). 77 \(\)

Endometrial thickness (sag plane in mm to nearest mm)



Endometrial lesions

Not identified.

- Present. Polyp.
 - No. of polyps (free text)
 - 2b-2 Size of each polyp. (free text)

Adenomyosis

No MRI supportive features

- Supportive MRI features as described:
 - Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - Anterior (mm)
 - Fundal (mm)
 - Posterior (mm)

Presence of an adenomyoma

No

Yes

Fibroids

No

Yes

Number of fibroids: 2a.

Largest fibroids (location and size mm all 2b-

fibroids >10mm and/or limpact on the cavity) - (Free text)

Submucosal fibroids 2b:

2b-0

No

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2b-1 Yes

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

Left ovary

Absent (Branching logic - move to "Right ovary").

Present

Left ovary size (3 planes and volume)

1. NN x NN x NN mm

2. Volume (above x 0.52). 7.6 ml.

Left ovary follicle measurements and count

- 1. N follicles between 2 and 9 mm in diameter
- 2. N follicles > 9 mm
 - (Free text)
- Dominant follicle
- b. N.

keft ovary position

Lateral adnexa. Unremarkable.

- High positioning in iliac fossa.
- 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

Other: (free text) 3e:

Left ovarian endometrioma

No

Yes

Size: NN in millimetres (mm) 1a.

> T2 shading (intermediate/low 1b: homogeneous T2 signal).

No 1b-0:

Yes 1b-1:

T1 fat sat hyperintense 10:

> Absent 1c-0:

Present 1c-1

Internal nodularity, septation or other 1d: complexity.

> 1d-1: No

1d-2 Yes

1-d-2-1: (Free text)

Left ovarian lesions/cysts other than suspected

endometriomas

- Not classifiable
- Lesion features
 - Unilocular cyst 2.a
 - Upflocular solid cyst 20
 - Multilocular cyst 2c
 - Multilocular-solid cyst
 - Solid
- Vascularity (post gadolinium enhancement)
 - Present 3a

- Absent 3b:
- Fat component (T1/ T2 hyperintense. Low signal on fat suppression).
 - Present. 4a:
 - Absent.

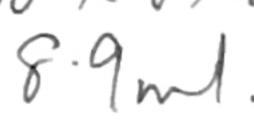
Right ovary

Absent (Branching logic - move to "Adnexa")

Present

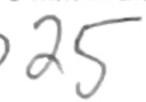
Right ovary size (3 planes and volume)

- Volume (above x 0.52).



Right ovary follicle measurements and count

- N follicles between 2 and 9 mm in diameter



2. N follicles > 9 mm

- a. (Free text)
- Dominant follicle



Right ovary position

- Lateral adnexa Unremarkable.
- High positioning in iliac fossa.
- Tethered/ distorted appearances may be multiple options.
 - 3a. Intimate relationship to the lateral uterus
 - 3b Intimate relationship/ tethening to

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- 3c. Tethering to pelvic sidewall
- 3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

No

Yes

Size NN in millimetres (mm) 2a.

T2 shading (intermediate/low 2b:

homogeneous T2 signal).

No 2b-0:

Yes

T1 fat sat hyperintense 2c:

Absent

Present 2c-1

Internal nodularity, septation, complex. 2d:

> No 2d-1

2d-2 Yes

Right ovarian lesions/cysts other than suspected

endometriomas

- Not classifiable
- Lesion features
 - Unilgeular cyst 2a
 - 2b Unifocular-solid cyst
 - Multilocular cyst
 - Multilocular solid cyst
 - Salid
- Vascularity (post gadolinium enhancement)
 - Present 3a

3b: Absent

Fat component (T1/ T2 hyperintense. Low signal on fat suppression).

4a: Present.

4b: Absent.

Adnexa

1 Hydrosalpinx

la: No

Yes

: Hematosalpinx

No

2b. Yes

Other (free text)

Are both ovaries immediately approximated "kissing"?

/ No

2: Yes

Urinary bladder nodule

Definition. Is there presence of a nodule in the bladder.

Absent

Present

Size: NN in millimetres (mm)

Uterovesical region

Definition. Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent

istornion between the anterior utenine serosa and bladder

Normal

Abnormal.

2a: (free text if required)

Greteric nodule(s)?

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 (\$\square\$ T1, \$\square\$ T2).

Negative

2: Partial

ta: Left

2b. Right

: Complete

3a: Positive = obliteration.

Positive = band adhesions.

Nodules present on the posterior vaginal fornix?

Definition Thickening of superior 1/3 of posterior vaginal wall of nodularity Nodules 1/12 1/11 (if active haemorrhagic deposits)

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Yes

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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

No

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 111, 1 to intermediate-12 signal

(heniorrhagic/ proteinaceous content + glandular deposits).

No

Yes

2a. Size (mm)

2b1 Inactive

2b2: Active

Uterosacral ligament nodules or thickening?

Definition: Inactive/ fibrotic disease nodules 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 nodules

2a Left

2a-1: Size (mm)

2b: Right

2b-1: Size (mm)

2c1: Inactive.

2c2: Active

Wes thickening.

3a/ Left.

3b: Right

Both.

Retrocervical nodule present?

3c:

Definition: Inactive/ fibrotic disease characterised as \$\sqrt{T1}\$

↓ T2 signal.

Active-disease as ↑T1. ↑ to intermediate- T2 signal

hemor hagic/ proteinacous content + glandular deposits).

1. / No

Yes

2a Size (mm)

2b1. Inactive

Zb2 Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/ fibrotic disease characterised as ↓ T1 ↓ T2 signal.

Active disease as $\uparrow T1$, $\uparrow to intermediate T2 signal$ (hemorrhagic/ proteinacous content + glandular deposits). "Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with $\downarrow T2$ at

1:/

No

its 'base' and 1 T2 at its 'cap'

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

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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?

No

Yes, tethered to

2a: Uterus

2b L. ovary

2c: R. ovary

d: 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:

L/ No

2. Yes

a. (Free text)

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