

Patient Name	LINE, SHARON ELIZABETH	Accession	21937843Q1
Patient D.O.B.	18/08/1979	Description	US PELVIS
Patient ID	QXR1828523	Study Date/Time	27/08/2024 10:04
Referring Physician	ELISEEVA, SABINA	Modality	US

QXRMJA

US Pelvis

Clinical History:

Right iliac fossa pain. Ovarian cyst?

Comparison:

Previous imaging including ultrasound pelvis 24 July 2024. MRI pelvis 25 March 2024.

Findings:

Transabdominal and trans-vaginal examinations.

Status post hysterectomy. Along left hysterectomy cuff, 2 adjacent well-defined, ovoid, cystic lesions containing uniform low-level echoes and not associated with internal vascularity similar since previous. Currently 9 x 7 x 6 mm (previously 7 x 6 x 5 mm) and 9 x 8 x 7 mm (previously 10 x 11 x 8 mm). Possible endometriomas as noted previously.

Well-defined, ovoid, thin-walled, 9 mm hypoechoic structure closely related to right ovary, possible follicle or endometrioma. Previous MRI demonstrating 3 mm right ovarian endometrioma noted.

An elongated hypoechoic avascular region overlying right ovary and adjacent bowel, measures 41 x 25 x 15 mm. ? fluid pocket. Immobile/adherent right ovary. Probe tenderness during pressure over right ovary/adnexa.

Left ovary not visualised. No left adnexal mass.

CONCLUSION:

Status post hysterectomy. Features suggest 2 adjacent endometriomas along left side of hysterectomy cuff as shown on ultrasound from 1 month earlier.

9 mm right ovarian possible follicle or endometrioma. Adherent right ovary. Possible reactive fluid along right ovary.

Dr Anamika Sharma
Queensland X-Ray

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