

Referral letter

Dr Adora
9 Perilya Rd
Craigie 6025
Phone: (08) 6146 5100
Fax:

Patient Details

Mrs Prtiva Pandey
116 Alexander Rd
Rivervale 6103

Medicare Number: 6295104272
DOB: 05/08/1991
0414 217 614,

05/06/2024

Dear Dr,

Please assist Mr. Giri Raj Kandel and Mrs Prtiva Pandey in the fertilitymanagement.

Medication Summary

Elevit Tablet	1 Tablet Daily.
Maltofer 370mg Tablets	1 Tablet Daily.
Vitamin D 1000IU Tablet	1 Tablet Daily after meals.

Medical history

28/08/2021	Left H'gic Ovarian cyst Vs endometrioma
08/09/2021	Iron deficiency anaemia
15/09/2021	Ovarian cyst
22/09/2021	Dysmenorrhoea
22/09/2021	Menorrhagia
20/10/2021	Dyschezia
01/12/2021	Left Endometrioma
02/02/2022	Abnormal LFTs
19/05/2022	Upper respiratory tract infection
30/07/2022	Pregnancy planning
09/2022	Gallstone
18/01/2023	Cough
27/11/2023	Anaemia

Allergy Nil known.

Yours Sincerely,

Myintzu

Dedicated and electronically signed by,

Dr Myintzu Hla
MBBS, FRACGP, MRCP (UK)
430923NL

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-HAE-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: HAEMATOLOGY GENERAL
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 19:01

CLINICAL NOTES: feeling tired for a month or so, increased think wt

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date: 22/11/23 06/01/22 (#Refers to current
Coll. Time: 11:05 10:10 result only)
Lab Number: #84985047 60932598

HAEMOGLOBIN	*	111	*	109	(115 - 165) g/L
RBC		3.80	*	3.68	(3.80 - 5.50) x10 ¹² /L
HCT	*	0.34	*	0.34	(0.35 - 0.47)
MCV		90		92	(80 - 99) fL
MCH		29.2		29.6	(27.0 - 34.0) pg
MCHC		326		323	(310 - 360) g/L
RDW		14.0		14.6	(11.0 - 15.0) %
WCC		4.9		5.8	(4.0 - 11.0) x10 ⁹ /L
Neutrophils		2.6		3.8	(2.0 - 8.0) x10 ⁹ /L
Lymphocytes		1.6		1.6	(1.0 - 4.0) x10 ⁹ /L
Monocytes		0.4		0.3	(< 1.1) x10 ⁹ /L
Eosinophils		0.3		0.1	(< 0.7) x10 ⁹ /L
Basophils		0.0		0.0	(< 0.3) x10 ⁹ /L
PLATELETS		158		157	(150 - 450) x10 ⁹ /L
MPV	*	15.4			(7.1 - 11.2) fL
ESR	*	29			(< 21) mm/h

#84985047 : There is a mild anaemia. Mildly raised ESR.

TESTS COMPLETED: ESR, FBE,
INCOMPLETE TESTS: ANF, IS, LFT, SUA, CCP, CRP, GLS, GHb, RHE, TFT,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-CRP-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: C-REACTIVE PROTEIN
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 19:34

CLINICAL NOTES: feeling tired for a month or so,increased think wt

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP)

SPECIMEN: SERUM

Date	Time	Lab No.	CRP	Units	Ref. Range
22/11/23	11:05	84985047	1.5	mg/L	(< 3.0)
01/03/22	14:10	63928686	0.8		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: ESR, FBE, LFT, SUA, CRP, GLS, TFT,
INCOMPLETE TESTS: ANF, IS, CCP, GHB, RHE,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-MBI-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: MULTIPLE BIOCHEM ANALYSIS
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 19:34

CLINICAL NOTES: feeling tired for a month or so,increased think wt

GENERAL CHEMISTRY

SPECIMEN: SERUM

Date:	22/11/23	06/01/22
Coll. Time:	11:05	10:10
Lab Number:	84985047	60932598
Uric Acid	0.26	(0.16 - 0.36) mmol/L
T.Protein	69	65 (60 - 80) g/L
Albumin	42	42 (35 - 50) g/L
Globulin	27	23 (23 - 39) g/L
ALP	72	76 (30 - 110) U/L
Bilirubin	20	16 (3 - 20) umol/L
GGT	* 56	* 47 (5 - 35) U/L
AST	30	* 46 (5 - 30) U/L
ALT	* 36	* 59 (5 - 35) U/L

84985047 LIVER FUNCTION

Mild hepatocellular injury may be due to; acute or chronic viral, autoimmune, toxic (including medication); or alcoholic hepatitis, non-alcoholic steatohepatitis, or systemic illness.

