OMNI GYNAECOLOGICAL CARE - Reference No: 2022M0000342-1 Status: F

Patient:	Georgette ARCHER	**Linked by:**	Bella
DOB:	09/04/1999	**Message:**	**No Action**
Address:	7 Strickland Ave LINDFIELD 2070		
Ordered by:	Professor Alan Lam on 09/02/2022		
Collected:	24/02/2022 - 1:50 PM	**Notified by:**	on 00/00/0000
Reported:	24/02/2022	**Message:**	

Indication: For 'deep endometriosis ultrasound scan' today to evaluate the anterior and posterior pelvic compartments for deep infiltrating endometriosis (bladder, ureters, rectum recto-sigmoid, vagina, RVS, uterosacral ligaments).
Previous US showed adenomyosis.

History: 22 yo Para 0+0 woman. LMP 18/02/2022, day 7 of cycle

3D/4D Gynaecological Ultrasonography:
Method: GE E8, transvaginal ultrasound
Uterus: anteverted and measuring 67 x 4 x 39 mm
Nil congenital uterine anomaly of note
Myometrium: asymmetrical myometrial thickening, diffuse linear vascularity noted on Doppler
Endometrial thickness: 4.1 mm
Nil focal pathology of note in the endometrial cavity, i.e. no polyps/ submucosal fibroids
Colour Doppler demonstrated no abnormal vascularity

Pouch of Douglas: present and measuring 60.0 x 7.0 x 15.0 mm
Sliding sign is negative. i.e. lower 1/3 of the POD is obliterated.
Adhesions are present.

Right ovary: 22 x 20 x 13 mm, normal in size and appearance
Colour Doppler demonstrated no abnormal vascularity
Left ovary: 22 x 19 x 13 mm, normal in size and appearance
Colour Doppler demonstrated no abnormal vascularity

Soft markers:
Ovarian mobility:
Right ovary is mobile
Left ovary is appears adherent to the uterus and the ipsilateral uterosacral ligament (USL)

Posterior compartment evaluation:
Method: GE E8, transvaginal ultrasound
Vaginal fornices appear grossly normal
Rectovaginal septum appears grossly Torus uterinus appears grossly normal
Right uterosacral ligament hypoechoic lesion noted measuring 21 x 6 x 24 mm
Left uterosacral ligament hypoechoic lesion noted measuring 12 x 11 x 13 mm
Visualisation of the posterior compartment demonstrated that the sliding sign is negative in the lower 1/3 , i.e. the anterior rectal wall does not glide nicely over the posterior cervix.
Anterior rectal and anterior recto-sigmoid muscularis propria appear grossly

Anterior compartment evaluation:
Bladder demonstrated nil obvious deep endometriosis
Ureters demonstrated nil hydroureter bilaterally

It is important to be aware of the limitations of 'deep endometriosis ultrasound'.
'Deep endometriosis ultrasound' cannot detect all posterior compartment endometriosis and laparoscopy is still the gold standard.

Diagnosis: Mild adenomyosis noted on scan today.
The ovaries appear normal however, the left ovary appears adherent to the uterus and ipsilateral (USL).
Abnormal posterior pelvic compartment noted on 'deep endometriosis scan'

today.
The lower one-third of the POD appears obliterated.
Bilateral uterosacral ligament endometriosis lesions noted.
There is no obvious vaginal, rectovaginal septum, torus uterinus, anterior rectal or rectosigmoid deep endometriotic lesions present, however the anterior rectum is tethered via adhesions to the right uterosacral ligament endometriosis lesion.
Normal anterior pelvic compartment noted on 'deep endometriosis ultrasound scan' today.
Bladder appears grossly normal and there is no obvious hydroureter bilaterally.

Yours sincerely,
[Image "gc_signature_200"]
George Condous
MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)
Associate Professor of Obstetrics and Gynaecology

Sonographer: Jodi Trace

OMNI IS OPEN DURING THE COVID19 PANDEMIC AND IS FOLLOWING NSW HEALTH GUIDELINES