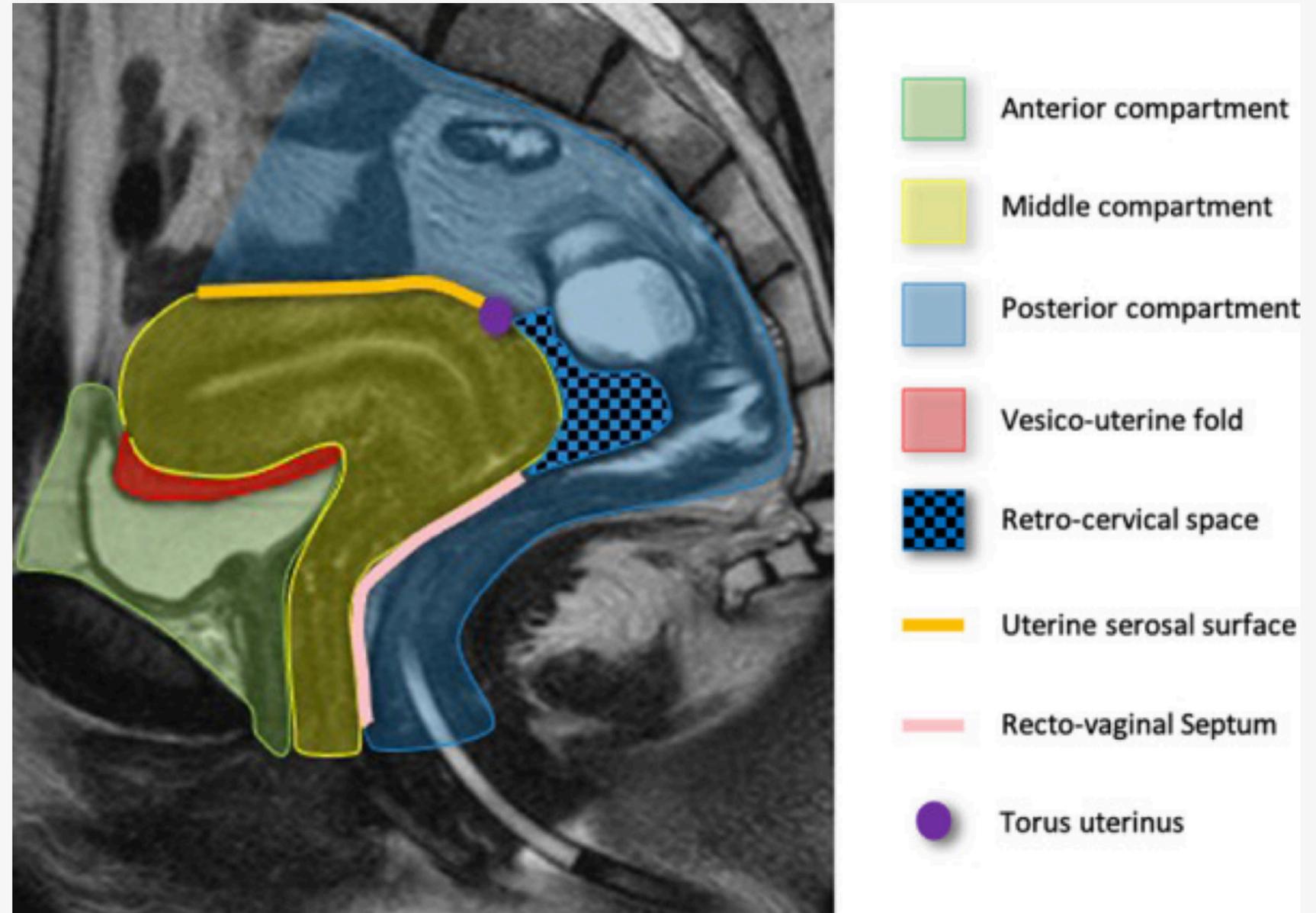


Diagnosis

# Map Your Way

Owing to the complicated and unpredictable nature of the disease, it becomes doubly important for us to thoroughly map out the anatomy, and understand tissue presentation in MRI along various weightages and axis



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# Structured Radiology Report

01



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## Uterus

Version and Flexion (always mention)

Adenomyosis (if present)

04



---

## Deep Implants

02



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## Adnexa

Location in the pelvis (always mention)

Are the ovaries tethered or displaced?

Endometrioma if present

Hydro or Hematosalpinx if present

03



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## Superficial Implants

Compartment and Location

Compartment and Location

Morphology (active glandular or stromal fibrotic)

Size of implant and space obliteration with surrounding organs

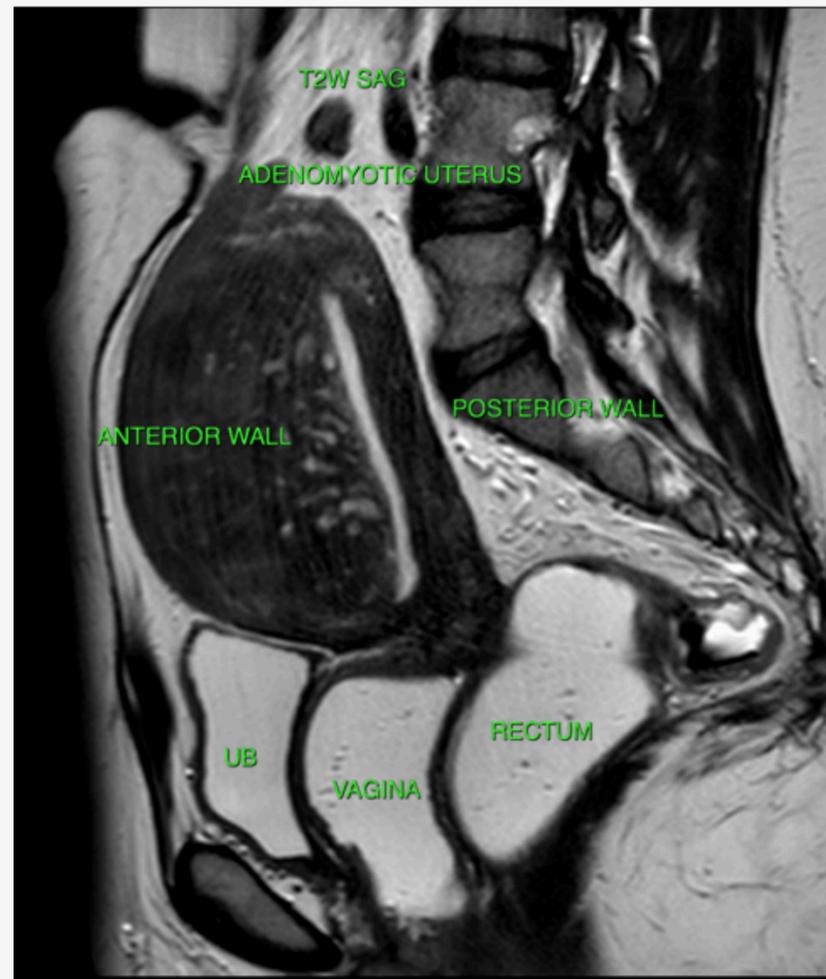
Organ invasion if present with individual organ detailing



