



Examination Date: Thursday, 28 April 2022
Requesting Doctor: Dr Soji Swaraj

Dr Soji Swaraj
Stadium Orthopaedic & Sports Medicine
Sheridan Building, Ground Floor
MOORE PARK NSW 2021

Dear Soji,

Re: Emma Carlon

DOB: 06/12/1991 PIN: 194432

EXAMINATION: Pelvic ultrasound for deep infiltrating endometriosis with bowel preparation

CLINICAL HISTORY: Day: 7 of cycle
Query deep infiltrating endometriosis

MBBS FRANZCOG DDU COGU

MBBS (Hons) FRANZCOG DDU

MBChB MM (Clin Epi)
FRANZCOG FRANZCOG DDU

MBBS BSc MPH FRANZCOG DDU COGU

MBBS BSc (Hons) FRANZCOG DDU

MBBS BMed Sci Hons MD DDU FRANZCOG
FRANZCOG CMFM

MBBS, BSc (Hons), MPH, FRANZCOG,
DDU, CMFM

MBBS DCH (SA) FRANZCOG DDU

REPORT:

The left kidney measures 98 mm in length and the right kidney measures 119 mm in length. Both kidneys are normal in size, shape and echotexture. There is no evidence of pelvic dilatation. The bladder appears normal and there is no evidence of ureteric dilatation. The full bladder measures 90 x 62 x 50 mm (146 mL). The post micturition residual volume is 33 mL.

The vaginal walls appear regular.

The uterus is anteverted anteflexed and midline. It slides freely with bimanual pressure.

It is of normal non-gravid size measuring 72 x 35 x 51 mm.

The uterine outline is normal and the myometrial echotexture is normal.

The cavity measures 31 mm in length. The cervix measures 25 mm in length.

3D reconstruction of the coronal plane shows a normal cavity shape.

The endometrium measures 5.5 mm in thickness, and is proliferative in nature.

It is regular in outline with no evidence of a polyp.

The left ovary measures 30 x 21 x 25 mm (volume 8.1 cc). It is polycystic. The left ovary contains 23 follicles which measure between 2 and 9 mm in diameter and no follicles greater than 9 mm. The largest follicle measures 8 mm in diameter. Colour Doppler Imaging showed no unusual neovascularisation with a Resistance Index of 0.45. The ovary is freely mobile.

The right ovary measures 30 x 28 x 26 mm (volume 11.5 cc). It is polycystic. The right ovary contains more than 20 follicles which measure between 2 and 9 mm in diameter and one follicles greater than 9 mm. The largest follicle measures less than 10 mm in diameter. Colour Doppler Imaging showed no unusual neovascularisation with a Resistance Index of 0.49. The ovary is freely mobile.

There is 31 x 19 x 24 mm (volume 7.5 mL of free fluid in the pouch of Douglas. The pouch of Douglas is not obliterated and the uterosacral ligament are of normal calibre. Arising from the peritoneum in the midline of the pouch of Douglas there is a hypoechoic lesion which measures 9 x 4 x 2 mm. This may possibly be endometriotic in nature. In the right pouch of Douglas near the bowel serosa there is a thin walled unilocular cystic structure which measures 8 x 6 x 8 mm.

The rectum was followed to a length of 170 mm from the anal verge. At approximately 120 mm from the anal verge there is a serosal projection which measures 4 x 1 x 3 mm. There are no other pelvic or adnexal masses seen.

CONCLUSION: There is no ultrasound evidence of deep infiltrating endometriosis. Superficial peritoneal endometriosis is possible.
Incidentally, both ovaries have a polycystic appearance. This is a common finding in premenopausal women and in the absence of symptoms may be considered a normal variant.

With kind regards,

Dr Joanne Ludlow
Sonographer: MM (Newtown)