

Study Date: 18-06-2025**Referral:** Dr Vanessa Tatham
Address: 354-358 Crown Street
Wollongong 2500**Patient:** Karley BRODIE
DOB: 29-01-2001
Address:

Examination:	Pelvic ultrasound
Indication:	Pre-operative assessment. Cyclical suprapubic pain. Mirena in-situ

LMP: Amenorrhoeic.

Today's study is performed by transabdominal and transvaginal examinations.

The uterus is anteverted, anteflexed and midline. It is of normal dimensions and measures 67 x 47 x 25 mm (uterine volume 41 ml).

The uterine contour is normal.

The myometrium is symmetrical in myometrial thickness and homogenous in echotexture. No evidence of fibroid or adenomyosis.

The pouch of Douglas is mobile with positive sliding sign. There is mild site-specific tenderness noted.

The cervix measures 23 mm in length.

3D reconstruction of the coronal plane demonstrates a normal cavity shape.

The endometrium measures 1.5 mm in thickness and is proliferative in appearance. The outline appears regular, displaying uniform echogenicity. There is no focal abnormality or internal vascularity detected.

The IUCD is positioned correctly within the cavity.

The right ovary measures 31 x 28 x 14 mm (volume 6.3 ml), and has a normal follicular appearance. It contains 16 antral follicles.

There is an avascular unilocular cyst with ground glass echogenicity and fluid level, measuring 12 x 10 x 11 mm (0.7 ml). It contains an avascular echogenic solid area measuring 12 x 10 x 9 mm (0.57 ml), which may represent a retracted blood clot.

Colour Doppler imaging shows normal blood flow.

It is mobile and non-tender on transducer pressure.

The left ovary measures 25 x 24 x 25 mm (volume 7.8 ml), and has a normal follicular appearance.

It contains 13 antral follicles and a corpus luteum measuring 15.0 mm.
Colour Doppler imaging shows normal blood flow.
It is mobile and tender on transducer pressure.

There are no other pelvic or adnexal masses seen. There is no free fluid in the pouch of Douglas.
Both kidneys appear normal with no hydronephrosis is seen.

CONCLUSION:

The Mirena is positioned correctly within the cavity.

The right ovary contains a unilocular cyst, with benign features, likely a haemorrhagic cyst with a retracted blood clot or an endometrioma. A progress scan in 3 months to assess resolution will be of value. Persistence of the cyst would favour the differential diagnosis of an endometrioma.

The left ovary is mobile and the left uterosacral ligament is mildly thickened. There is site-specific tenderness in both left ovary and left uterosacral ligament, which may represent superficial peritoneal endometriosis.

No other significant abnormality detected.

Click or copy the link into web browser to access images;

<https://qubs.com/app/p?t=5e474dcd-e9e6-4991-a66d-02cb64ee6cfb>

Kind regards,

Dr. Wanyu Luk

BMedSc MBBS FRANZCOG DDU COGU

Sonographer: EL

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