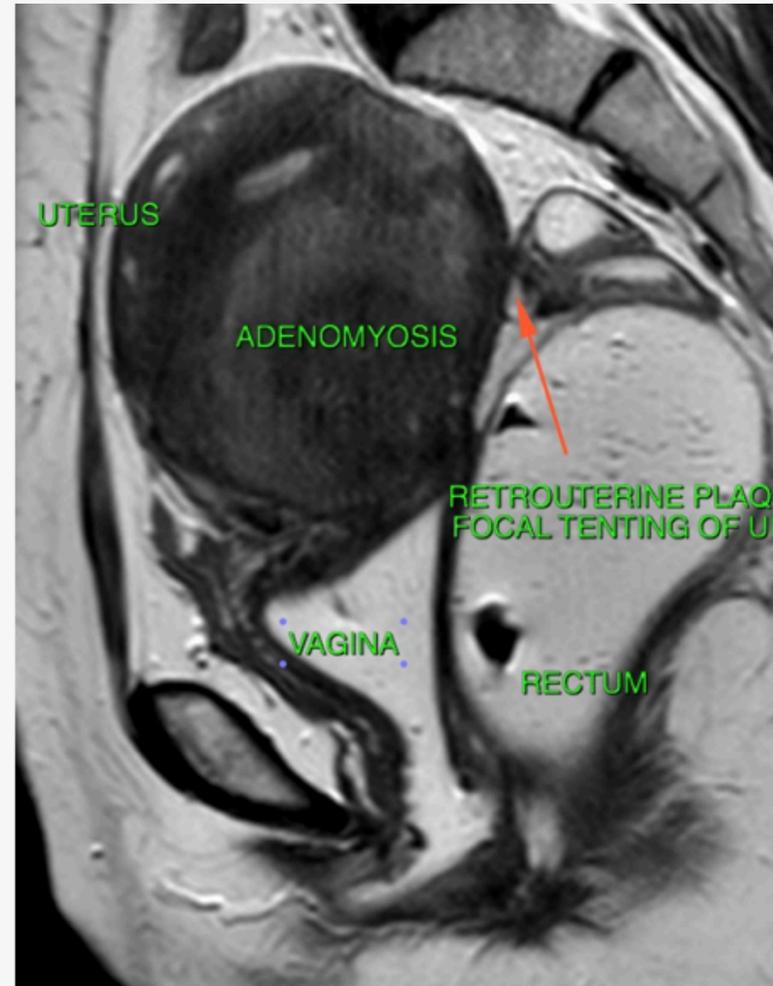
# Patient Preparation

01	Anti-Peristaltic	↘	Buscopan IV/IM	
02	Vaginal Distention	↘	USG Jelly ~50ml	
03	Rectal Distention	↘	USG Jelly ~150ml	Saline 750 ml
04	Bladder Distention	↘	Moderate	

