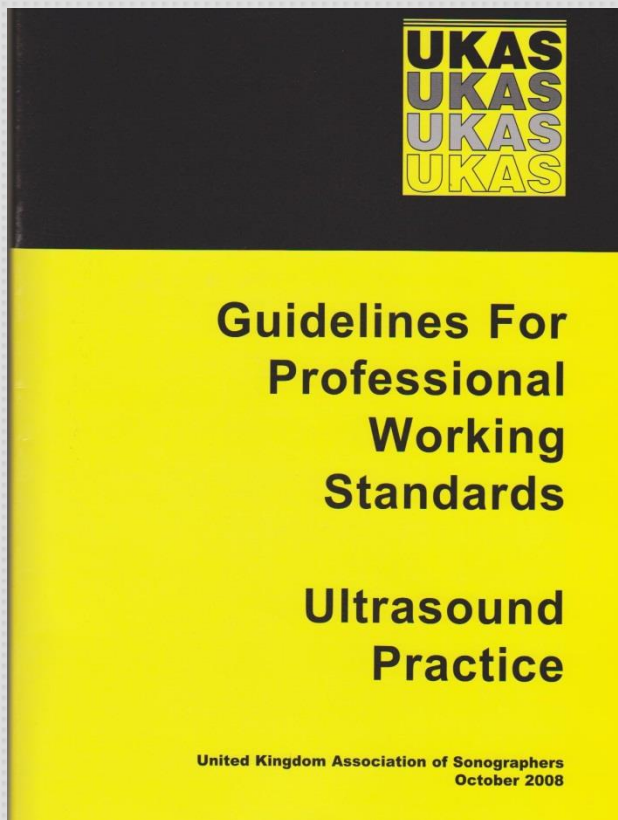


Gynaecological reporting

Jean Wilson
School of Medicine
University of Leeds

Dublin November 2015

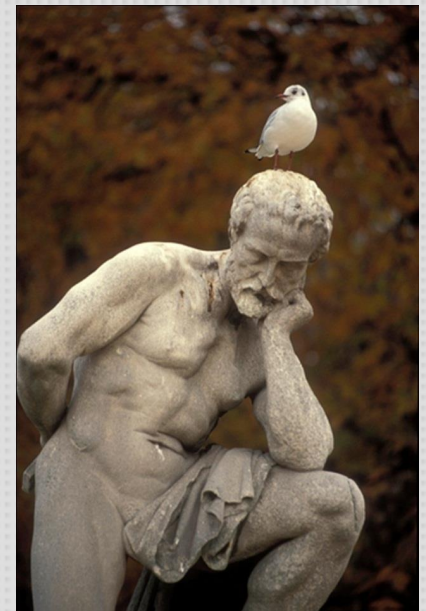
UKAS Guidelines



‘An ultrasound report may be defined as the recording and interpretation of observations from an ultrasound examination’

The imaging examination

- **Before the examination**
 - **What is the clinical question**
- **During the examination**
 - **Specific observations**
- **After the examination**
 - **Judgement / conclusions/diagnosis/ report**



UKAS Guidelines

- **The ultrasound report should be written by the person performing the ultrasound examination and should be viewed as an integral part of the whole examination.**



Pelvic US reporting

- The report should contain the following information:
 - Summary of clinical details
 - Type of examination performed i.e. whether transvaginal and/or transabdominal
 - Report including a conclusion/diagnosis
- It may be useful to have a standardised reporting format for normal gynaecological scans which includes the organs routinely examined and which is acceptable to the imaging department and referring clinicians.

Considerations

- obtaining information regarding the patient's previous medical and menstrual history including stage and cycle
- establishing information relating to any medication e.g. oral contraceptive pill, hormone replacement therapy, Tamoxifen, etc.
- TV ultrasound is the recommended technique for detailed assessment of the endometrium (e.g. referral for post menopausal bleeding) and ovaries (e.g. referral for polycystic ovaries)

US Evaluation

- Bladder, cervix
- Uterus
 - Myometrium - position, size, shape, appearance
 - Endometrium - appearance and thickness
- Ovaries
 - position, size, shape, appearance number, size and internal echo pattern of follicles when present
- Adnexae
 - presence or absence of masses. Appearance and size when present
- Fallopian Tubes
 - assessment where visible
- Pouch Of Douglas
 - presence or absence of fluid and/or masses

Standard observations -pathology

- organ of origin
- location
- size
- Internal echogenicity- cystic, solid, complex, septated, solid foci
- [posterior through transmission]
- borders - definition
- other associated appearances e.g. ascites



Case study

- **35 year old**
- **Ultrasound of pelvis**
- **2 Year history of cystitis**
- **Dyspareunia with tender uterus and adnexae**
 - **Independantly reported by 3 people**

Case study - the reports

- The **uterus and both ovaries** were **well visualised** and **were normal**. **No free fluid noted**. The bladder was normal as were both kidneys.
- **Normal appearances** of anteverted **uterus and both ovaries**. **No masses or free fluid seen**. **No hydronephrosis demonstrated**.
- The **uterus and both ovaries appear normal**. **No adnexal mass or cyst identified**. **No free fluid**.
 - Final Report
The **uterus and both ovaries** were **clearly identified**. **No abnormality demonstrated**. **No hydronephrosis**.

Report checklist

- ✓ **Concise style**
- ✓ **No ambiguous phraseology**
- ✓ **No inappropriate technical language**
- ✓ **Irrelevant information avoided**
- ✓ **Limitations stated**
- ✓ **Address the clinical question**
- ✓ **Abbreviations used carefully**
- ✓ **Conclusive where possible / alternative explanation of appearances**
- ✓ **Exclusion value / significance if relevant**