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Exam date: 28/05/2024

Takara Raymond DOB: 18/06/1991 Patient:

4 Chester Court, Petrie QLD 4502 Investigation for tubal patency

Indication History

General

low AMH 1.1

History

OB History

Gravida 1. Para 0

Miscarriages 1

LMP on 20/05/2024. Day of cycle 9. Cycle: regular cycle. Bleeding: normal. Contraception: Assessment

Method GE Voluson E10, Transabdominal and transvaginal ultrasound examination. View:

Adequate

Uterus Size 69 mm x 50 mm x 40 mm. Vol 72.2 cm³

Position: retroverted Myometrium: normal

Endometrium: proliferative. Endometrial thickness, total 6.9 mm

Cervix details: normal No polyps identified

Size 24 mm x 18 mm x 17 mm. Mean 19.5 mm. Vol 3.8 cm³. Subserous. Fibroid(s)

Anterior

Genital Tract

No Mullerian anomaly demonstrated.

Right Ovary

Visualised. Morphology: Low level follicular activity. Size 29 mm x 20 mm x 16 mm. Vol 5.0

cm³

No cysts identified

Reduced mobility on probe palpation to the pelvic side wall and patient is tender upon

probe palpation, contains 3 follicles including a 14mm leading follicle

Left Ovary

Visualised. Morphology: low level follicular activity. Size 25 mm x 20 mm x 20 mm. Vol 5.3 $\,$

cm3

No cysts identified

Mobile and non-tender, contains 3 follicles

Pouch of

Free fluid visualised: mild

Douglas

Uterosacral ligaments - not tender on probe palpation, Sliding sign present, No ultrasound

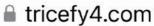
evidence of deep infiltrating endometriosis

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Right Kidney Visualised
Left Kidney Visualised

Procedure HyFoSy performed using Exem Foam

No complications

Saline infusion - No intracavity pathology or Mullerian anomaly identified.

Bilateral fill and spill demonstrated.

Pregnancy test negative

Comment The bowel was assessed and no focal endometriotic lesions were identified.

The bladder was visualised, and the bladder wall appears normal. A dynamic assessment showed the bladder moving independently to the anterior wall of the uterus.

The distal portion of the ureters were noted bilaterally, and appeared normal.

Diagnosis HyFoSy - bilateral tubal patency. Normal fibroid pelvic scan

Egna

Dr Jackie Chua MBBS FRANZCOG DDU COGU Reporting specialist

Fiona Lu Sonographer

CC: Ms Raymond, Takara, Petrie

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