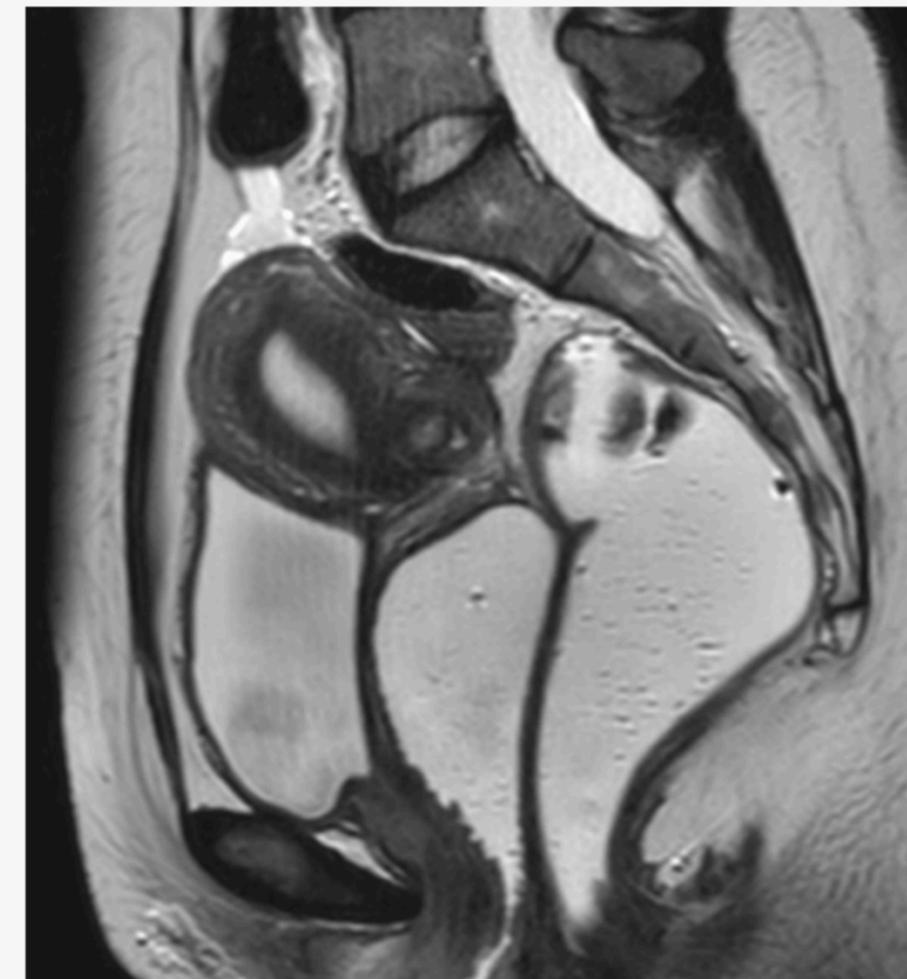
# Adenomyosis



Focal



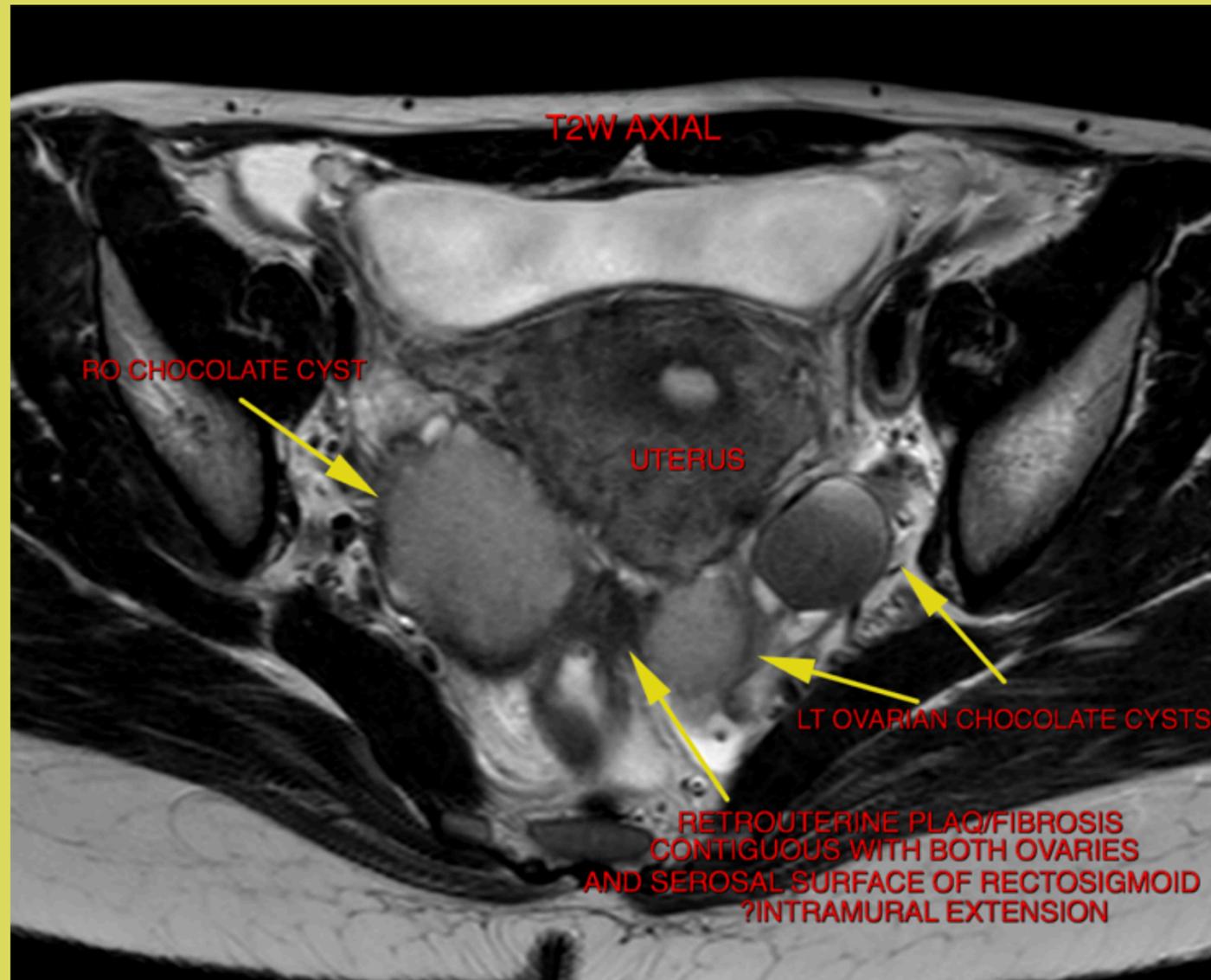
Diffuse



Focal-Cystic

Mapping is of Paramount Importance

# Endometrioma



T2W Axial



T1W Axial FS

Prevesical Space

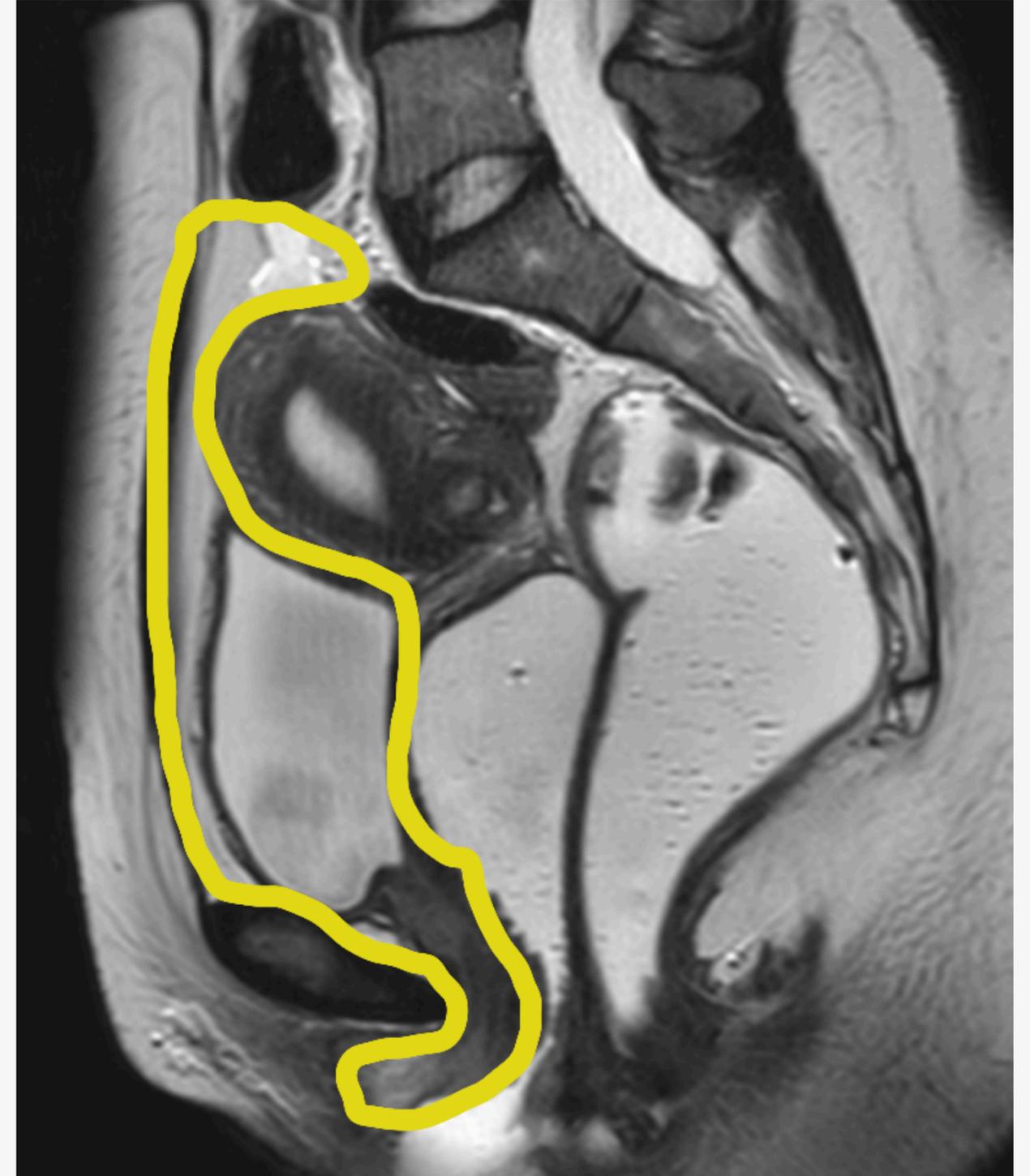
Round Ligaments

Bladder

Distal Ureter

