

From: ultsound
Name: Imogen Harper
Address: 3/53 Lauderdale Ave FAIRLIGHT 2094
DOB: 11/09/1986 Sex: F
Your Reference:
Lab. Reference: 2021B0002684
Medicare Number: 2735275983-1
Phone Enquiries: 0289695000^WPN^PH~0412204124^WPN^CP
Referred By: Dr Emma Scott (2485956L)
Provider Nbr: 2485956L
Copy to:
Addressee: Dr Emma Scott (2485956L)
Requested: 27/04/2021 10:46:00 AM
Collected: 27/04/2021 10:46:00 AM
Received by lab: 27/04/2021 10:46:00 AM
Reported: 27/04/2021 1:50:08 PM
Request/Result Status: F - Final
Specimen:
Test Name: Pelvic Ultrasound plus Deep Infiltrating Endo (DIE), DIE

THE IMAGES (63) FOR THIS REPORT ARE AVAILABLE TO VIEW ONLINE:
<https://dd.medinexus.com.au/web/images.htm?id=IGGOLMJFNGGOIHLFHNKL%40IIJFMJL%40NGFHHCLMKCLFMHNFHCE%40GGJGFHCHDHMGOLMGOHLI%40GGGGIJHLHCHDGGKDNCELHMFNGDOGNHGF%40C&refid=28659563>

EXAMINATION: Pelvic ultrasound for deep infiltrating endometriosis with bowel preparation

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| CLINICAL HISTORY: | Day: 13 of cycle |
| | Right ovarian dermoid cyst for reassessment |
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REPORT:

The left kidney measures 100 mm in length and the right kidney measures 104 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 is fixed within the pelvis.

It is of normal non-gravid size measuring 73 x 42 x 33 mm.

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

The endometrium measures 7.3 mm in thickness, and is proliferative in nature.

Within the mid-portion of the cavity is a band of tissue which disrupts the endometrium and extends between the anterior and posterior uterine wall. It is isoechoic to myometrium and measures 6 mm in thickness. Appearances are suggestive of an intrauterine adhesion.

3D reconstruction views of the coronal plane show the intrauterine adhesion disrupting and otherwise normal cavity shape.

The left ovary measures 34 x 31 x 25 mm (volume 13.8 cc). It is normal in size, shape and echotexture. It contains 12 follicles which measure between 2 and 9 mm in diameter and one follicle greater than 9 mm. The largest follicle measures 21 mm in diameter. Colour Doppler Imaging showed no unusual neovascularisation with a Resistance Index of 0.56. The ovary is freely mobile and is easily accessible for transvaginal oocyte retrieval.

The right ovary measures 37 x 20 x 23 mm (volume 13.4 cc). It contains a cyst which measures 17 x 12 x 10 mm. It contains heterogeneously hyperechoic material and is avascular. Appearances are suggestive of a dermoid cyst. The right ovary also contains 32 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. The ovary is freely mobile and is easily accessible for transvaginal oocyte retrieval.

There is a simple right adnexal cyst which measures 12 x 10 x 6 mm. It is most likely fimbrial in nature. The rectum was followed to a length of 210 mm from the anal verge. The bowel is tethered. There are two hypoechoic lesions adherent to bowel in the pouch of Douglas which measure 11 x 7 x 4 mm and 8 x 7 x 3 mm respectively. They do not appear to invade into the muscularis layer.

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

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CONCLUSION:	There is a probable intrauterine adhesion, a small right
	ovarian dermoid cyst and a polycystic appearing right
	ovary. There are signs consistent with pelvic
	endometriosis with tethering of the bowel and surrounding
	structures and at least two endometriotic deposits.
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With kind regards,
[Image "pasted.bmp-20120828151640"]
Dr Lynn Townsend
Sonographer: RG (Bondi Junction)