



SASUOG

South African Society for Ultrasound in Obstetrics and Gynaecology

BEST PRACTICE GUIDELINE FOR GYNAECOLOGICAL ULTRASOUND EXAMINATIONS

Preparation

1. Inform patient about purpose of scan (whether abdominal or vaginal) and obtain consent to proceed
2. A history must be available to guide recommendations for management

Basic Ultrasound Equipment requirements

- B mode capable
- Curved array (3-6 MHz) and transvaginal probe (6-8MHz)
- Colour Doppler
- Cine-loop function
- Optional: 3 / 4 dimensional capability, and tomographic / multi slice imaging

Documentation and Storage

- Electronic and/or paper report should be stored locally, AND copy made available to referring clinician
- Report should include the following:

Doctor:	Date:
Patient: Name	Surname:
Age:	Parity:
Menopausal: Y/N	
Uterus:	
Length: _____ mm	
Anteroposterior diameter: _____ mm	
Transverse diameter: _____ mm	
Volume: _____ cm ³	
Mobility : normal / reduced / fixed	
Position: anteverted / retroverted	
Myometrium	
Myometrial thickness:	symmetrical / asymmetrical
Myometrial echogenicity:	homogenous / inhomogenous
Vascularity:	translesional / circumferential
Cysts:	Y/N
Fibroids:	
<ul style="list-style-type: none"> • Number: _____ • Location: _____ • Size: _____ • Fibroid mapping (if resection planned): _____ • Proportion of fibroid extending into endometrial cavity: 100 % (grade 0) / > 50% (grade 1) / < 50 % (grade 2) 	
Endometrium:	
Endometrial midline: Linear/ Non linear/ Irregular/ Not defined	
Endometrial Thickness (widest area): _____ mm	
Echogenicity: 3 layer pattern / hypoechogenic / isoechogenic / hyperechogenic	
Endometrial-myometrial junction: regular / irregular / interrupted / not defined	
Intracavitary fluid: none / anechogenic / ground glass / mixed	
Colour Doppler: no flow / reduced flow / moderate / abundant flow	
Endometrial outline (if fluid in cavity): smooth / endometrial folds / polypoid / irregular	

Cervix:

Length: _____ mm

Naboth cysts: Y/N

Fibroids: Y/N _____ mm

Ovaries:

Both seen: Y/N

	Left	Right
Size:	_____ mm	_____ mm
Volume	_____ cm ³	_____ cm ³
Cysts:	Y/N	Y/N
Physiological:	Y/N	Y/N

Cyst content: Anechoic / low level echoes / ground glass / haemorrhagic / mixed / solid

Vascular features: no flow / minimal / moderate / abundant flow

Septations present: Y/N Incomplete / complete

Papillary projections: Y/N Blood flow: none / strong

Acoustic shadowing: Y/N

Fallopian tubes:

Hydrosalpinx: Y/N

Incomplete septations / anechoic content / elongated cystic structure / cog wheel / beads on a string

Tubo-ovarian complex mass: Y/N

Comment: _____

Assessment for deep infiltrating endometriosis:**Anterior compartment**

- bladder
- ureters
- utero-vesical pouch

Posterior compartment

- bowel nodules: single / multiple

- rectovaginal septum: tender / thickened / nodule
 - uterosacral ligament: tender / thickened / nodule
 - vaginal fornix: tender / thickened / nodule
 - Pouch of Douglas: mobile / partially obliterated / obliterated
 - DIE nodules: bladder / USL / RVS / posterior fornix
- Size of nodules: _____mm

Disclaimer:

This document has been developed by interdisciplinary healthcare teams utilising the best available evidence and resources believed to be accurate and current at the time of release. They are intended to provide general advice and guidance on which to base clinical decisions. SASUOG takes no responsibility for matters arising from changed circumstances or information that may have become available after issued. They must not be solely relied on or used as a substitute for assessing the individual needs of each patient.

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