Cervico-Vesico-Uterine Pouch

# Anterior Compartment



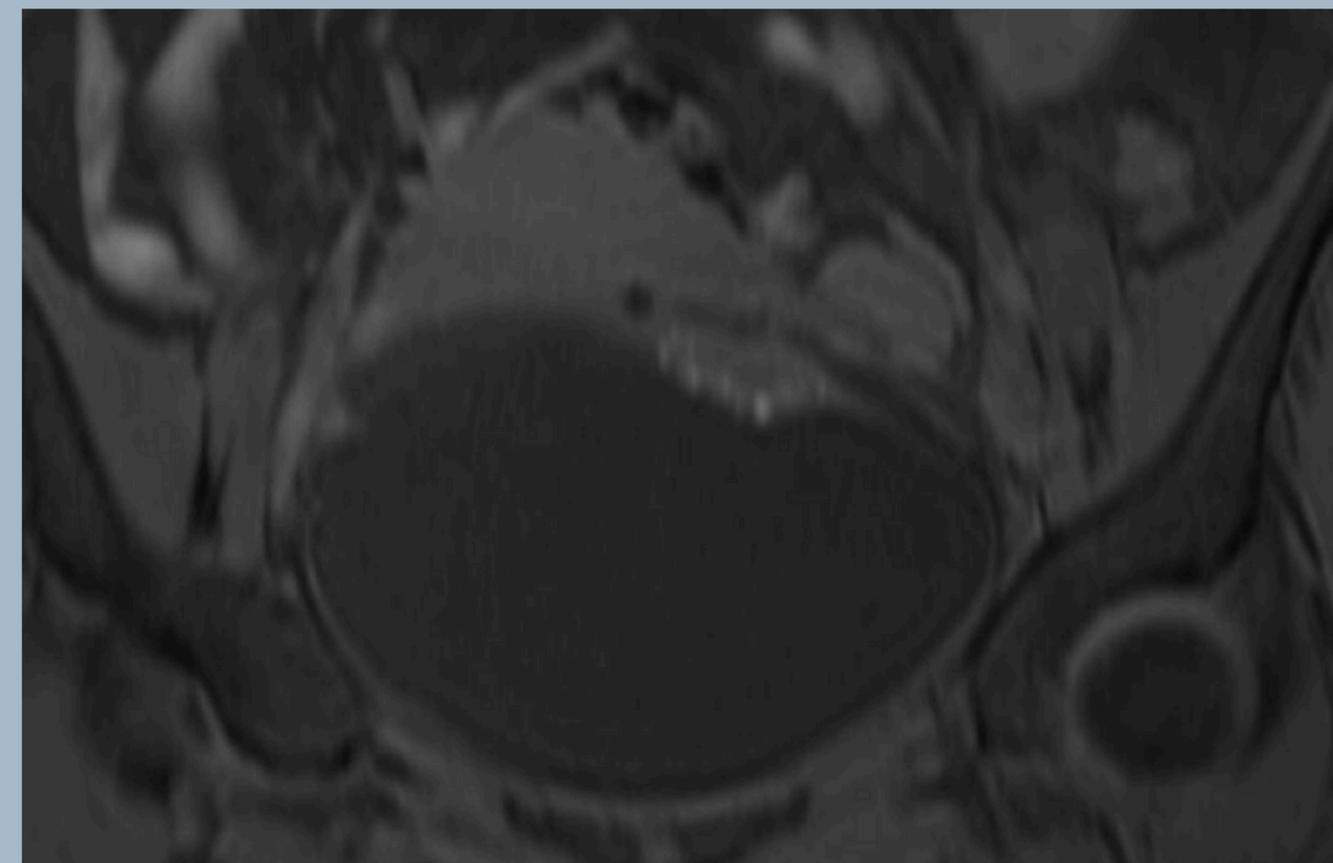
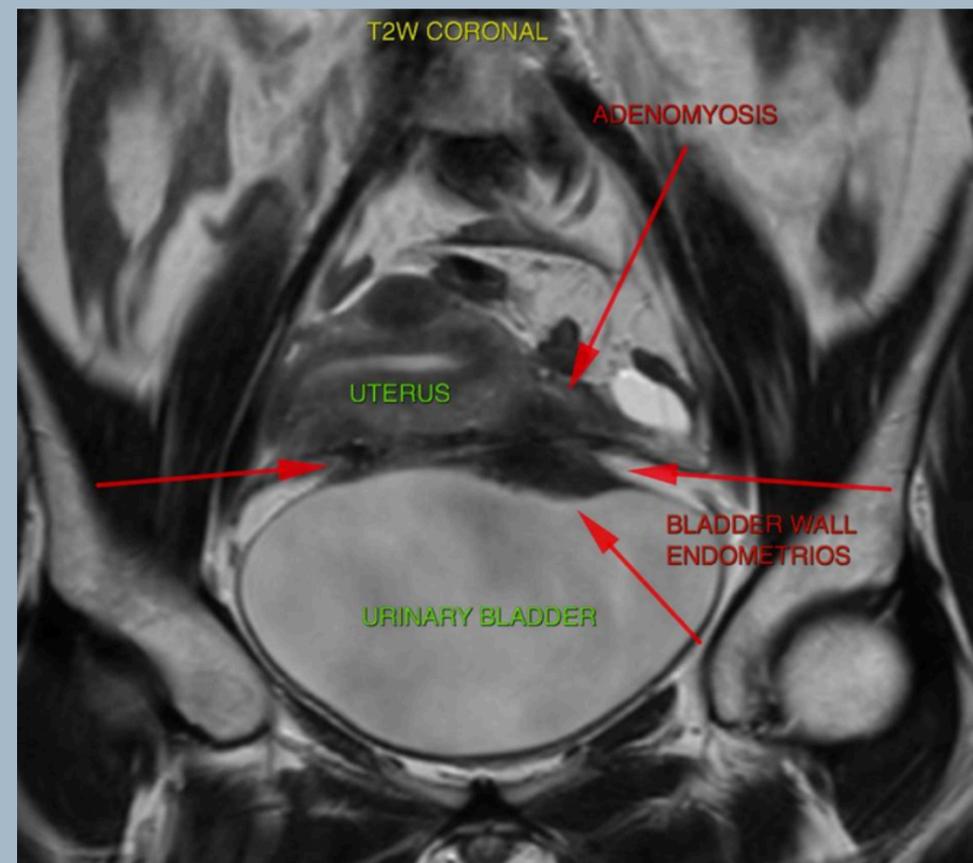
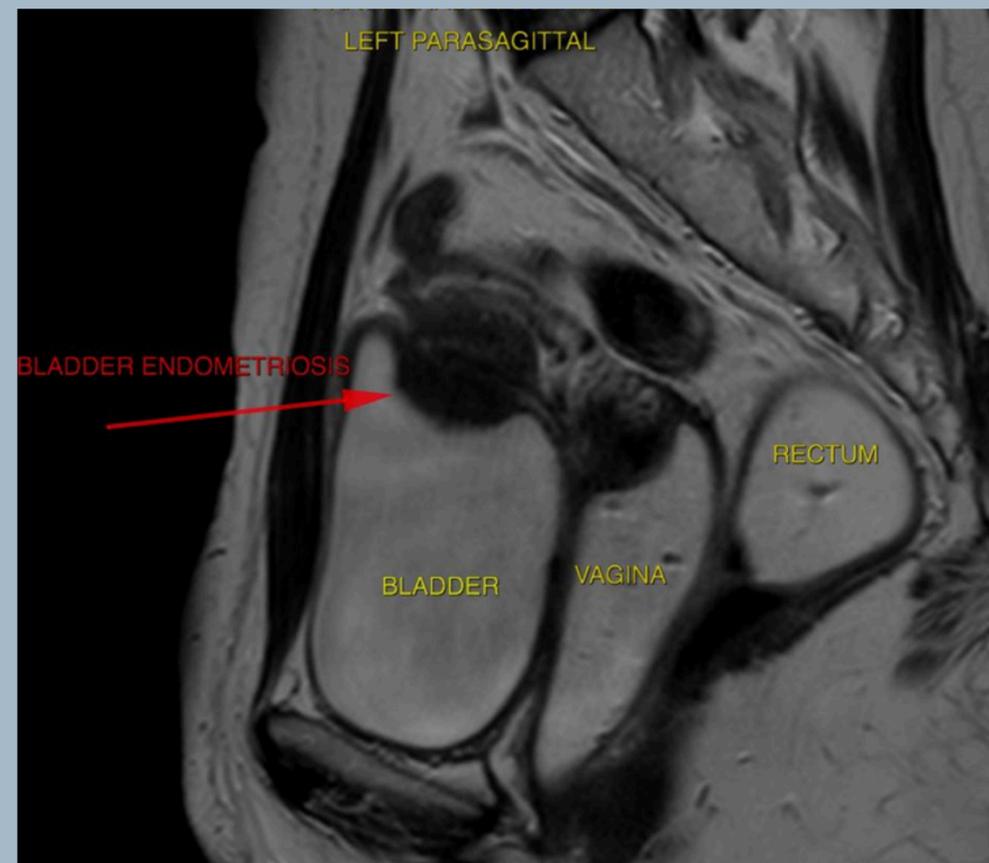


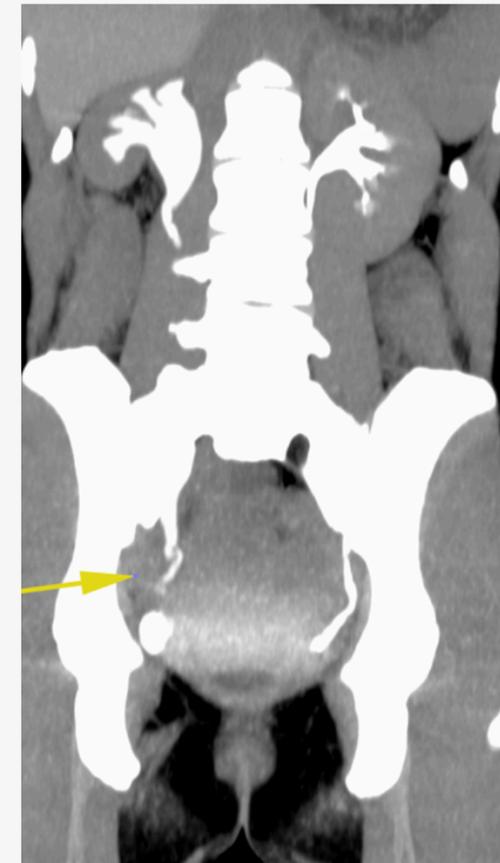
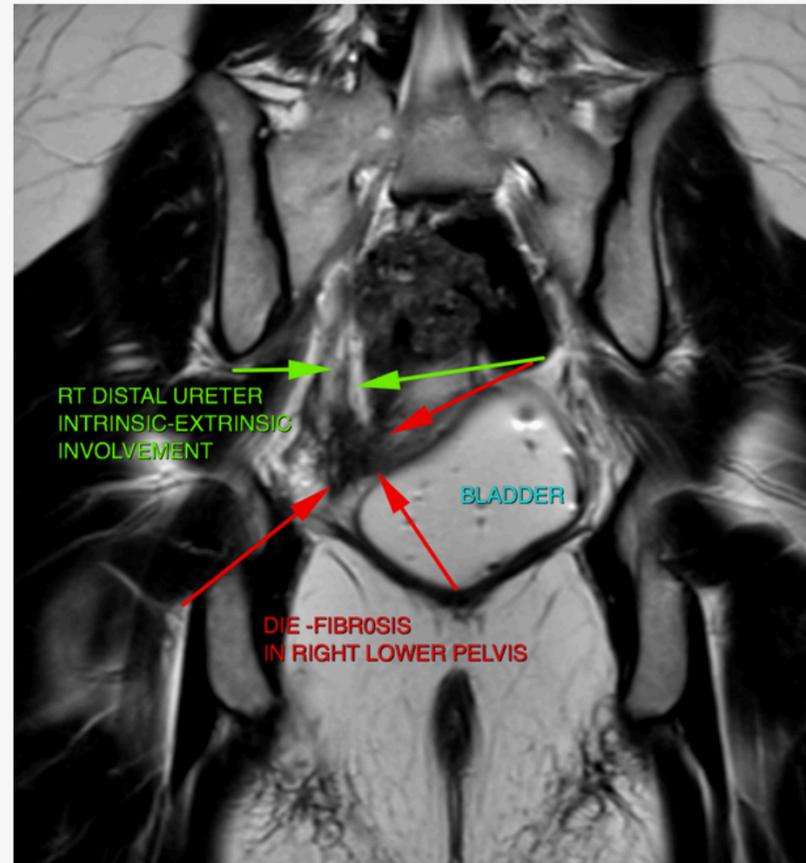
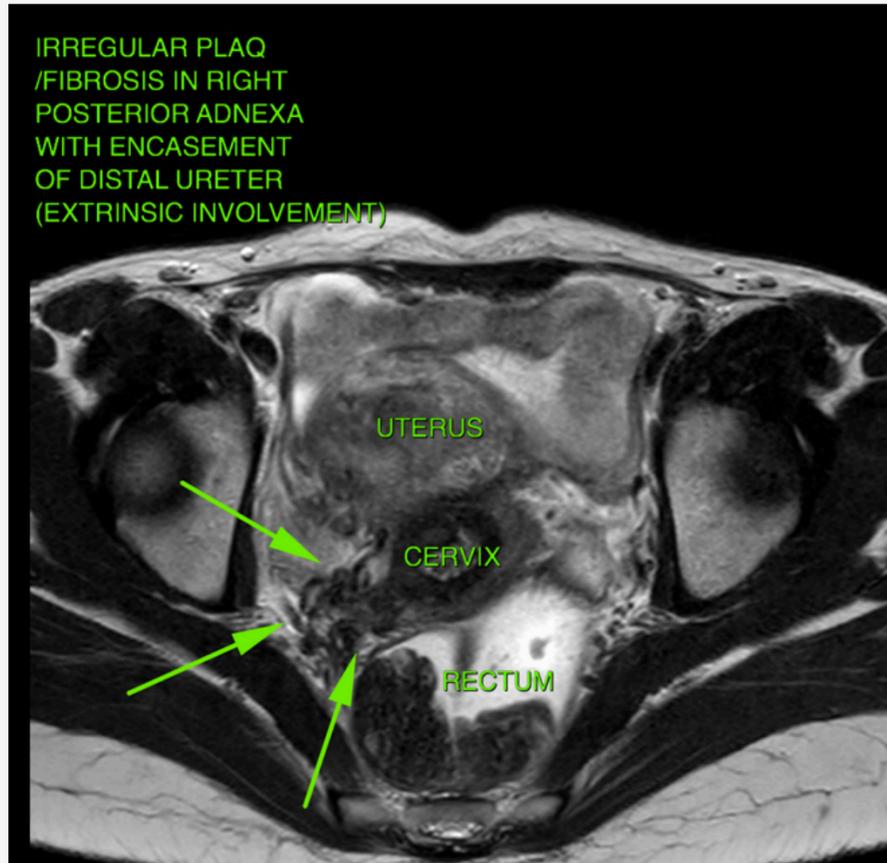
Image courtesy Medimax

