

Dr Lauren Kite
Women's Health & Research Inst
L12, 97-99 Bathurst St
Sydney, 2000

Dear Dr Kite ,

RE: Vera ZADNIPROVSKA DOB: 7 / 8 / 1987

D.I.E Ultrasound examination.

Study Date: 26th August 2021

(002081)

Indication: Pelvic ultrasound for DIE. Mid-cycle bleeding. Long history of dysmenorrhoea

Report:

Transabdominal, transvaginal, colour and spectral Doppler examinations were performed.

Uterus:

The uterus is anteverted, anteflexed and midline. It is bulky and measures 8.9 cm in length (115ml volume). The myometrium is heterogenous, consistent with the presence of generalised adenomyosis. The uterus slides normally against the adjacent pelvic structures.

The endometrium measures 6mm in combined thickness and contains a focal echogenic lesion measuring 11x7x12mm (0.5ml volume). This lesion demonstrates vascularity and the appearances are consistent with an endometrial polyp.

Ovaries and adnexa:

The right ovary measures 4.2x2.0x1.7cm (7.1ml volume), containing 24 follicles measuring up to 11mm in diameter. It is immobile and tender upon palpation during transvaginal scanning. The right adnexa is ultrasonically normal.

The left ovary measures 3.9x1.8x2.3cm (8.4ml volume), containing 17 follicles measuring up to 8mm in diameter. It is mobile and tender upon palpation during transvaginal scanning. The left adnexa is ultrasonically normal.

Kidneys and bladder:

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

No abnormality is seen in the bladder and there is no evidence of ureteric dilatation. The sliding sign is positive in the anterior cul-de-sac.

Pouch of Douglas:

There is no free fluid in the pouch of Douglas.

There is no evidence of obliteration with a positive sliding of the cervix. No nodules are seen.

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Bowel/rectum:

Examination of the serosal surfaces of the rectum does not demonstrate any tethering, thickening or nodularity to suggest the presence of deep infiltrating endometriosis. The bowel was traced for a length of about 19cm from the anal verge

Impression:

Adenomyosis.

Probable endometrial polyp.

No nodules of deep infiltrating endometriosis were seen.

The pelvic organs move freely except for the right ovary.

Both ovaries exhibited site-specific tenderness.

(N.B. It is not possible to detect all nodules of D.I.E by ultrasound).

Kind regards,



Dr Yasmin Tan
(Electronically signed)

Sonographer: K.Sweeney

CC Dr Gayle Franks