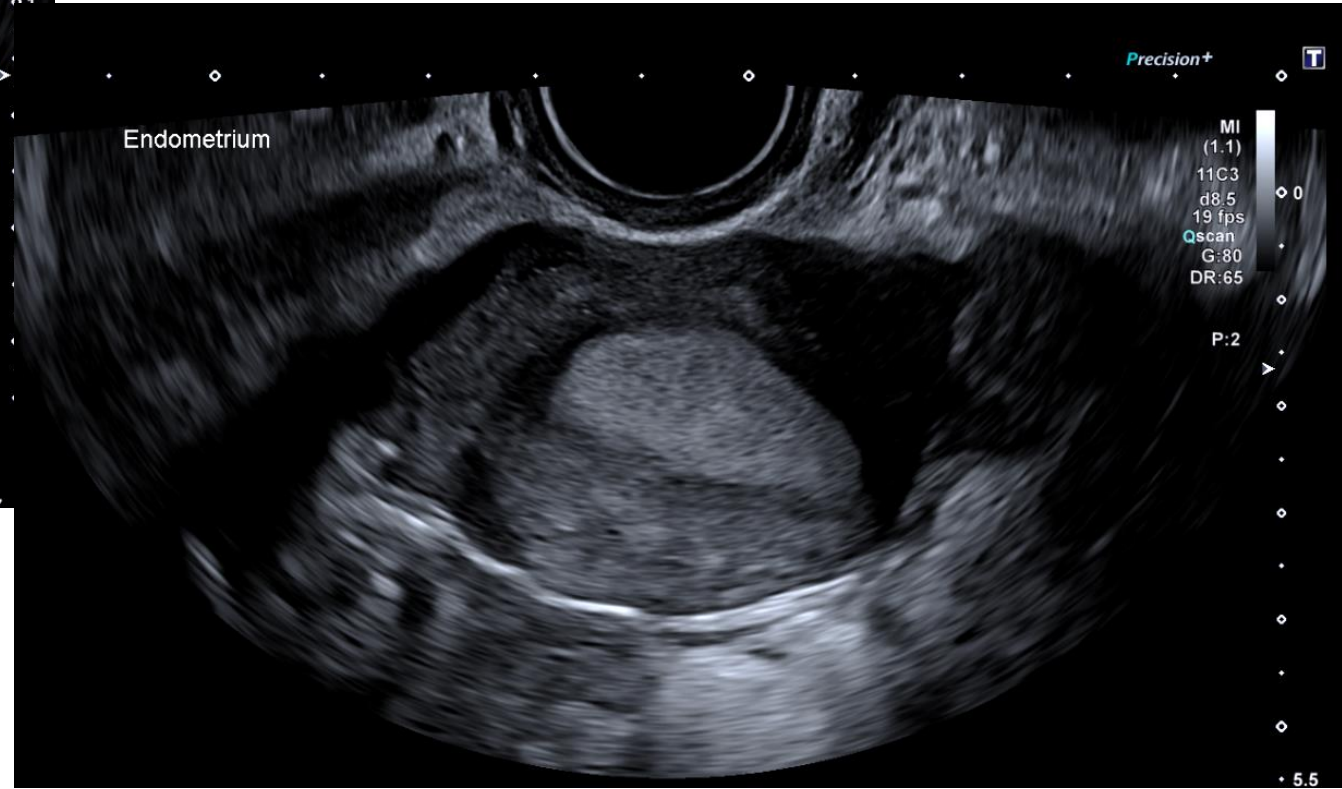