Report should describe:

- Lesion Size and Location
- Depth of detrusor muscle invasion
- Distance from UVJ

# Urinary Bladder

# Two Subtypes - Extrinsic and Intrinsic



Report should describe:

Lesion size/length of ureter involved, extrinsic versus intrinsic subtype, absence or presence of hydroureteronephrosis & location and distance from UVJ along with the depth of invasion

# Ureter

Vagina

Uterus

Fallopian Tubes

Broad Ligament

Ovaries

# Middle

# Compartment

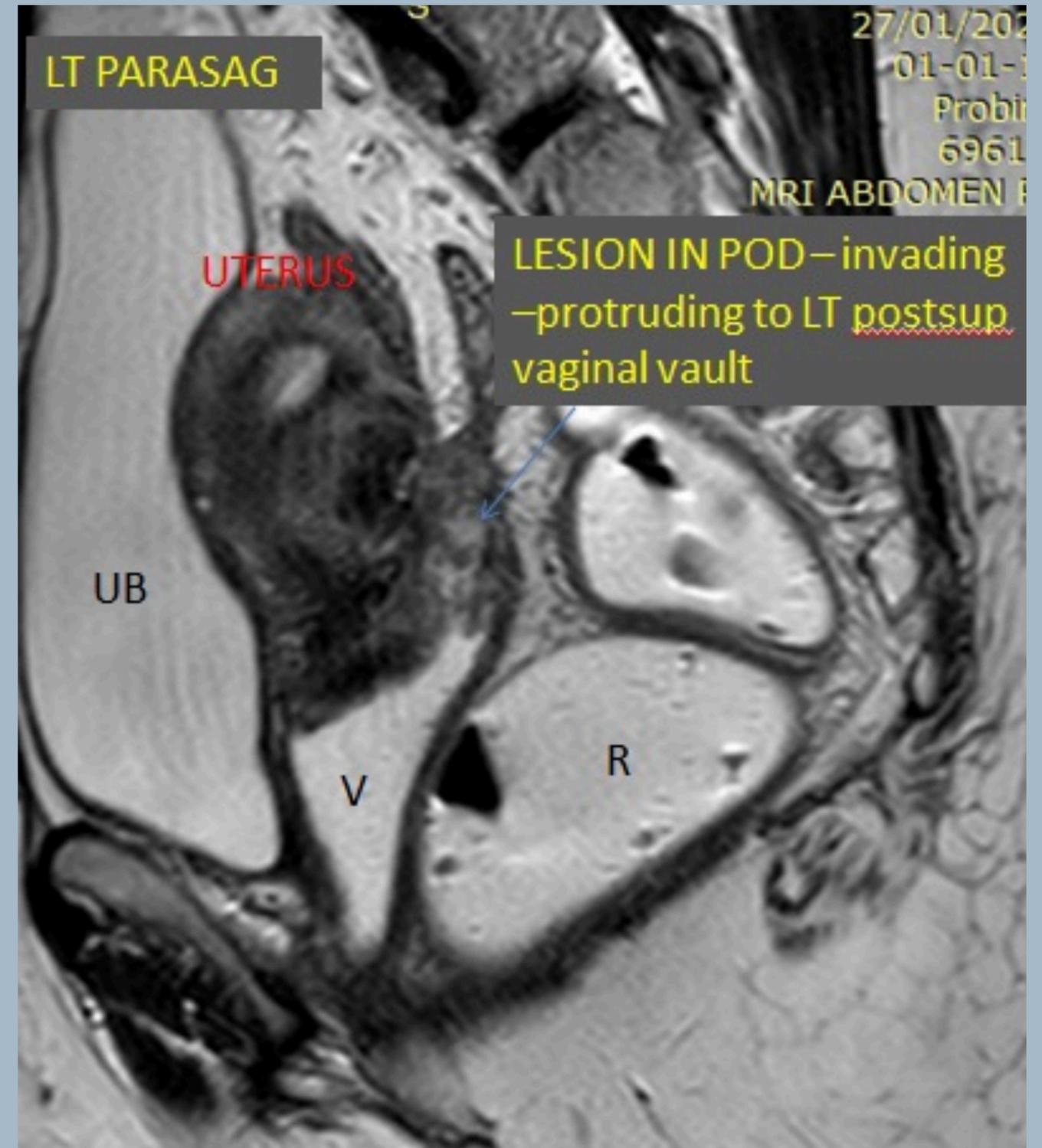


*Image courtesy Medimax*

Most often involves the posterior fornix.

