L’échographie de la vie

Quand l’image devance le désir d’enfant

Congrès Gynazur 12 juin 2026

Dr Lidiane Rocha-Serri
Marseille

Le murmure des follicules : **Décrypter le language invisible de l'ovaire**

Voyage au coeur du sanctuaire : **L'utérus sous l'oeil de l'expert**

Au delà du noir et du blanc : **La révolution 3D/4D dans le bilan d'infertilité**

Le doppler en infertilité : **Flux, reflux et secrets de la réceptivité utérine**

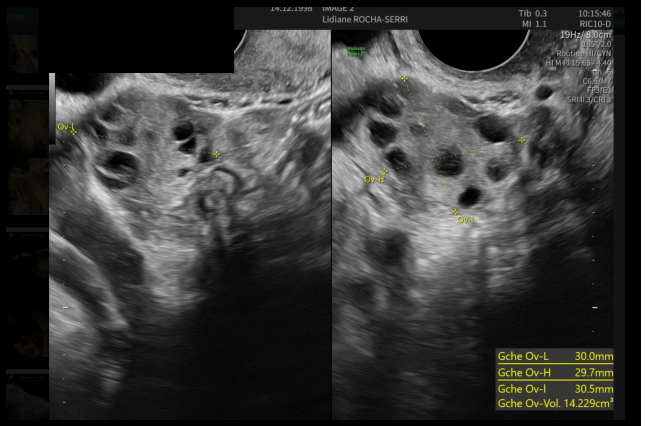
Infertilité inexpliquée : **Et si l'image nous en disait plus que le sang ?**

Endométriose et fertilité : **Démasquer l'invisible à l'écran**

Le murmure des follicules : Décrypter le language invisible de l’ovaire

CFA historiquement J2-J5 mais fenêtre plus large

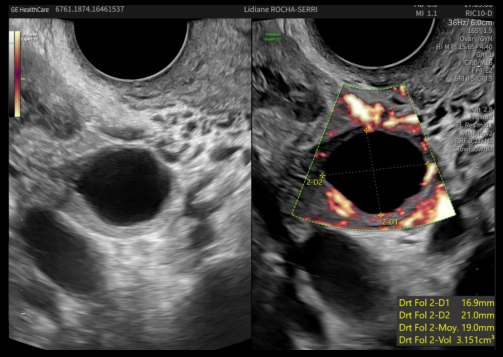
Razafinsalama Bourdet et al Random antral follicule count performed on any day of the menstrual cycle has the same predictive value as AMH 2022 Human reprod



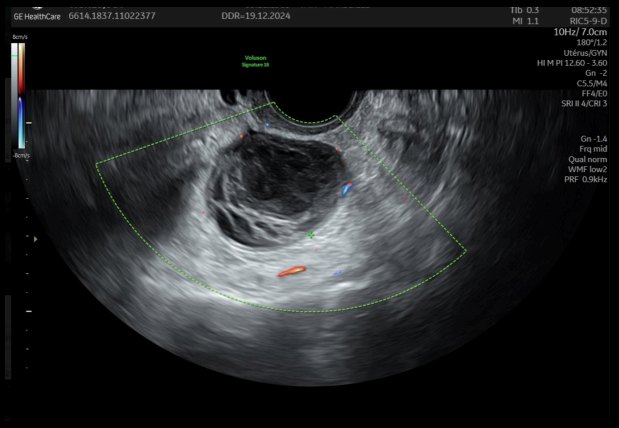
Croissance folliculaire



Sélection du follicule dominant J5-J7



Follicule dominant 18 mm (16-24)