Non-pregnant women and post-menopausal women may have levels from 0.37-0.42mmol/L. However, for those at risk of gout, a uric acid less than 0.36 mmol/L is recommended.

Please note: from 09.11.23 new reference intervals apply for Liver Function Tests. These are sourced from the RCPA Harmonised Reference Intervals (v2.0) document.

TESTS COMPLETED: ESR, FBE, LFT, SUA, CRP, GLS, TFT,
INCOMPLETE TESTS: ANF, IS, CCP, GHB, RHE,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-TMA-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: TFT MASTER PANEL
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 19:34

CLINICAL NOTES: feeling tired for a month or so,increased think wt

ENDOCRINOLOGY

THYROID FUNCTION TEST

SPECIMEN: SERUM

Date: 22/11/23
Coll. Time: 11:05
Lab Number: 84985047

TSH 3.10 (0.40 - 4.00)mIU/L

84985047 Normal TSH level.

TESTS COMPLETED: ESR, FBE, LFT, SUA, CRP, GLS, TFT,
INCOMPLETE TESTS: ANF, IS, CCP, GHB, RHE,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-GLS-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: GLUCOSE
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 19:35

CLINICAL NOTES: feeling tired for a month or so,increased think wt

BIOCHEMISTRY

GLUCOSE

Date	Time	Lab#	Collection Type	Specimen	Glucose (mmol/L)
22/11/23	11:05	84985047	Fasting	serum	4.7

84985047 Normal fasting glucose.
NOTE: HbA1c has been requested.

Glucose Reference Ranges

Random 3.0 - 6.9 mmol/L
 Fasting 3.0 - 5.4 mmol/L
 1 Hour post prandial 3.0 - 11.0 mmol/L
 2 Hour post prandial 3.0 - 7.7 mmol/L
 Specimen Legend:
 Fl-ox = Fluoride oxalate, serum = Serum, np = Non-Preserved

TESTS COMPLETED: ESR, FBE, LFT, SUA, CRP, GLS, TFT,
 INCOMPLETE TESTS: ANF, IS, CCP, GHB, RHE,

PANDEY, PRTIVA
 116 ALEXANDER RD, RIVERVALE. 6103
 Phone: 0414217614
 Birthdate: 05/08/1991 Sex: F Medicare Number:
 Your Reference: 00033400 Lab Reference: 23-84985047-RHE-0
 Laboratory: AUSTRALIAN CLINICAL LABS
 Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: RHEUMATOID SCREEN
 Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 20:06

CLINICAL NOTES: feeling tired for a month or so,increased think wt

IMMUNOLOGY

RHEUMATOID FACTOR

SPECIMEN: SERUM

Date	Lab No	RH Factor(New)	RH Factor(Old)	Units	Ref. Range
22/11/23	84985047	< 14		IU/mL	(< 14)

TESTS COMPLETED: ESR, FBE, LFT, SUA, CRP, GLS, RHE, TFT,
 INCOMPLETE TESTS: ANF, IS, CCP, GHB,

PANDEY, PRTIVA
 116 ALEXANDER RD, RIVERVALE. 6103
 Phone: 0414217614
 Birthdate: 05/08/1991 Sex: F Medicare Number:
 Your Reference: 00033400 Lab Reference: 23-84985047-ISM-0
 Laboratory: AUSTRALIAN CLINICAL LABS
 Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: IRON MASTER
 Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 20:08

CLINICAL NOTES: feeling tired for a month or so,increased think wt

BIOCHEMISTRY

IRON STUDIES

SPECIMEN: SERUM

Date: 22/11/23 06/01/22
 Coll. Time: 11:05 10:10
 Lab Number: 84985047 60932598

Iron	18.2	*	9.9	(10.0 - 30.0) umol/L
Transferrin	2.78		2.77	(2.10 - 3.80) g/L
Saturation	26	*	14	(15 - 45) %
Ferritin	50		34	(30 - 200) ug/L

84985047 Elevated ESR noted. Ferritin is not a good index of iron stores in the presence of inflammation. More reliable assessment can be obtained after recovery from intercurrent illness.

