



Dr Karen Chan
WHRIA
Women's Health and Research Institute
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Sydney, 2000

Dear Dr Chan ,

RE: Jenny SUNIATI DOB: 14 / 4 / 1978
Pelvic Ultrasound examination.
Study Date: 30th May 2022
(003190)

Indication: Persistent intermenstrual bleeding

Report:

Transabdominal, translabial, colour and spectral Doppler examinations were performed. Transvaginal ultrasound was attempted but was unsuccessful as the patient could not tolerate insertion of the transvaginal probe due to pain.

The uterus is bulky, anteverted and measures 10.3 cm in length. The myometrium is heterogenous, consistent with the presence of generalised adenomyosis. There is also the possibility of fibroids expanding the uterus, but as the exam was limited to transabdominal assessment, these could not be accurately assessed. The endometrium measures 9mm in combined thickness. Although no abnormal vascularity is demonstrated a focal lesion can not be excluded from today's examination.

The right ovary measures 3.1x2.1x1.4cm (4.8ml volume). It contains two follicles measuring up to 5mm in diameter and a 4mm avascular echogenic focus of unlikely clinical significance.

The left ovary measures 8.0x7.0x6.4 (164ml volume) and lies posterior to the cervix. It contains a unilocular cyst with no solid elements, which measures 5.6x3.2x5cm (46.5ml volume). The cyst contains anechoic fluid and demonstrates no abnormal vascularity. The appearances are consistent with a simple cyst. The left ovary also contains a smaller, unilocular cyst which contains low level internal echoes. It measures 2.9x2.1x2.4cm (7.6ml volume), and the appearances may be consistent with a haemorrhagic cyst or endometrioma. A follow up examination in 6-8 weeks time to assess the ongoing nature of these lesions would be worthwhile.

Specific mobility and tenderness of the ovaries was unable to be assessed due to the transabdominal assessment.

There are no other pelvic masses demonstrated and there is no free fluid in the Pouch of Douglas.

Limited views of both kidneys demonstrate normal renal parenchyma and no evidence of hydronephrosis.

Impression:

The examination was limited to transabdominal and transvaginal assessment. Within these limitations:

1. Bulky heterogeneous uterus, consistent with generalised adenomyosis and possibly fibroids.
2. Endometrial assessment was limited by the bulky myometrium. Given the history of intermenstrual bleeding, a focal endometrial lesion cannot be excluded.
3. Left ovarian simple cyst (46.5ml volume) and haemorrhagic cyst / endometrioma (7.6ml volume). Follow up ultrasound in 6-8 weeks may be useful to assess the ongoing nature of the cysts.

Kind regards,

A handwritten signature in black ink, appearing to read 'Yasmin Tan', is written over a light blue horizontal line.

Dr Yasmin Tan
(Electronically signed)

Sonographer: K.Sweeney

CC: