GYNAECOLOGY ULTRASOUND IMAGING & MANAGEMENT

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Dublin November 2015



Back to basics: Normal appearances and common pitfalls

Gynaecological US examinations - observations

The sonographer should demonstrate:

- normal anatomy/variants including age and menstrual status related appearances of the whole organ in at least two planes. This should include assessment of:
 - size, outline, echotexture and echogenicity.
- pathological findings.

The anatomical structures which the sonographer should be able to examine correctly are:

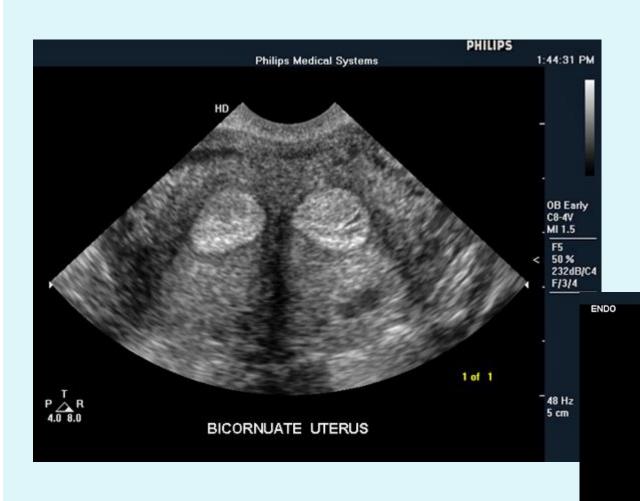
- uterus: position, size, shape and ultrasound characteristics of endometrium and myometrium
- ovaries: position, size, shape and ultrasound characteristics. Number, size and internal echo pattern of follicles where present
- **■**cervix
- **fallopian tubes** where visible
- broad ligaments
- pelvic muscles
- pelvic blood vessels.

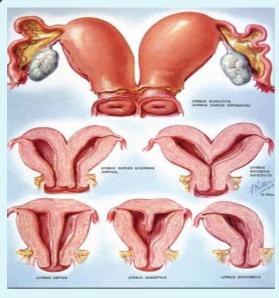
Clinical history

- Reason for referral, age
- Menstrual history
 - **LMP**
 - Cycle history. length, regularity, duration, menopause
- Symptoms
 - Pain, type, duration, ? related to cycle
 - Bleeding, ? heavy, IMB, PMB, amenorrhoea
 - Relevant medication
 - Previous gynaecological surgery / treatment