TESTS COMPLETED: ESR, FBE, IS, LFT, SUA, CRP, GLS, RHE, TFT,
INCOMPLETE TESTS: ANF, CCP, GHB,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-GHB-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: GLYCATED HB
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 22/11/2023 22:07

CLINICAL NOTES: feeling tired for a month or so, increased think wt

BIOCHEMISTRY

HAEMOGLOBIN A1c

SPECIMEN: WHOLE BLOOD

Coll. Date: 22/11/23
Coll. Time: 11:05
Lab Number: 84985047

IFCC HbA1c	39	mmol/mol
DCCT HbA1c	5.7	%
Av. Glucose (eAG)	6.5	mmol/L

84985047 HbA1c consistent with euglycaemic state.

Please note that Hb A1c results may be influenced by conditions affecting red cells or their survival times such as haemoglobinopathies, anaemias, recent transfusion or blood loss.

TESTS COMPLETED: ESR, FBE, IS, LFT, SUA, CRP, GLS, GHB, RHE, TFT,
INCOMPLETE TESTS: ANF, CCP,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-CCP-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: CYCLIC CITRULLINATED PEPT
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 23/11/2023 14:53

CLINICAL NOTES: feeling tired for a month or so, increased think wt

IMMUNOLOGY

CYCLIC CITRULLINATED PEPTIDE ANTIBODIES (CCP)

SPECIMEN: SERUM

Date: 22/11/23
Coll. Time: 11:05
Lab Number: 84985047

CCP Antibodies	< 5	(< 5)	U/mL
Rheumatoid Factor	< 14	(< 14)	IU/mL

The Rheumatoid factor Ab results on this sample have been reported in detail, and are reproduced here in abbreviated form for your convenience.

TESTS COMPLETED: ESR, FBE, IS, LFT, SUA, CCP, CRP, GLS, GHB, RHE, TFT,
INCOMPLETE TESTS: ANF,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number:
Your Reference: 00033400 Lab Reference: 23-84985047-ANF-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: ANTI-NUCLEAR ANTIBODIES
Requested: 20/11/2023 Collected: 22/11/2023 Reported: 27/11/2023 18:40

CLINICAL NOTES: feeling tired for a month or so, increased think wt

IMMUNOLOGY

SPECIMEN: SERUM

ANTINUCLEAR ANTIBODIES

Anti-nuclear Antibody titre : < 40 (< 160)

COMMENT: Negative ANA is not associated with SLE.

TESTS COMPLETED: ANF, ESR, FBE, IS, LFT, SUA, CCP, CRP, GLS, GHB, RHE, TFT,

PANDEY, PRTIVA
Birthdate: 05/08/1991 Sex: F Medicare Number: 62951042712
Your Reference: 14541610 Lab Reference: 14541610
Laboratory: Perth Rad Clinic
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA

Name of Test: ULTRASOUND PELVIS
Requested: 21/02/2024 Collected: 08/03/2024 Reported: 11/03/2024 06:39

Perth Radiological Clinic

This report is for: Dr M. Hla
Referred By:
Dr M. Hla

ULTRASOUND PELVIS 08/03/2024 Reference: 14541610

PACS ID: ABG941W

PRC ID: ABG941W

ULTRASOUND PELVIS

Clinical Details: Left ovarian cyst, previously found endometriosis on ultrasound. Pelvic pain.

Findings: Comparison made with the prior imaging performed on 1 March 2022. Transvaginal scanning has been performed. Today's scan was performed in week 1 of the menstrual cycle.

The uterus is anteverted, measuring 63 x 40 x 32 mm. The myometrium is homogeneous.

The endometrium is regular and measures 7 mm. This is consistent with the menstrual phase.

Normal appearance of the right ovary, volume 4 mL. It is mobile and non-tender.

The left ovary volume measures 18 mL. It is immobile and tender to probe pressure. There are three left ovary lesions noted.
Left ovary lesion 1: 28 x 20 x 15 mm complex cyst containing low-level echoes. No vascular flow detected within the lesion.
Left ovary lesion 2: 12 x 11 x 7 mm complex cyst containing low-level echoes. No vascular flow detected within the lesion.
Left ovary lesion 3: 9 x 6 x 6 mm complex cyst containing low-level echoes. No vascular flow detected within the lesion.