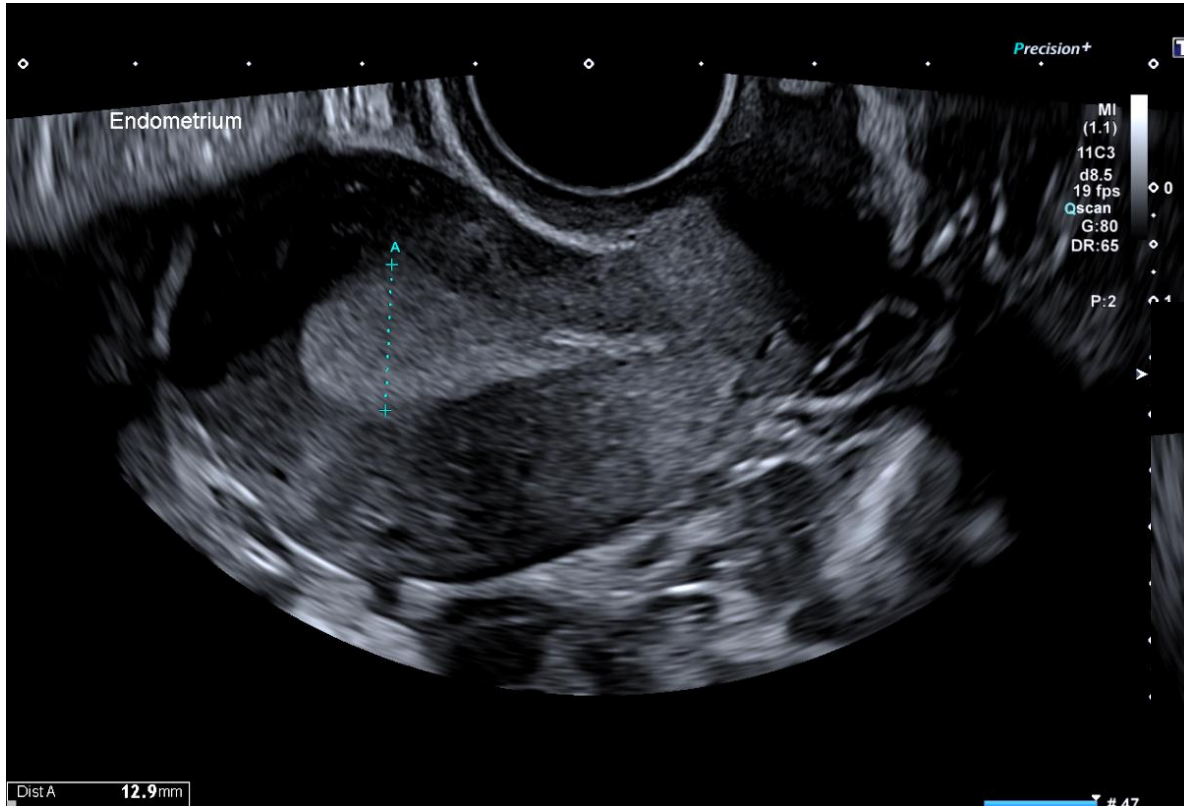


