

Amanda Dorner  
2/77 Marine Parade  
ELWOOD 3184

BC-File Number C35959  
Exam date: 14/07/2022

## Gynaecological Ultrasound

Patient: **Amanda Dorner** DOB: 15/12/1976  
2/77 Marine Parade ELWOOD 3184  
Exam date: 14/07/2022

**Indication** Endometriosis assessment with bowel preparation.  
LMP on 10/07/2022. Day of cycle 5

**Method** Ultrasound machine: Philips EPIQ 7.  
Transabdominal and transvaginal ultrasound examination.

**Uterus** Long 85 mm x ap 45 mm x tr 55 mm. Vol 108.3 cm<sup>3</sup>  
Size: Bulky  
Position: retroverted  
Malformations: none  
Myometrium: small cystic spaces are seen in the myometrium, with typical streaky echogenic lines. Slightly bulky uterus, some myometrial heterogeneity (anterior > posterior), findings suggestive of adenomyosis.  
Endometrium: Endometrium clearly visualised.  
Endometrial thickness, total 4.9 mm  
Cervix details: Normal ultrasound appearance.  
No fibroids identified  
No polyps identified

**Uterine Mobility** The bowel and bladder are mobile over the uterus.

**Right Ovary** Easily seen. Normal appearance, mobile and non tender. Outline: smooth. Morphology: normal physiological changes. Size 24.3 mm x 18.3 mm x 13.4 mm. Vol 3.1 cm<sup>3</sup>  
No cysts identified

**Follicle(s)** 5 follicles seen.  
Good TV access to this ovary.

<b>Left Ovary</b>	<p>Easily seen. Normal appearance, restricted mobility with respect to the uterus and left uterosacral ligament and non tender. Possible thickened tube moving with the left ovary. Outline: smooth. Morphology: normal physiological changes. Size 23.4 mm x 18.9 mm x 15.3 mm. Vol 3.5 cm<sup>3</sup></p> <p>No cysts identified</p> <p><b>Follicle(s)</b> 4 follicles seen.</p> <p>Good TV access to this ovary.</p>
<b>Pouch of Douglas</b>	<p>Normal mobility. No free fluid visualised.</p> <p>The uterosacral ligaments are thickened and tender.</p>
<b>Abnormal Findings</b>	<p>Findings: Hypoechoic retrocervical nodule. Size 12.0 mm x 11.0 mm x 5.0 mm. Vol 0.3 cm<sup>3</sup></p>
<b>Comment</b>	<p>Reasonable view of the rectosigmoid (with limited bowel prep). No bowel nodule of endometriosis seen.</p> <p>Normal appearance bladder, distal ureters, urethra.</p>
<b>Conclusion</b>	<p>Deep infiltrating endometriosis, as described above.</p> <p>Adenomyosis.</p> <p>Left ovary has restricted mobility with respect to the uterus and left uterosacral ligament and non tender. Possible thickened tube moving with the left ovary.</p> <p>The uterosacral ligaments are thickened and tender.</p> <p>Hypoechoic retrocervical nodule of endometriosis.</p> <p>No obvious bowel nodule.</p>

Dr. Poonam - Tooronga Village  
Charan

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