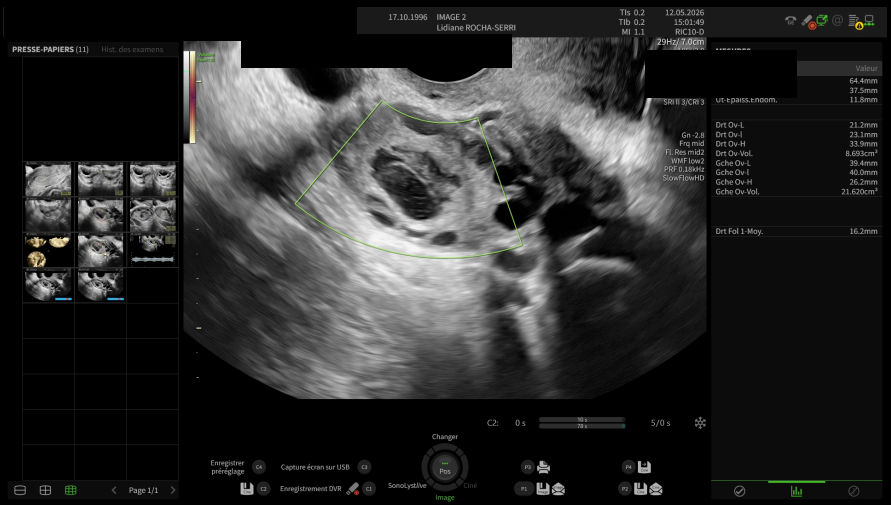
Corps jaune

La vascularisation folliculaire

Début de cycle IR élevés (0,55-0,60) flux stromal

Avant l'ovulation IR ↘ (0,45-0,50) vascularisation follicule dominant ++

Phase ovulatoire IR bas (0,35-0,45) couronne vasculaire > 75%



Phase lutéale IR ↗ (0,45-0,50)

Campbell S Lancet 1993 - Kupesic S 2001 Raine Fenning 2003

Pièges

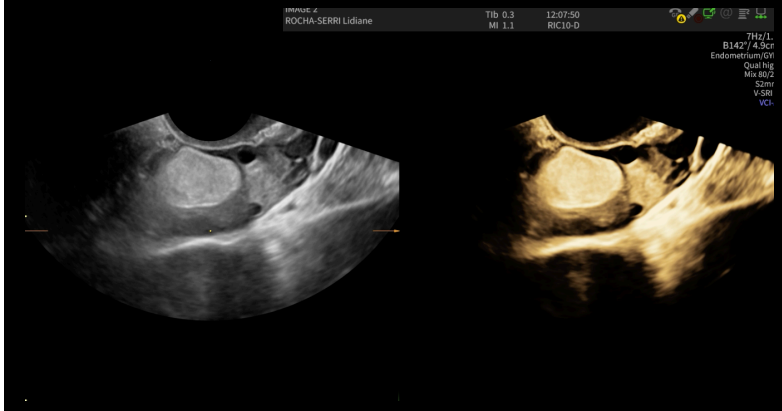
CFA sous contraceptif hormonal : diminué de 16 à 20 %

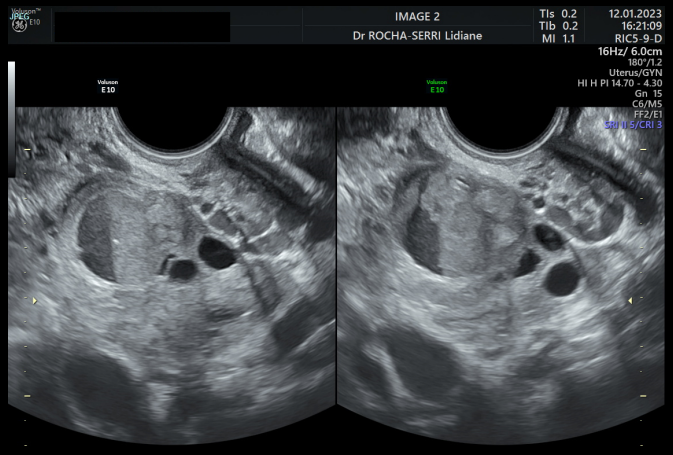
Ovarian reserve parameters: a comparison between users and non users of hormonal contraception Bentzen et al. 2012 Reprod Biomed

