Gynaecological reporting

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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

- Independently 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