

**ESUR Consensus MRI for Endometriosis: Indications, reporting,  
and classifications**

**ELECTRONIC SUPPLEMENTARY MATERIAL**

# ESUR Standardized Report

## CLINICAL INFORMATION

[<>] years old patient, Gravidity [<>] Parity [<>], day [<>] of the cycle, (number of cesarean sections) referred for clinical suspicion of endometriosis: chronic pelvic pain and/or dysmenorrhea (EVA), and/or deep dyspareunia, and/or dysuria / dyschezia during menstruation, and/ or menstrual scapular pain (side) / Infertility

No history of pelvic surgery or pelvic infection.

Hormonal treatment:

Desire for pregnancy.

Referring Physician: Dr. [<>]

## TECHNIQUE

Performed on 1.5/3.0Tesla machine

Bowel preparation (Fasting, enema (type of enema), and administration of antispasmodic agents (type))

T2-weighted images of the pelvis were obtained in sagittal plane, axial plane, and coronal plane,

3D Cube/Space T2 weighted images/ Thin slice T2 weighted images obtained in oblique plane in the axis of the uterosacral ligaments

3DT1 weighted images of the pelvis.

+/- Vaginal opacification

Image quality: satisfactory/degraded by motion artifacts

## FINDINGS

The uterus is normal in size and shape, anteverted/retroverted, anteflexed/ retroflexed, displaced to right/left, measuring [<>] x [<>] x [<>]mm

The myometrium displays normal signal intensity. absence/presence of fibroids (description with FIGO type)

Absence/presence of internal adenomyosis: diffuse or focal thickening of junctional zone, with/without cystic foci.

The endometrium is normal measuring [<>] in thickness.

Focal endometrial lesion is detected (description)/No detectable intracavitary anomaly.

The cervix is unremarkable/ abnormal (abnormality description)

C-section scar [<>]

The ovaries are normal in size and show presence of multiple/few small follicles. No adnexal mass lesion is detected/adnexal mass (description)

Right/left hydrosalpinx measured at [<>], with fluid or hemorrhagic signal.

Absence /Presence of free fluid in the pelvis

## Adnexal Endometriosis:

Endometriomas/endometriotic implants (side, number, size, central or peripheral, typical or not),

Endometriotic hematosalpinx right/left measured at [<>]

Normal ovarian parenchyma (size)

**Superficial Endometriosis:**

Implants, adhesions

**Deep Endometriosis:**

Mid-central compartment: Torus / Proximal USL/ Posterior vaginal fornix/ Rectovaginal septum/ Anterior/ Posterior external adenomyosis measuring [ $\leq$ ]mm

Postero-central compartment: Rectum / rectosigmoid over [ $\leq$ ] mm in length at [ $\leq$ ] cm from the anal margin. This involvement measures [ $\leq$ ]mm in thickness and concerns [ $\leq$ ] degrees of the circumference  
Single or multiple

Antero-central compartment: Bladder (dome/base/trigone at [ $\leq$ ] mm from the right/left ureteral meatus)

Lateral compartments:

Over visceral fascia: Right/left mediolateral parametrium / Distal right/left USL/ Right/left posterolateral parametrium/ Anterolateral parametrium

Over parietal fascia: Right/left pelvic sidewall / Ischial notch / Levator muscles / Sacral roots

Extrapelvic compartment: Ileocecal-appendiceal junction / sigmoid colon / Anterior abdominal wall

Complete obliteration of the pouch of Douglas with loculated fluid, highlighting pelvic adhesions

**CONCLUSION:**

**Adnexal endometriosis:** Endometrioma (right/left ovarian endometrioma of ... mm, hematosalpinx)

**Superficial peritoneal endometriosis** (implants, adhesions)

**Deep pelvic endometriosis** involving torus, uterosacral ligaments, vagina, and rectosigmoid over x mm with Douglas' symphysis, medio lateral/postero lateral parametrium, and anterolateral involving vesicouterine pouch, bladder, and round ligaments.

**dPEI score XX** mild, moderate, severe with [ $\leq$ ] compartments involved

**IMAGES AND DRAWINGS****Key Images with arrows****Drawings**