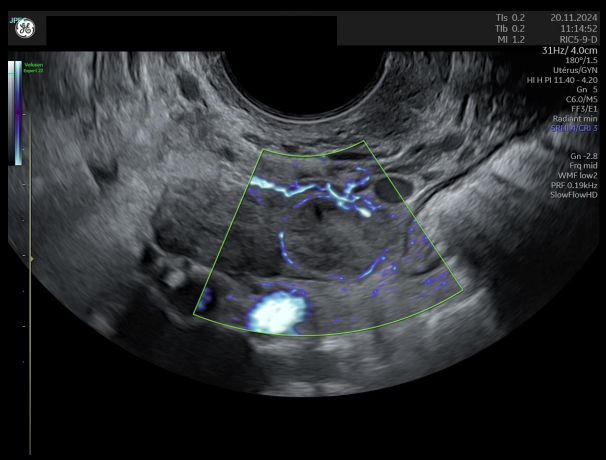
Ovaires multifolliculaires/SMOP

CFA normal / anomalie croissance folliculaire

Kystes fonctionnels/organiques/endométriomes/Corps jaunes





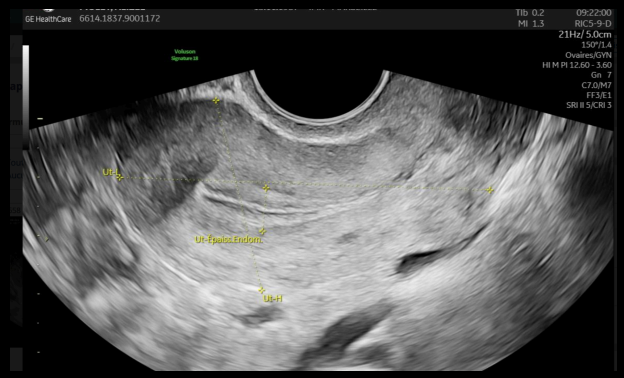


Voyage au coeur du sanctuaire : L'utérus sous l'oeil de l'expert









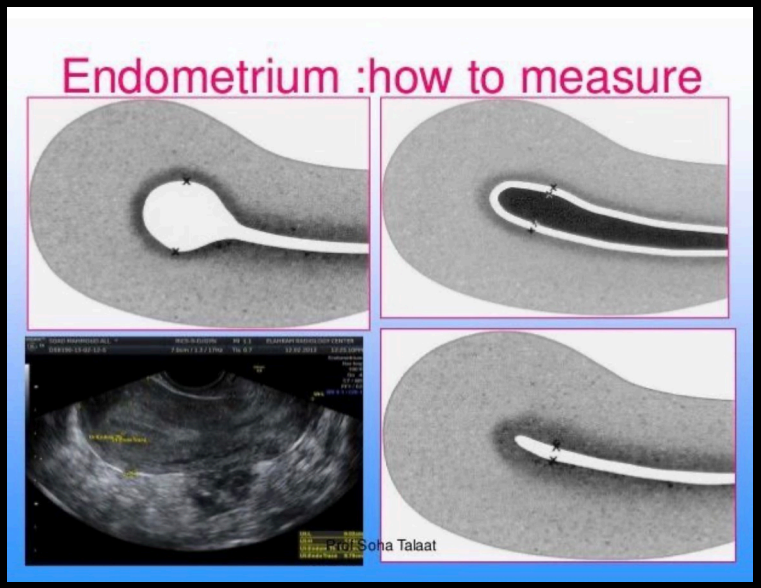


Type A
Triple feuillet

