

Dr. Emma Scott  
MBBS (HON), FRACGP  
Provider No: 2485956L

4 February 2022

Dr Sarah Choi  
656 Pacific Highway  
CHATSWOOD 2067  
Ph: 9138 3308 | Fax:

Dear Sarah

Re: Ms Madeline Gillespie  
DOB: 24/02/1996  
3/8 Tower Street  
Manly, 2095  
Mob: 0401 052 073 | Home:

Thank you for seeing Madeline for gynaecological review.

**Current Problems:**

2021 COVID-19  
Recurrent Urinary Tract Infection  
Migraine  
Irritable Bowel Syndrome  
Endometriosis  
Anxiety

**Current Medications:**

Amitriptyline hydrochloride 10mg Coated Tablet 1 TAB NOCTE 10mg	
Paracetamol 450mg - Codeine phosphate hemihydrate 30mg - Doxylamine succinate 5mg Oral Tablet (450 mg/30 mg/5 mg)	1-2 TABS EVERY 4-6 HRS AS NEC; MAX 8 TABS/24 HRS
Paracetamol 500mg - Codeine phosphate hemihydrate 9.6mg Oral Tablet (500 mg/9.6 mg)	ADULTS, CHILDREN GREATER THAN OR EQUAL TO 12 YRS: 1-2 CAPLETS EVERY 3-4 HRS AS NEC; MAX 8 CAPLETS/24 HRS.
Progesterone 100mg Oral Capsule 100mg	1 TAB DAILY LUTEAL PHASE OF CYCLE

**Allergies:** No Known Allergies

Thank you for your care and assistance. I look forward to hearing the outcome of Madeline's attendance.

Yours sincerely,

  
Dr. Emma Scott

"Your care starts with a conversation"

From: OMNI Gynaecological Care  
Name: Madeline Gillespie  
Address: 3/8 Tower St MANLY 2095  
DOB: 24/02/1996 Sex: F  
Your Reference:  
Lab. Reference: 202100005415-1  
Medicare Number: 2377997801-3  
Phone Enquiries: 89695000^WPN^PH  
Referred By: Dr Emma Scott (2485956L)  
Provider Nbr: 2485956L  
Copy to:  
Addressee: Dr Emma Scott (2485956L)  
Requested: 10/09/2021  
Collected: 27/09/2021 11:42:00 AM  
Received by lab: 27/09/2021 11:42:00 AM  
Reported: 27/09/2021 11:39:47 PM  
Request/Result Status: F - Final  
Specimen:  
Test Name: Sonovaginography

**Indication:** Ultrasound for 'deep endometriosis scan' today to evaluate the anterior and posterior pelvic compartments for deep endometriosis (bladder, ureters, rectum recto-sigmoid, vagina, RVS, uterosacral ligaments)

**History:** 25 yo Para 0+0 woman. LMP 06.09.2021, day 22 of cycle.

**3D/4D Gynaecological Ultrasonography:**

**Method:** GE E8, transvaginal ultrasound  
**Uterus:** anteverted and measuring 70 x 37 x 56 mm  
**Nil congenital uterine anomaly of note**  
**Cervix:** Normal size and appearance  
**Myometrium:** No MUSA features present  
**Endometrial thickness:** 9.9 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:** free fluid: none seen  
Sliding sign is positive. i.e the POD is not obliterated

**Right ovary:** 33 x 32 x 23 mm, normal in size and appearance  
Contains haemorrhagic corpus luteum measuring 11 x 22 x 16 mm  
Colour Doppler demonstrated no abnormal vascularity  
**Left ovary:** 39 x 35 x 24 mm, normal in size and appearance  
Contains cystic corpus luteum measuring 23 x 16 x 19 mm  
Colour Doppler demonstrated no abnormal vascularity

**Soft markers:**  
**Ovarian mobility:**  
Right ovary is mobile  
Left ovary is mobile

**Posterior compartment evaluation:**

**Method:** GE E8, transvaginal ultrasound  
Vaginal fornices appear grossly normal  
Rectovaginal septum appears grossly normal  
POD hypoechoic lesion noted measuring 6 x 1 x 7 mm  
POD filmy adhesions noted  
Torus uterinus appears grossly normal  
Left uterosacral ligament hypoechoic lesion noted measuring 4 x 1 x 3 mm  
Right uterosacral ligament appears grossly normal  
Visualisation of the posterior compartment demonstrated that the sliding sign is positive, i.e. the anterior rectal wall glides nicely over the posterior cervix and the anterior recto-sigmoid wall glides nicely over the posterior uterine fundus  
Anterior rectal and anterior recto-sigmoid muscularis propria appear grossly normal

**Anterior compartment evaluation:**

Bladder appears grossly normal and there is nil obvious bladder deep endometriosis. Ureters appear grossly normal and there is no obvious hydroureter

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:** Nil adenomyosis noted on scan today.  
The ovaries appear normal and mobile bilaterally with no evidence of endometriomas.  
Abnormal posterior pelvic compartment noted on 'deep endometriosis scan' today.  
The POD is not obliterated.  
Possible POD and left uterosacral ligament superficial endometriosis noted.

There is no obvious right uterosacral ligament, vaginal, rectovaginal septum, torus uterinus, anterior rectal or rectosigmoid deep endometriotic nodules.  
Normal anterior pelvic compartment noted on 'deep endometriosis ultrasound scan' today.  
Bladder appears grossly normal and there is no obvious hydroureter bilaterally.  
If she has underlying endometriosis, this is likely to be superficial disease.

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| Yours sincerely, |  
| [Image "gc\_signature\_200"] |  
| George Condous |  
| MBBS (Adel), FRCOG, FRANZCOG, MD (Lon) |  
| Associate Professor of Obstetrics and Gynaecology |  
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Sonographer: Dr Mercedes Espada

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