There is no free fluid.

Comment: There are now three complex lesions noted on the left ovary, all possibly endometriomas.

Radiologist: Dr Lance Lawler
Perth Radiological Clinic PRC Booragoon

For images: [click here](#)

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 **Sex:** F **Medicare Number:** 62951042712
Your Reference: 00033510 **Lab Reference:** 24-86120702-HAE-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA **Referred by:** DR MYINTZU HLA
Copy to:
DR MYINTZU HLA

Name of Test: HAEMATOLOGY GENERAL
Requested: 27/02/2024 **Collected:** 04/04/2024 **Reported:** 04/04/2024 20:27

CLINICAL NOTES: recheck, anaemia

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date: 04/04/24 22/11/23 (#Refers to current
 Coll. Time: 09:30 11:05 result only)
 Lab Number: #86120702 84985047

HAEMOGLOBIN	*	109	*	111	(115 - 165) g/L
RBC		3.82		3.80	(3.80 - 5.50)x10 ¹² /L
HCT	*	0.34	*	0.34	(0.35 - 0.47)
MCV		90		90	(80 - 99) fL
MCH		28.5		29.2	(27.0 - 34.0)pg
MCHC		318		326	(310 - 360) g/L
RDW		14.4		14.0	(11.0 - 15.0)%
WCC		4.8		4.9	(4.0 - 11.0) x10 ⁹ /L
Neutrophils		2.6		2.6	(2.0 - 8.0) x10 ⁹ /L
Lymphocytes		1.5		1.6	(1.0 - 4.0) x10 ⁹ /L
Monocytes		0.3		0.4	(< 1.1) x10 ⁹ /L
Eosinophils		0.3		0.3	(< 0.7) x10 ⁹ /L
Basophils		< 0.1		0.0	(< 0.3) x10 ⁹ /L
PLATELETS		182		158	(150 - 450) x10 ⁹ /L
MPV	*	15.1	*	15.4	(7.1 - 11.2) fL
ESR			*	29	(< 21) mm/h

#86120702 : There is a mild anaemia.

TESTS COMPLETED: FBE,
 INCOMPLETE TESTS: BFO, IS, OHD,

PANDEY, PRTIVA
 116 ALEXANDER RD, RIVERVALE. 6103
 Phone: 0414217614
 Birthdate: 05/08/1991 Sex: F Medicare Number: 62951042712
 Your Reference: 00033510 Lab Reference: 24-86120702-OHD-0
 Laboratory: AUSTRALIAN CLINICAL LABS
 Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA
 Copy to:
 DR MYINTZU HLA

Name of Test: VITAMIN D
 Requested: 27/02/2024 Collected: 04/04/2024 Reported: 05/04/2024 12:37

CLINICAL NOTES: recheck, anaemia

BIOCHEMISTRY

VITAMIN D

SPECIMEN: SERUM

Date	Time	Lab No.	25-hydroxy Vitamin D		
04/04/24	09:30	86120702	72	(50 - 200)	nmol/L

86120702 Vitamin D is within normal limits.

Interpretation:
 Vitamin D deficiency <50 nmol/L
 Severe deficiency <20 nmol/L

COMMENT: Vitamin D sufficiency is defined as greater than or equal to 50 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer).

Reference: Position Statement. Vitamin D and Health in Adults in Australia and New Zealand. MJA,196(11): 686-687, 2012.

TESTS COMPLETED: FBE, OHD,
INCOMPLETE TESTS: AVB, BFO, IS,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number: 62951042712
Your Reference: 00033510 Lab Reference: 24-86120702-BFM-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA
Copy to:
DR MYINTZU HLA

Name of Test: B12, FOLATE (SERUM/RBC)
Requested: 27/02/2024 Collected: 04/04/2024 Reported: 05/04/2024 13:33

CLINICAL NOTES: recheck, anaemia

BIOCHEMISTRY

VITAMIN B12 AND FOLATE

SPECIMEN: SERUM/BLOOD

Date: 04/04/24
Time: 09:30
Lab Number: 86120702

Vitamin B12	234		pmol/L
Active B12	81	(> 30)	pmol/L
Folate	32.0		nmol/L

86120702 Normal B12 and folate results.

RANGES	B12	Serum Folate
Normal	> 180	> 10.0
Equivocal	150 - 180	5.0 - 10.0
Deficient	< 150	< 5.0