Type B
Triple feuillet diminution des contrastes

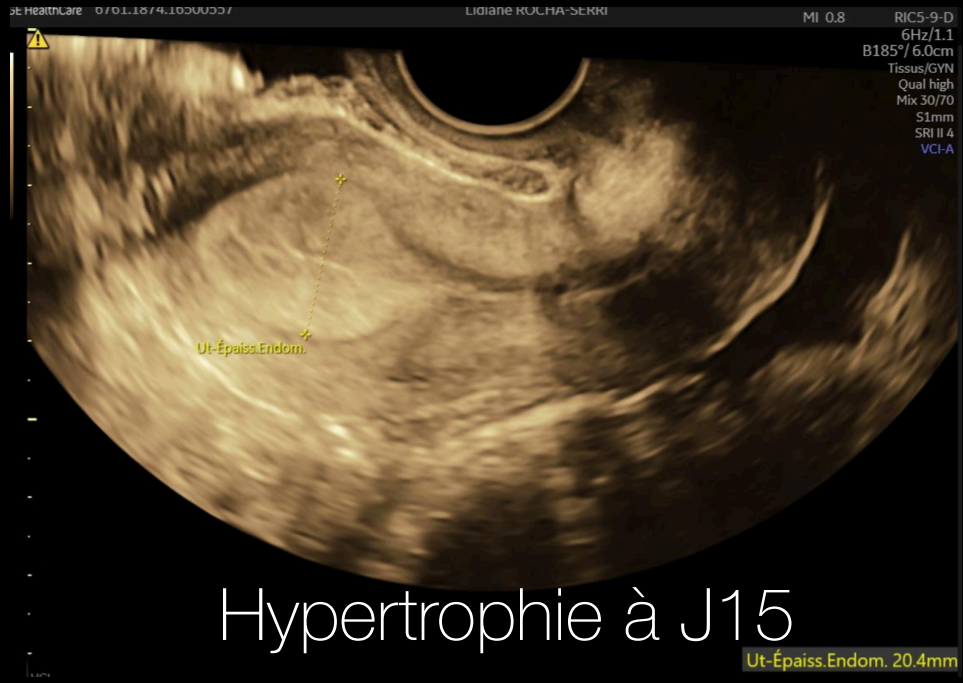
Type C
Endomètre hyperéchogène

L’endomètre



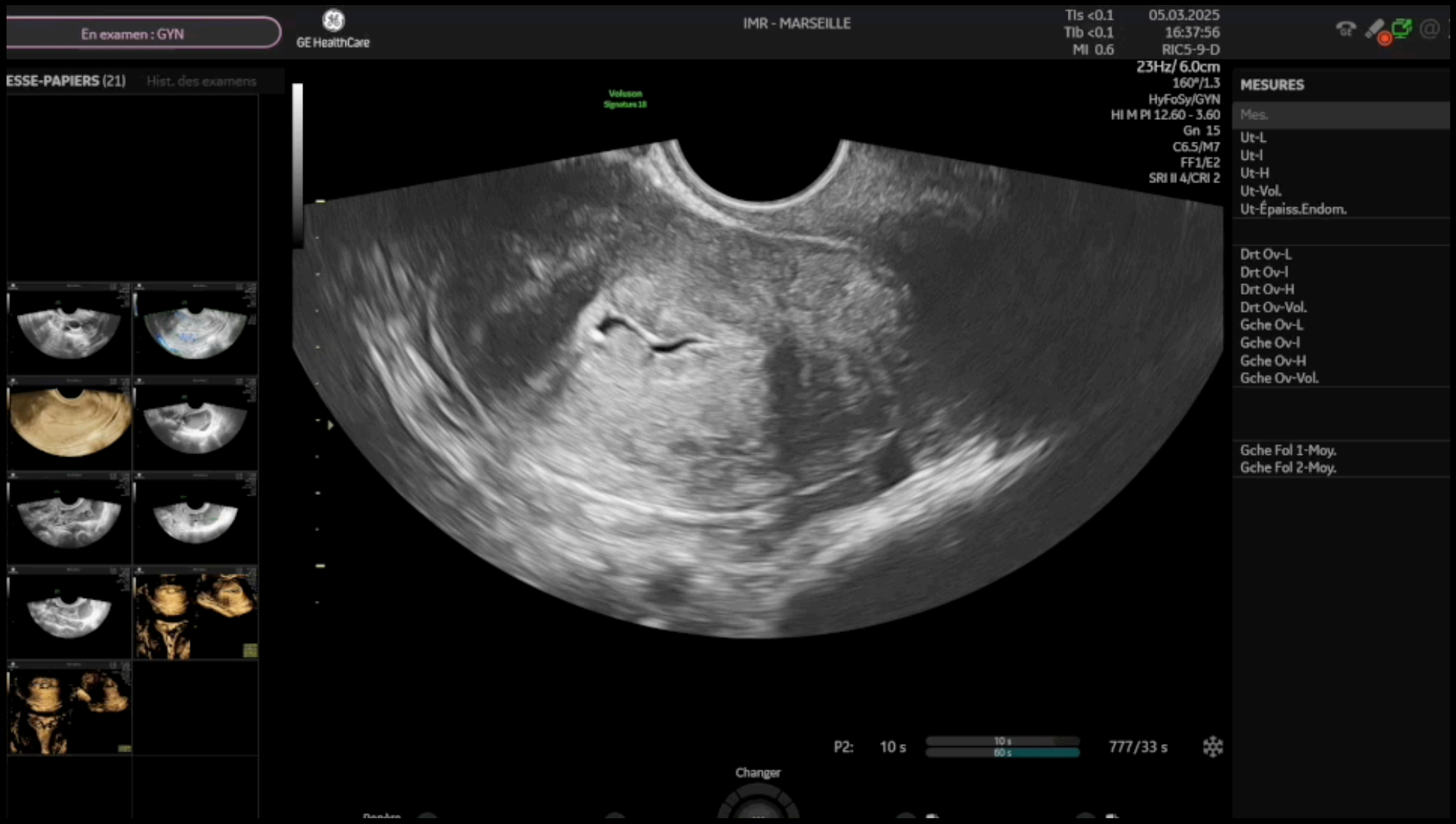


Endomètre fin à J10

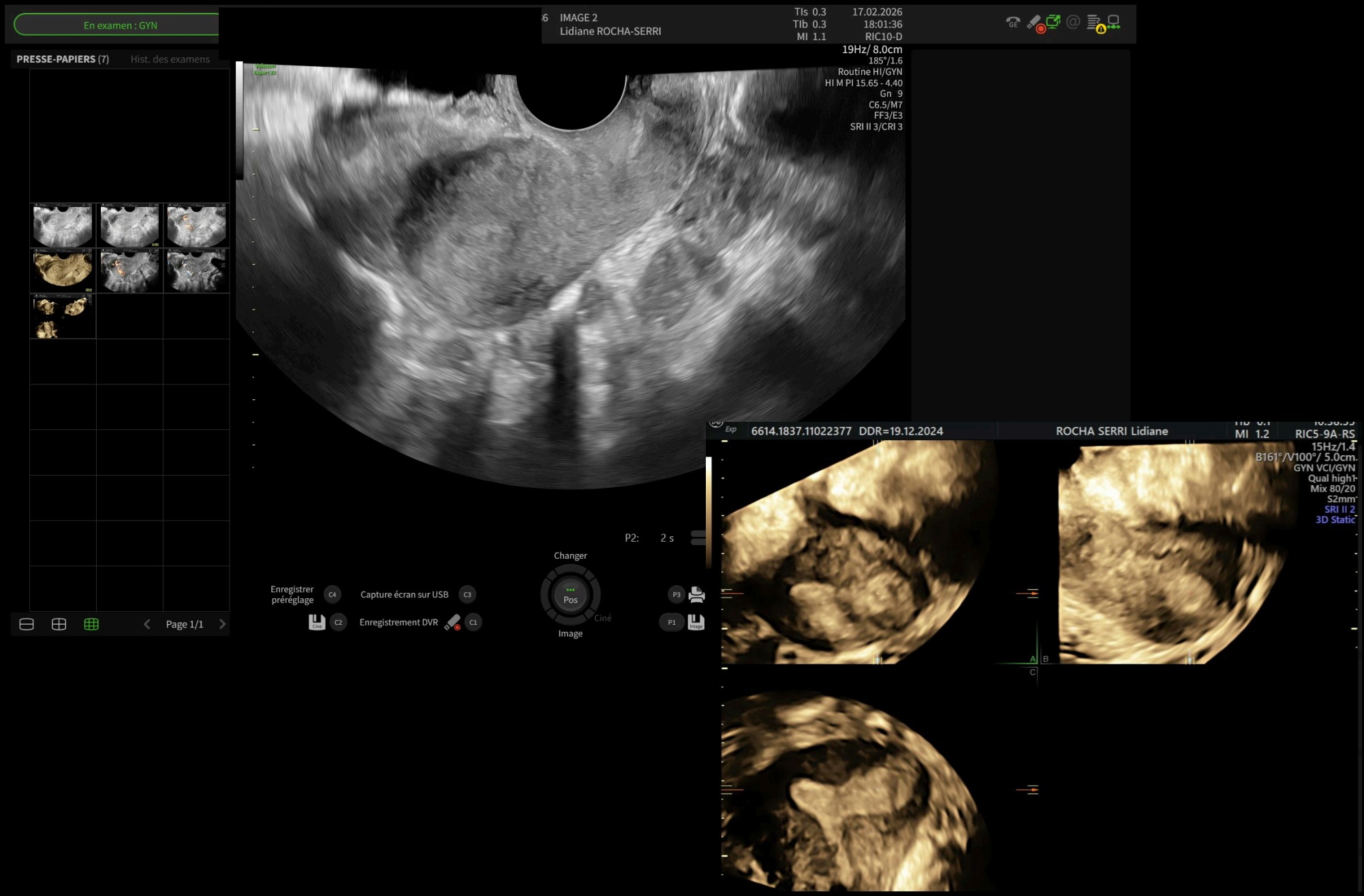


Hypertrophie à J15

Les anomalies intra cavitaires



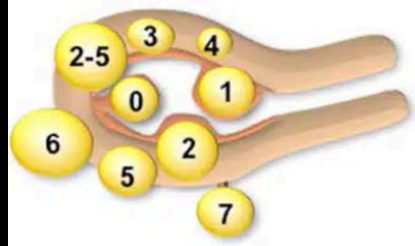
Résidus intra utérins