Can appear as nodular thickening of the vaginal wall or as a polypoid mass extending into the lumen

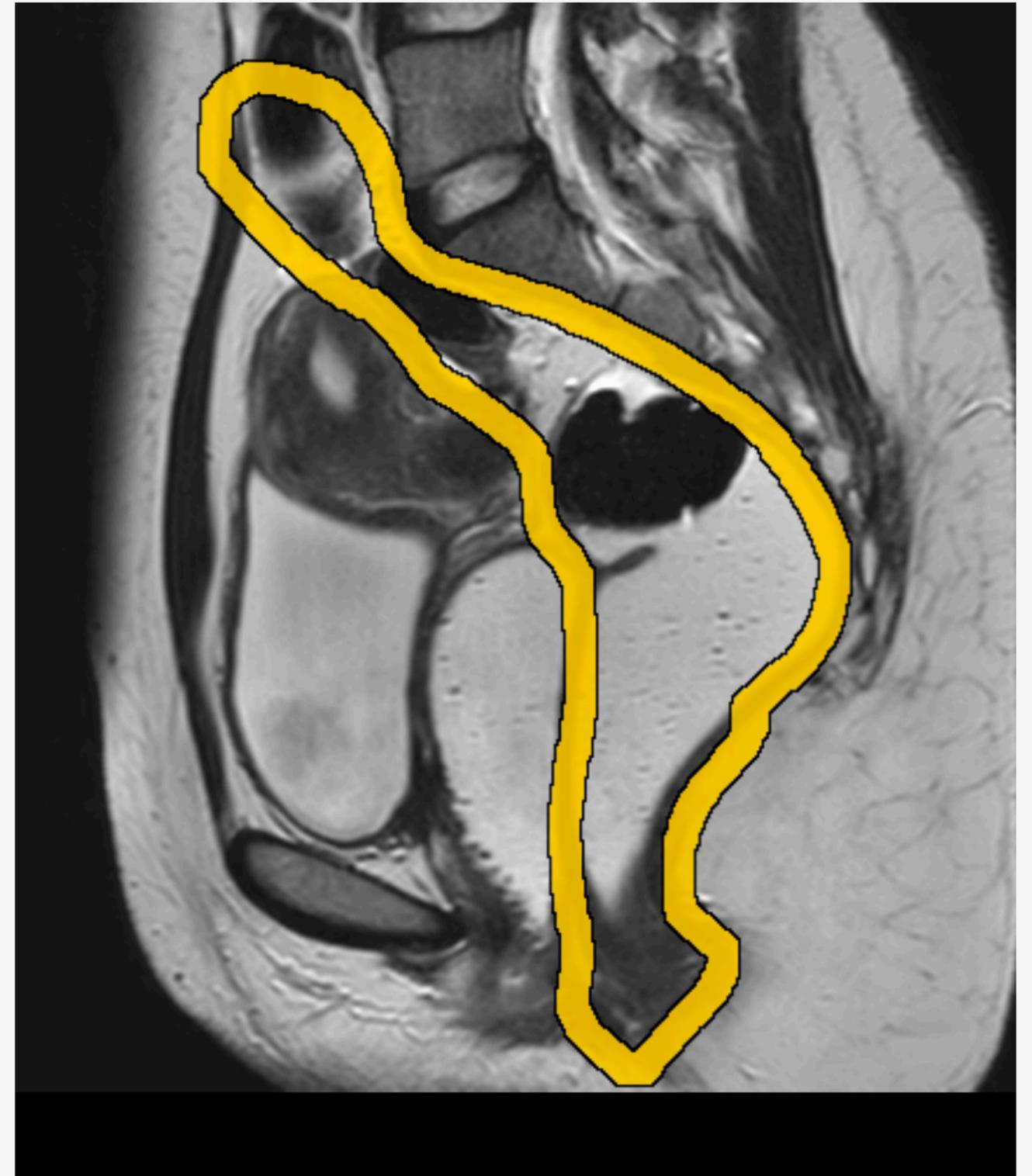
# Vagina



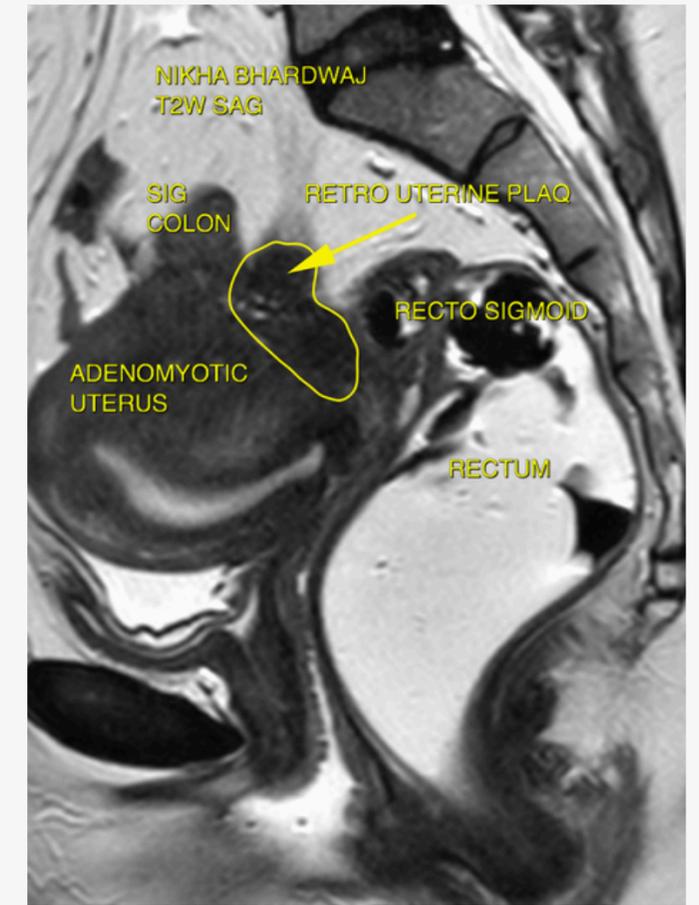
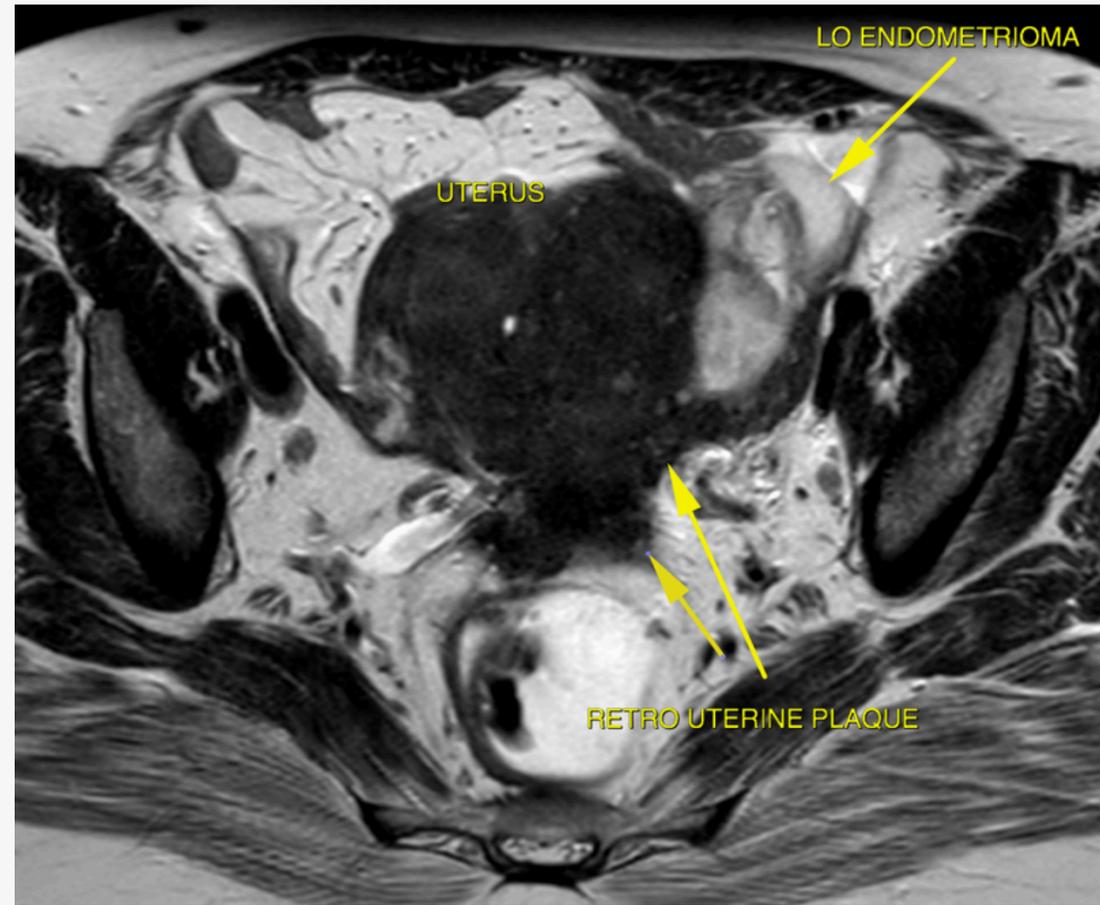
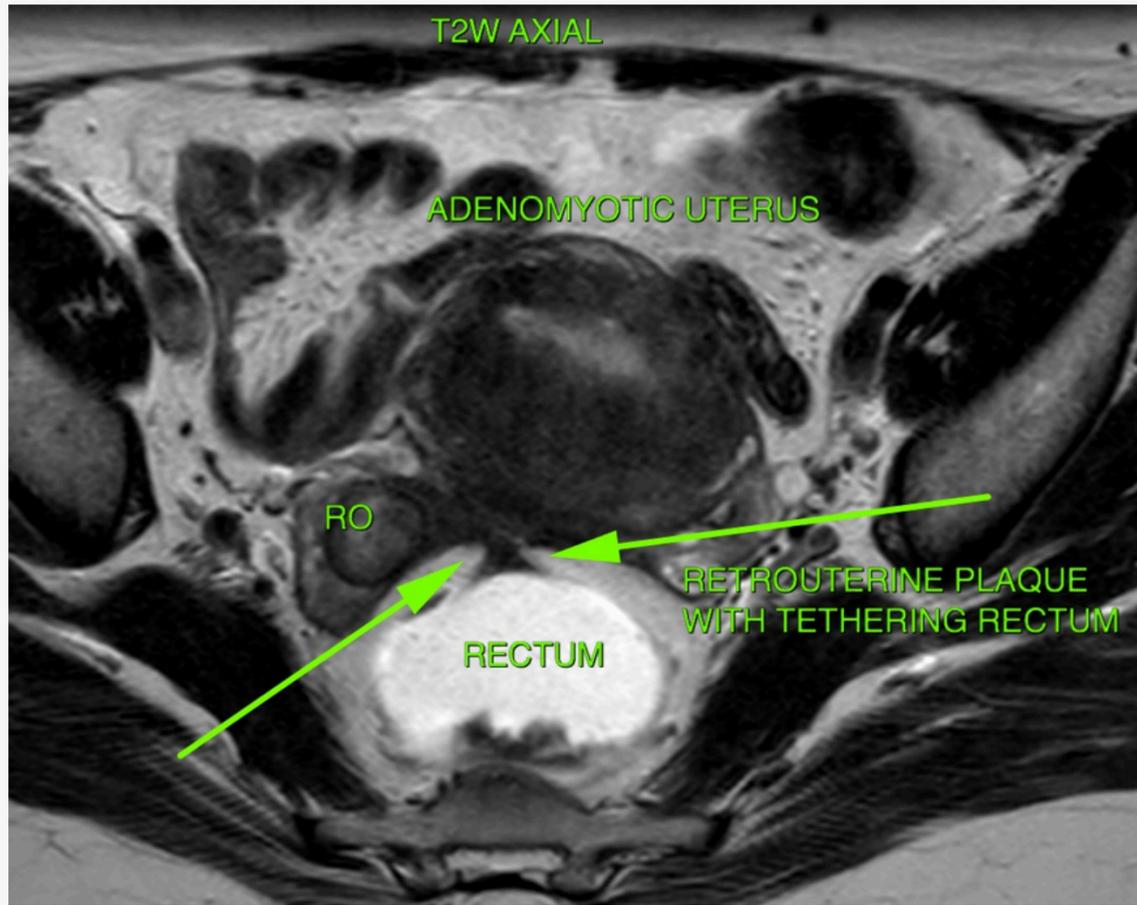
*Image courtesy Medimax*