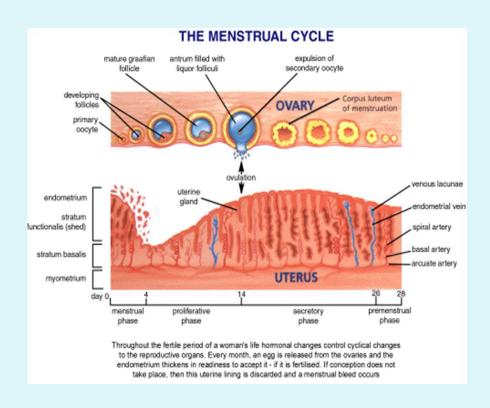
normal anatomy/variants

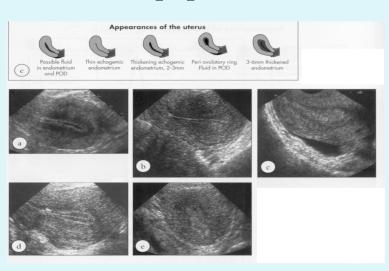


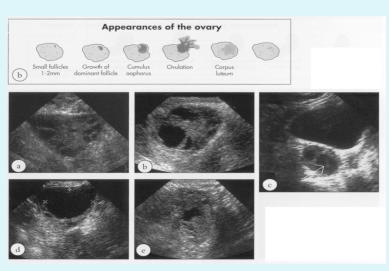




menstrual status related appearances





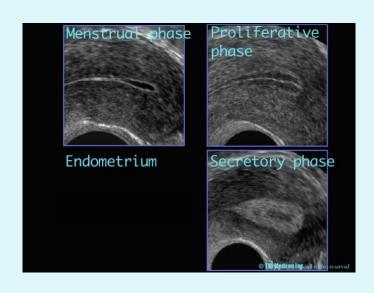


assessment of size

	Uterine Size						
	Length (cm)	Width (cm)	Antero- posterior (cm)	Volume (ml)	Cervix Corpus Ratio		
Adult	6–8	3–5	3–5	30–40	1:2		
(nulliparous) Adult (parous)	8–10	5–6	5–6	60-80	1:2		
Postmenopausal	3–5	2–3	2–3	14–17	1:1		

(From Warwick,⁴⁷ with permission.)

Measure Borders	Pre (1	pubertal 8 I_12 Years	lże)	Repre	oduotive Y	ears	Postme	nopausal	Size
"Outer to Outer"	Length	Thickness	Width	Length	Thickness	Width	Length	Thickness	·Widit
Ulerus	2.8 cm	0.8 cm	1 cm	δ cm– 8 cm	1.5 cm- 3.0 cm	4 cm	3.5 cm- 6.5 cm	1.2 cm- 1.8 cm	
Overles	1 cm	1 cm	1 cm	3 cm	1 cm	2 cm	1.5 cm	n-2 cm	0.5 c
Ovarlan Volumes		0.46 cm ³		1.8	3 cm³-5.7 c	m ⁹	2.5 cm	-3.7 cm	

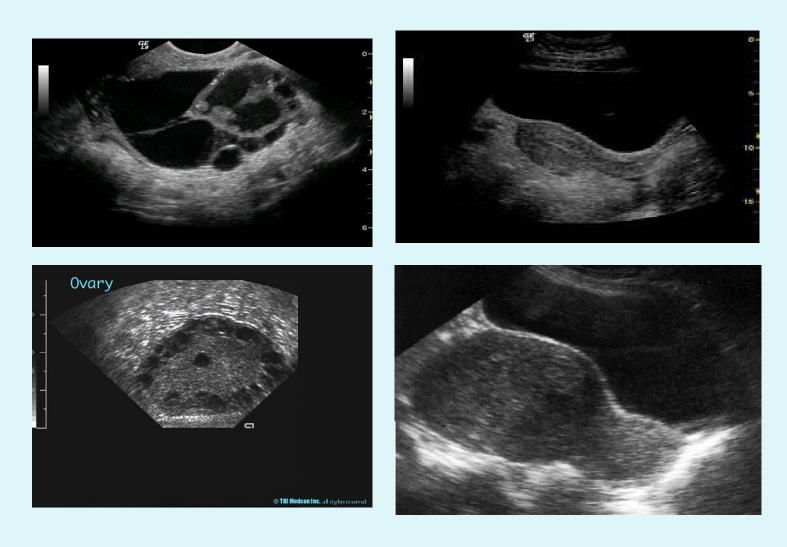




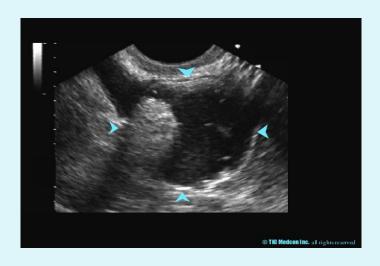




assessment of outline



assessment of echotexture

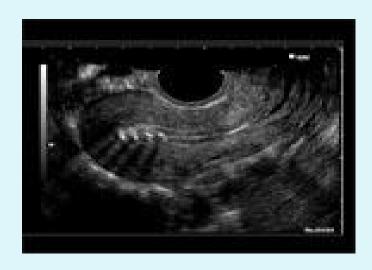




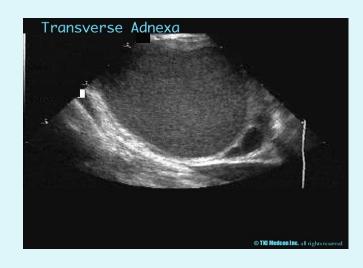




assessment of echogenicity









GYNAECOLOGICAL EXAMINATION WORKSHEET

Uterus: AV/RV

longit. trans. AP

endometrial thickness (mm)