TESTS COMPLETED: AVB, BFO, FBE, IS, OHD,

PANDEY, PRTIVA
116 ALEXANDER RD, RIVERVALE. 6103
Phone: 0414217614
Birthdate: 05/08/1991 Sex: F Medicare Number: 62951042712
Your Reference: 00033510 Lab Reference: 24-86120702-ISM-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MYINTZU HLA Referred by: DR MYINTZU HLA
Copy to:
DR MYINTZU HLA

Name of Test: IRON MASTER
Requested: 27/02/2024 Collected: 04/04/2024 Reported: 05/04/2024 13:33

CLINICAL NOTES: recheck, anaemia

BIOCHEMISTRY

IRON STUDIES

SPECIMEN: SERUM

Date: 04/04/24 22/11/23

Coll. Time: 09:30 11:05
Lab Number: 86120702 84985047

Iron	*	9.8	18.2	(10.0 - 30.0)	umol/L
Transferrin		2.85	2.78	(2.10 - 3.80)	g/L
Saturation	*	14	26	(15 - 45)	%
Ferritin		39	50	(30 - 200)	ug/L

86120702 Results are consistent with borderline low iron stores.

TESTS COMPLETED: AVB, BFO, FBE, IS, OHD,

PANDEY, PRTIVA
Birthdate: 05/08/1991 **Sex:** F **Medicare Number:** 62951042722
Your Reference: 14682364 **Lab Reference:** 14682364
Laboratory: Perth Rad Clinic
Addressee: DR MYINTZU HLA **Referred by:** DR MYINTZU HLA

Name of Test: CT SINUSES
Requested: 10/04/2024 **Collected:** 19/04/2024 **Reported:** 20/04/2024 06:54

For images: [click here](#)

PANDEY, Prtiva
Unit 6 116 Alexander Road, Rivervale. 6103
Phone: 04 14217614
Birthdate: 05/08/1991 **Sex:** F **Medicare Number:** 6295104272
Your Reference: **Lab Reference:** 410835
Laboratory: perthogu
Addressee: DR Myin Tzu Hla **Referred by:** DR Myin Tzu Hla

Name of Test: Pelvic scan
Requested: 10/04/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 00:00

Date of study: 24-05-2024 **Referral:** Dr Myin Tzu Hla
Patient ID: 305437 **Address:** 15 49 Great Eastern Highway
Rivervale 6103

Patient name: Prtiva PANDEY
Date of birth: 05-08-1991
Address: Unit 6 116 Alexander Road
Rivervale WA 6103

Clinical Indication and Relevant History

G0 P0. History of endometriosis, complex 3 cysts likely to be endometriomas. Severe dysmenorrhoea. Menorrhagia. Moderate to severe ovulation pain. Moderate pelvic pain. Mild to moderate dyspareunia and postcoital ache. Mild dyschezia. Changing bowel habit and bloating. Mild bladder pain. No contraception for last three years. Fatigues, irritable, poor sleep, decreased sex drive, hot flushes.

LMP: 07/05/2024. Cycles: Regular - 28-35 days. Day of Cycle: 18.
Contraception: Calendar.

Scan Findings

Transvaginal scan is performed.

The uterus is retroverted, acutely anteflexed and measures

98 x 33 x 48 mm. Bulky uterus for nulliparous status. It has a normal

shape and smooth contour. Uterus shows normal mobility and moderate tenderness (pain score 6/10) on probe pressure, similar to dyschezia. Myometrium is heterogeneous with mild adenomyosis changes. No evidence of fibroids is seen.

The endometrium measures

11.1 mm in the body of the uterus. Secretory phase changes are seen. No evidence of polyps or feeder vessel is seen within the endometrium. Please note that presence of small polyps cannot be completely ruled out during secretory phase of cycle. On 3D coronal view the endometrial echo shape appears normal.

Cervix appears normal. No evidence of endocervical polyps or feeder vessel is seen. A few Nabothian cysts are seen, the largest measuring 6.5 x 4.7 mm.