Rectouterine and rectocervical space  
Rectovaginal Septum and Pouch  
Uterosacral Ligament  
Rectum & Rectosigmoid Colon  
Presacral Space

# Posterior Compartment



*Image courtesy Medimax*

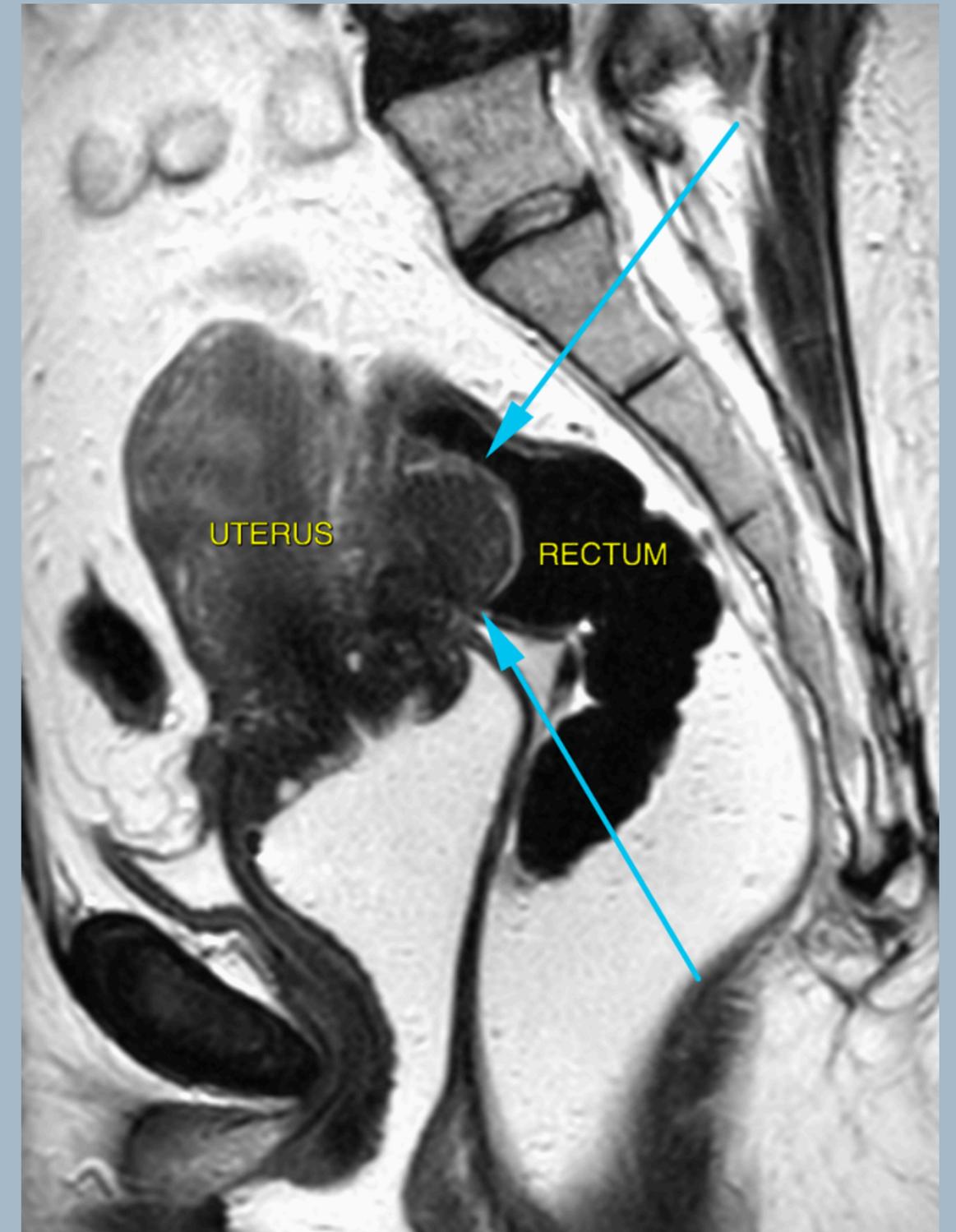


# Rectouterin / Cervical Space

## Report should describe:

- Lesion size and location
- Depth of invasion
- % of circumference involved (in 3rds, or > or < 50%)
- Length of bowel involved
- Relationship to the peritoneal reflection
- Distance to anal verge

