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Patient ID: 8988
Exam date: 9/10/2024

Pelvic Ultrasound

Patient: Hannah Deysel DOB: 18/01/1999
24 Beerwah Street, PACIFIC PINES QLD 4211

Indication Deep Endometriosis Scan
Dyspareunia

History **Allergies** No allergies identified
Prev. diseases No previous diseases identified
Infections No infections identified
OB History Gravida 0

Assessment LMP on 25/09/2024. Day of cycle 15. Cycle: regular cycle. Cycle length 30 d. Bleeding: heavy bleeding on the first 2 days. Bleeding duration 7 d. Contraception: condom

Method Transvaginal ultrasound examination with Voluson E8 (consented). View: Average

Uterus Visualised. Size 86 mm x 50 mm x 36 mm. Vol 79.8 cm³
Position: anteverted, anteflexed
Myometrium: no MUSA features for adenomyosis
Endometrium: appropriate endometrial thickness. Endometrial thickness, total 10.3 mm
Cervix details: normal
No fibroids identified
No polyps identified
Sliding sign positive

Genital Tract Anomalies Normal uterine shape on 3D ultrasound.

Right Ovary Visualised, appears within normal parameters. Morphology: normal, the antral follicle count is 16. Size 30 mm x 20 mm x 19 mm. Vol 6.0 cm³
No cysts identified
The right ovary is mobile.

Right Adnexa Visualised
Appearance: normal

Left Ovary Visualised, appears within normal parameters. Morphology: normal, the antral follicle count



LSPN 11165

is 15. Size 43 mm x 34 mm x 24 mm. Vol 19.0 cm³

No cysts identified

Follicle(s) Size 24.0 mm x 17.0 mm. Mean 20.5 mm. Leading follicle

The left ovary is mobile.

Left Adnexa

Visualised

Appearance: normal

Pouch of Douglas

Free fluid visualised

Largest pool 35.0 mm x 12.0 mm x 11.0 mm. Vol 2.419 ml

Posterior compartment: There is no POD obliteration.

Normal appearance of vaginal fornices, torus uterinus, rectovaginal septum and bilateral uterosacral ligaments.

Anterior rectal and bowel muscularis propria appear normal. There are no obvious deep endometriotic lesions present.

Bladder

Visualised, normal, bilateral ureters visualised and not dilated (< 6mm).

Anterior compartment: normal appearance and mobility of the vesicouterine pouch.

Conclusion

Normal pelvic scan. Tender to probe pressure in the retrocervical region, but no obvious signs of deep infiltrating endometriosis.

However superficial endometriosis cannot be reliably excluded by TV scan.



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Ana Ferreira
Sonographer

UPDATE: HAVEN'S REFERRAL TEMPLATE IS NOW LIVE IN BEST PRACTICE WITH THE LATEST SOFTWARE UPDATE