The right ovary measures 24 x 17 x 18 mm (volume 3.6 ml). This ovary exhibits restricted mobility. There is moderate tenderness present (pain score 4/10) on probe pressure, similar to pelvic pain. This ovary is easily accessible. Hyper-echogenic spots are seen on the surface of this ovary, suspicious of mild peri-ovarian inflammatory changes. Ovarian borders appear ill-defined. About

4 follicles are seen in this ovary. No evidence of endometriomas or ovarian cysts is seen.

The left ovary measures 42 x 20 x 26 mm (volume 11.1 ml). This ovary exhibits restricted mobility medially and is non-mobile laterally. There is severe tenderness present (pain score 8/10) on probe pressure, similar to pelvic pain, dyspareunia and bladder pain. This ovary is easily accessible. A peritoneal inclusion cyst is seen in the left adnexa measuring

62.9 x 28.3 x 37.6 mm (35.0 ml). Left ovary is seen suspended in this cyst from its lateral aspect. Few peri-ovarian small strands of adhesions with small loculated fluid collections are seen. There is a corpus luteum seen measuring **15 x 13 mm** with peripheral circumferential vascularity. About **9 small follicles** are seen in this ovary. A rounded hypoechoic lesion is seen on lateral aspect of ovary measuring **17.3 x 11.8 x 20.1 mm (2.1 ml)**. It shows slightly thickened borders, hyper-echogenic spots on the surface of this lesion and minimal circumferential vascularity, suspicious of endometrioma; however, diagnosis of endometrioma can only be confirmed on follow up scan as haemorrhagic corpus luteum has similar appearance on scan.

Pouch of Douglas is not obliterated. Minimal free fluid is seen in POD. Severe tenderness is present in the retrocervical area (pain score 8/10), similar to dyschezia.

Right uterosacral ligament appears mildly thickened and nodular with no evidence of measurable nodules seen. There is evidence of tenderness (pain score 9/10) on probe pressure, similar to dysmenorrhoea, ovulation pain and dyschezia. Left uterosacral ligament appears mildly thickened and nodular with no evidence of measurable nodules seen. There is evidence of tenderness (pain score 9/10) on probe pressure, similar to dysmenorrhoea, ovulation pain and dyschezia.

Right adnexal veins appear normal measuring up to 3.9 mm. Left adnexal veins appear prominent measuring up to 4.4 mm.

Normal mobility of utero-vesical fold is noted. There is tenderness noted on probe pressure over this area (pain score 3/10), similar to dysmenorrhoea and bladder pain. No obvious lesions are seen within limited views of a partially filled bladder. There is bladder tenderness noted on probe pressure (pain score 3/10).

A small area of the lower bowel is examined with no obvious lesions seen within limited views (without any bowel preparation).

Conclusion

Bulky uterus for nulliparous status.

Mild adenomyosis.

No evidence of endometrial or endocervical focal lesions seen. Please note that presence of small polyps cannot be completely ruled out during secretory phase of cycle.

Normal endometrial echo shape on 3D coronal view.

Follicular count as above. Please correlate with AMH levels.

Left peritoneal inclusion cyst (details above).

Suspicion of left endometrioma (details above).

Suspicion of right peri-ovarian inflammatory changes.

Mobile uterus. Restricted mobility of right ovary. Left ovary is non-mobile laterally.

No obliteration of pouch of Douglas.

Mildly thickened and nodular uterosacral ligaments.

No obvious lesions are seen in the lower bowel within limited views (unprepared bowel).

Multiple areas of 'point tenderness' in the pelvis may indicate presence of superficial endometriosis lesions, which can only be confirmed/ruled out on laparoscopy.

Increased pelvic muscle tone is noted throughout the scan today. Prtiva may benefit from pelvic physiotherapy.

Gynaecology endoscopy referral is recommended.

Fertility specialist referral is recommended.

A rescan is recommended in three months to review left ovary.

Thank you for your referral. Please do not hesitate to contact me to discuss any queries.

Click the link to access images for this study. Valid for 30 days

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Yours Sincerely,

Dr. Anjana Thottungal MBBS MD FRCOG FRANZCOG DDU

Reporting Date: 24-05-2024 Sonographer: AT Ultrasound assistant: OC Typist:
ANFULL REPORT AVAILABLE TO VIEW ONLINE: <https://qubs.com/app/r?t=385891b0-b-305437-508385>