R Ovary: longit. trans. AP

vol.(mls)

L Ovary: longit. trans. AP

vol.(mls)

R Adnexa:

L Adnexa:

Free fluid: No/Yes

 $\sqrt{\ }$ = normal U/S appearance & position x = abnormal U/S appearance & position

Observation worksheet

White Haptis	YNECOLOGICAL ULTRASOUND □ Pelvis Complete (Non-OB) □ Pelvis Limited (Non-OB)
ALCO CONTROL OF THE PARTY OF TH	Transvaginal (Non-OB)
	Tech
PLACE PATIENT STICKER HERE	Hormone Replacement: Yes / No
	LMP//
	CLINICAL INFORMATION (HX., SURG., MEDS, ETC.)
Uterus	
Normal Surg. Absent Non-VIs	
cmcmcm	
Position:	())
Normal Anteverted Retroverted Antefeored Retrofts	med
Endometrium:mm Normal Fluid Pres	ent (
Cul-de-sac: Normal Fluid Present-Anterior / Posterior	1 1
Fibroid: cm cm cm	
AP TRANS LONG	
RT Ovary	
cmcmcm	
and the second of the second o	(
Mass: Cyelic Solid Complex Single Multiple	
Massi: Cyetic Solid Complex Single Multiple cmcmcmAP TRANS LONG	
Mass: Cystic Solid Complex Single Multiple CMCMCM AP TRANS LONG LT Ovary CM CM CM CM	
Mees: Cyelic Solid Complex Single Multiple CM	0
Massa: Cyelic Solid Complex Single Multiple CMCMCM AP TRANS LONG LT Ovary CM CM CM CM	0

Uterus – observation summary

- Position
- Size
- Shape
- Endometrium
- Myometrium
- Ultrasound characteristics

Ovaries – observation summary

- Position
- Size
- Shape
- Ultrasound characteristics
- Follicle. number, size, echo pattern

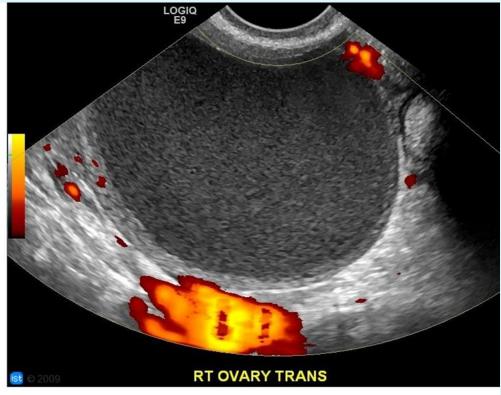
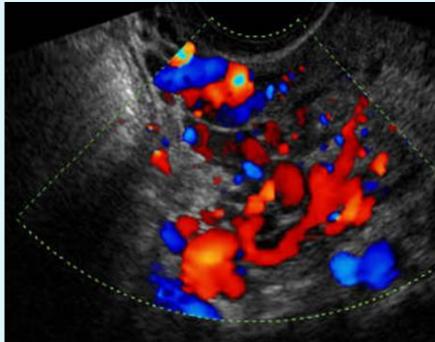


Figure 1. Power Doppler of right adnexal lesion. Image 1 of 3 Next >

Close or Esc Key

Power Doppler image of the right adnexa demonstrates a right adnexal cystic lesion with difuse low level echoes , and **absent** internal vasculairty.





Prominent uterine veins

? IUCD (mirena)





