

Fax

Examination Date: Tuesday, 08 February 2022
Referring Doctor: Dr Thu Linh Ly

Dr Thu Linh Ly
43 Belgrave Street
MANLY NSW 2095

Dear Thu Linh,

RE: Gemma Fitzgerald
(DOB: 13/10/1988) PIN: 190601

EXAMINATION: Pelvic ultrasound for deep infiltrating endometriosis with bowel preparation

CLINICAL HISTORY: Day: 7 of cycle
Dysmenorrhoea

REPORT:

The left kidney measures 106 mm in length and the right kidney measures 105 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 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 76 x 54 x 38 mm.
The uterine outline is normal and the myometrial echotexture is normal.
The cavity measures 37 mm in length. The cervix measures 29 mm in length.
3D reconstruction of the coronal plane shows a normal cavity shape.

The endometrium measures 4.6 mm in thickness, and is proliferative in nature.
It is regular in outline with no evidence of a polyp.

The left ovary measures 16 x 16 x 13 mm (volume 1.6 cc). It is normal in size, shape and echotexture. It contains a single follicle which measures 10 mm in diameter. Colour Doppler Imaging showed no unusual neovascularisation with a Resistance Index of 0.48. The ovary is freely mobile.

The right ovary measures 29 x 27 x 14 mm (volume 5.6 cc). It is normal in size, shape and echotexture. It contains 7 follicles which measure between 2 and 9 mm in diameter and one follicle greater than 9 mm. The largest follicle measures 10 mm in diameter. Colour Doppler Imaging showed no unusual neovascularisation with a Resistance Index of 0.59. The ovary is freely mobile.

Within the right adnexa, medial and separate to the right ovary is a tubular cystic structure which measures 26 x 17 x 8 mm. It has thick walls with incomplete septations, and contains echolucent fluid. Appearances are suggestive of a hydrosalpinx. The rectum was followed to a length of 170 mm from the anal verge.
There is no evidence of tethering or thickening in the lower bowel.

There are no other pelvic or adnexal masses seen.
There is no free fluid in the pouch of Douglas.

CONCLUSION: The pelvic structures are mobile and there is no obvious evidence of endometriotic nodules. Superficial endometriosis cannot be entirely excluded, particularly within the presence of a hydrosalpinx, which may account for the dysmenorrhoea.

With kind regards,



Dr Lynn Townsend
Sonographer: OJ (Bondi Junction)