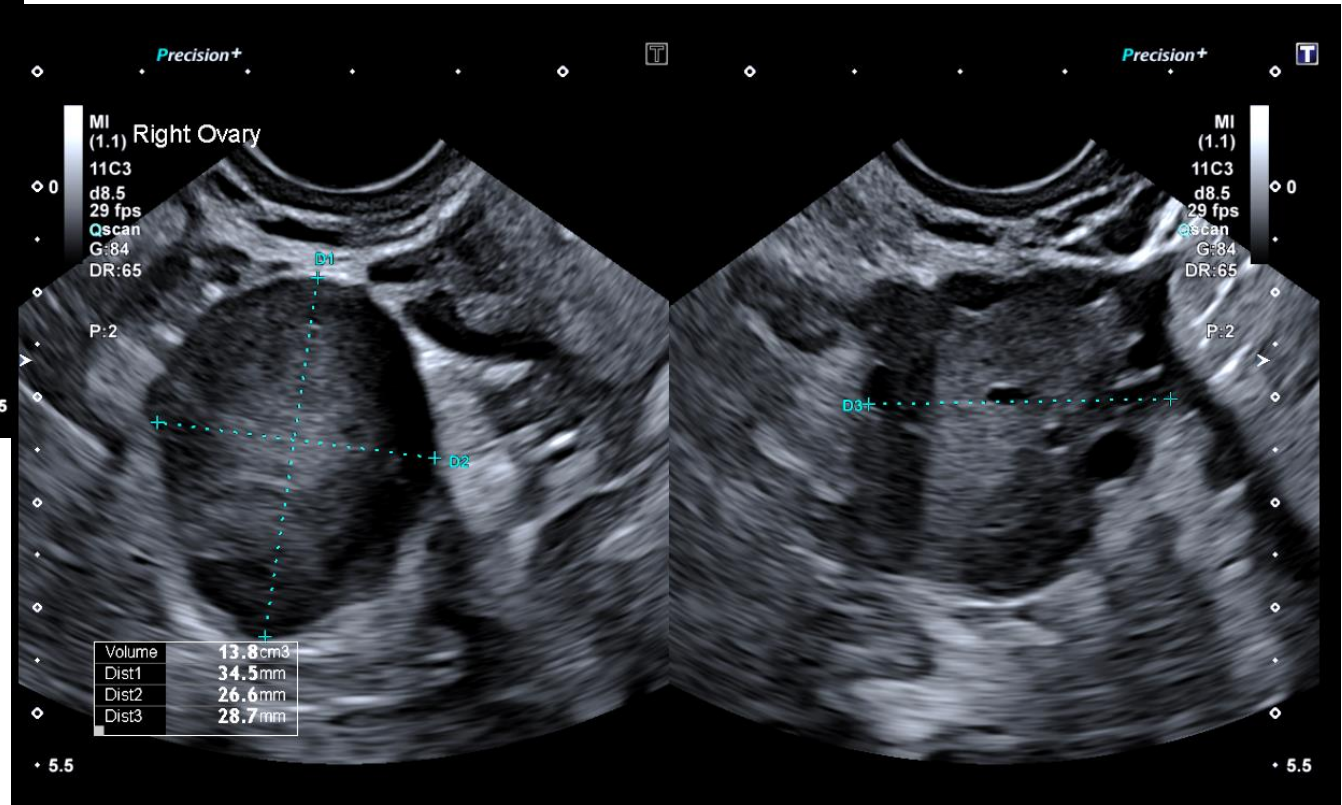
Gynaecological Ultrasound Case 8

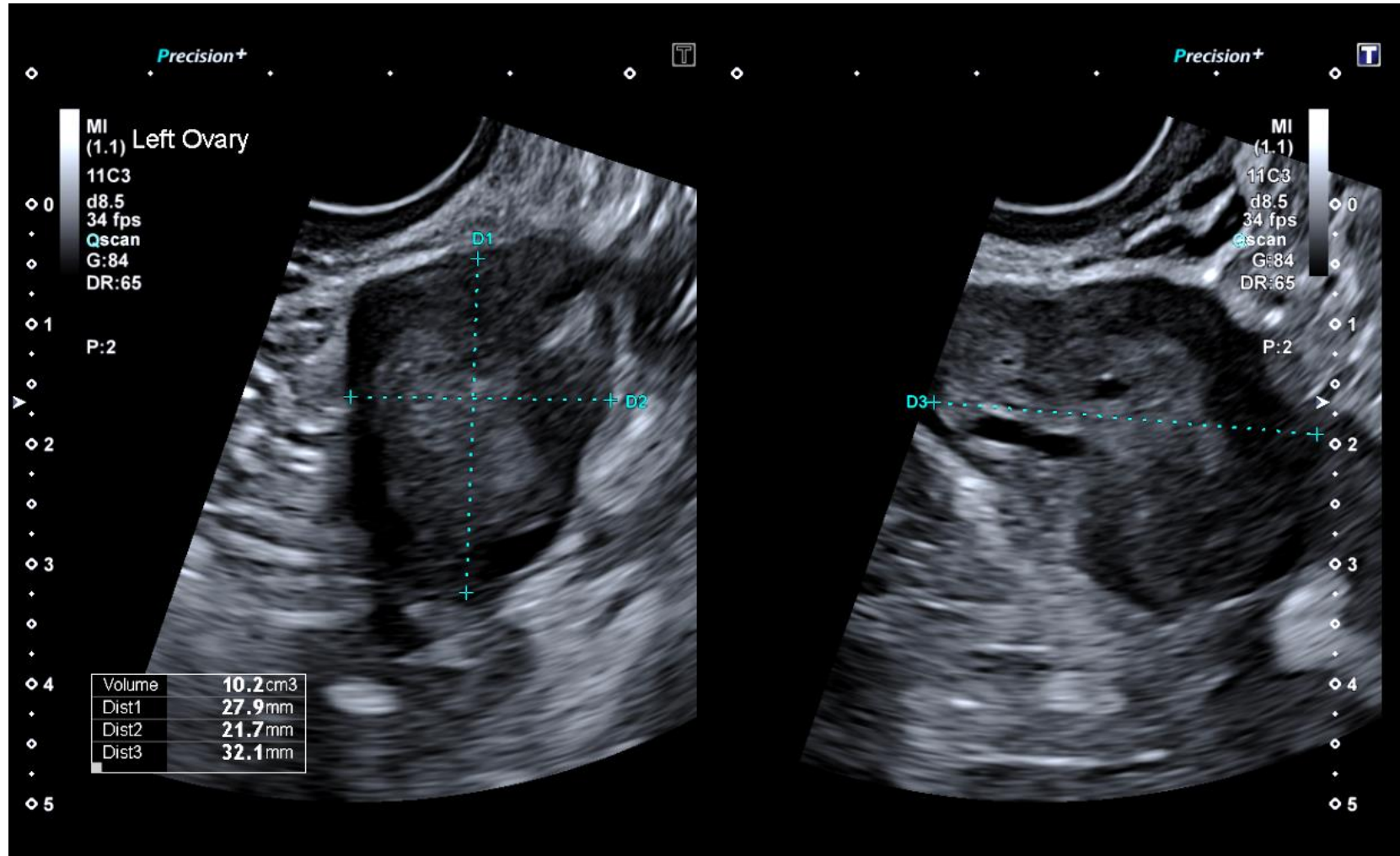
February 2024

Clinical details: GP referral.

No previous relevant imaging. 28 y/o female. BMI 30. Oligomenorrhoea. Not on contraception. Primary infertility. Structural appearances?







Do not progress to next slide until you have attempted to write your own report

US Report:

LMP 16 days ago

TV examination with consent. Chaperone present (Mrs XXX, RDA)

Normal looking uterus. Endometrial thickness of 13 mm in keeping with the secretory phase.

Both ovaries are enlarged with multiple small follicles present. No dominant follicle identified. No free fluid in the POD.

Conclusion:

Bilateral PCO appearances.

- Polycystic Ovarian Syndrome is common
- The cause is unknown but likely multifactorial
- Complications include infertility and an increased risk of endometrial cancer and type 2 diabetes
- PCOS remains a *clinical diagnosis*, following the Rotterdam Criteria, requiring two of three symptoms: oligo-anovulation, hyperandrogenism and/or polycystic ovarian morphology.
- Ultrasound should be considered only when there is a mismatch between clinical presentation and biochemical findings
- Ultrasound for identifying PCO appearances is not recommended by NICE in cases where onset of menarche is less than 8 years

Useful resources:

[Polycystic ovary syndrome - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Polycystic ovary syndrome | Health topics A to Z | CKS | NICE](#)

[Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome - PubMed \(nih.gov\)](#)

[Guideline - Monash Centre for Health Research and Implementation \(MCHRI\)](#)

[Current Guidelines for Diagnosing PCOS - PMC \(nih.gov\)](#)