# Bowel Involvement



*Image courtesy Medimax*

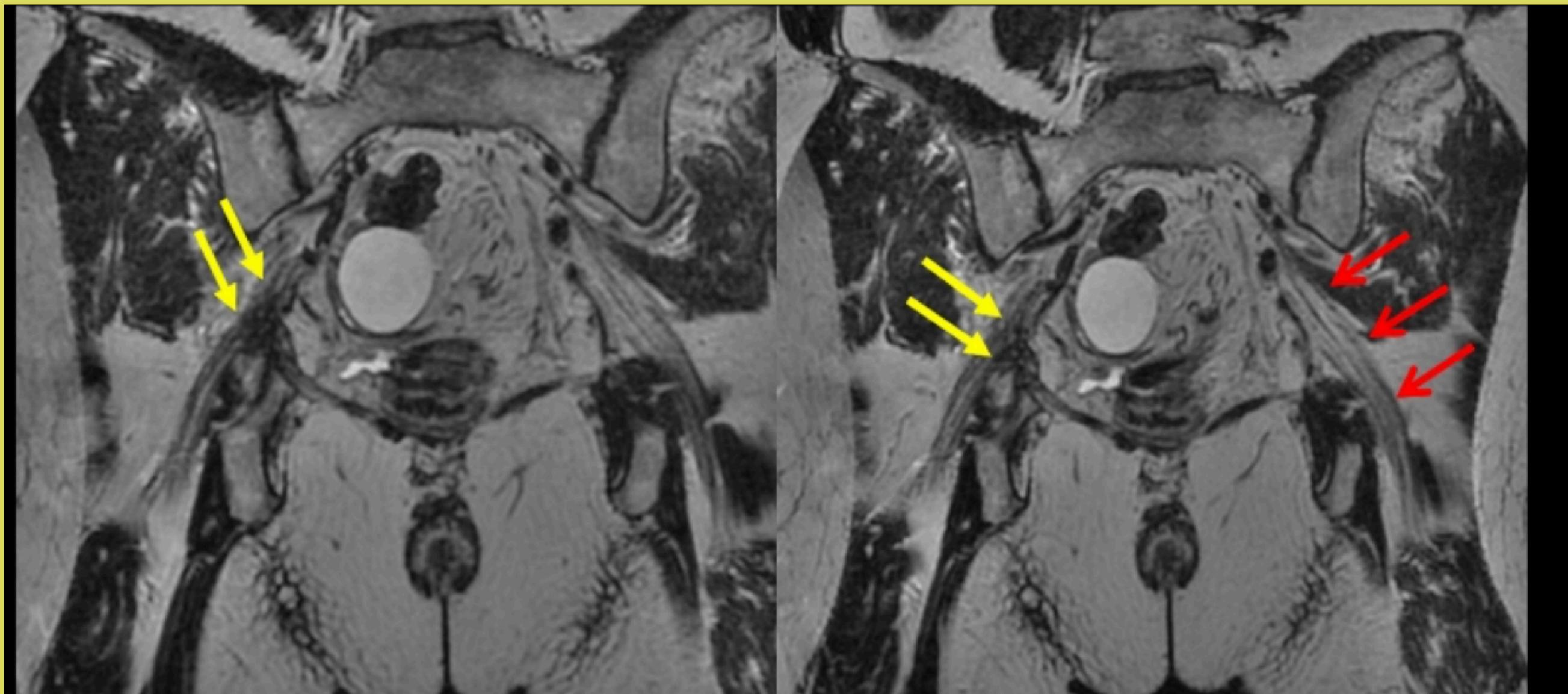
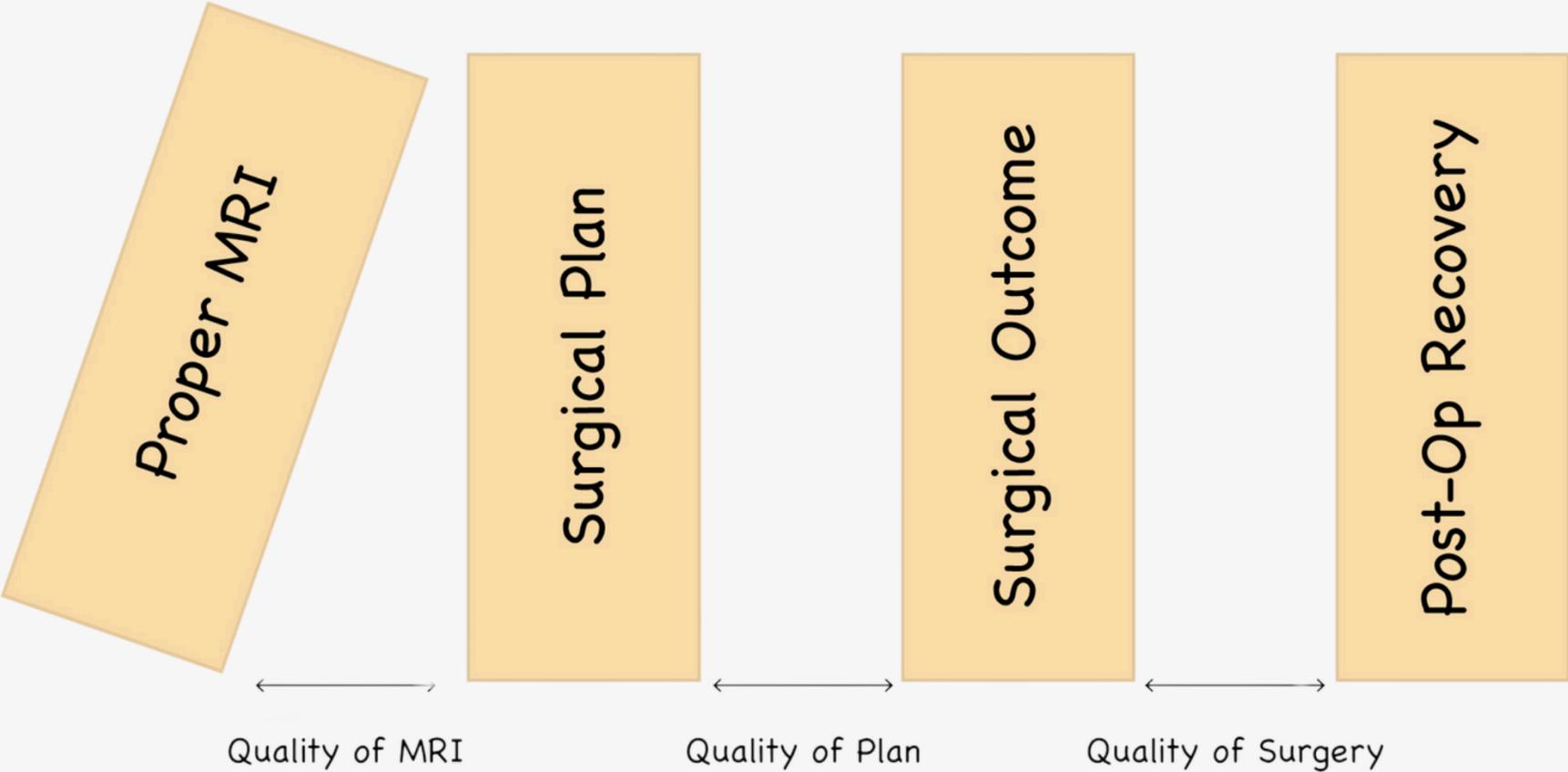


Image courtesy Medimax

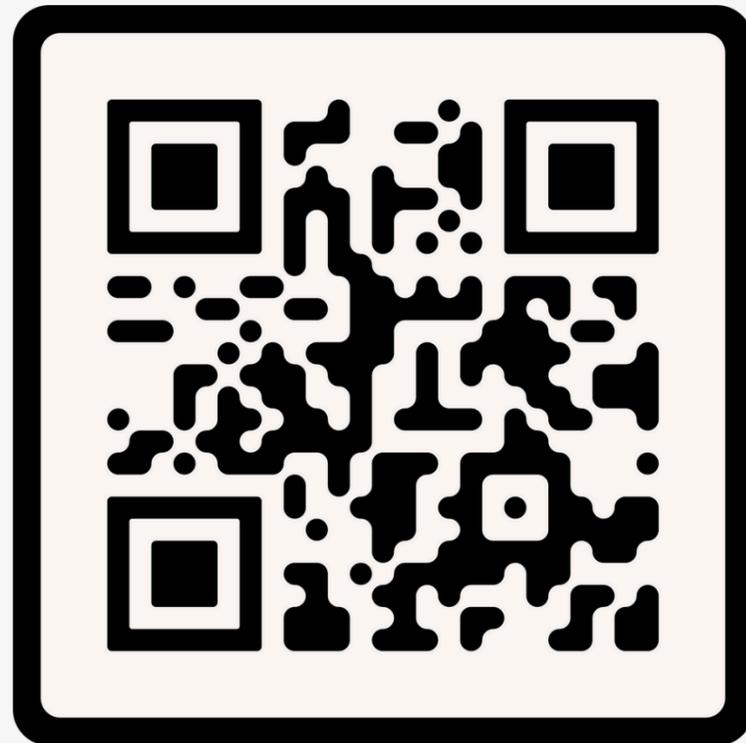
# Lumbosacral Trunk

# The Surgery Domino



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