Les myomes

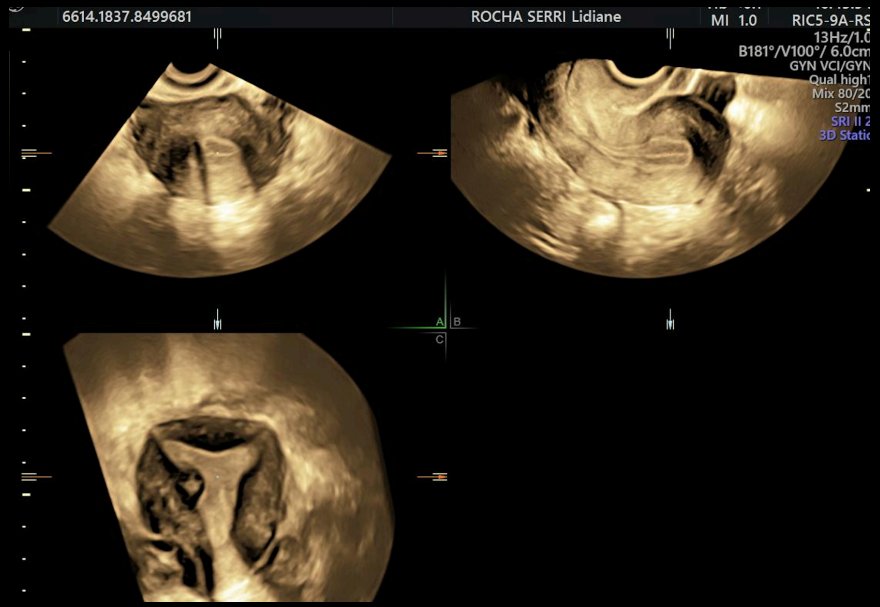
Classification FIGO

Système de sous-classification des léiomyomes



S – Sous-muqueux	0	Pédiculé, endocavitaire
	1	< 50 % intramural
	2	≥ 50 % intramural
A – Autres	3	Est en contact avec l'endomètre; 100 % intramural
	4	Intramural
	5	Sous-séreux, ≥ 50 % intramural
	6	Sous-séreux, < 50 % intramural
	7	Sous-séreux, pédiculé
	8	Autre (à préciser, p. ex. cervical, parasitaire)

Léiomyomes hybrides (affectent tant l'endomètre que la séreuse)	Deux des nombres sont liés par un trait d'union. Par convention, le premier de ces nombres désigne la relation avec l'endomètre, tandis que le deuxième désigne la relation avec la séreuse. Un exemple apparaît ci-dessous.	
	2-5	Simultanément sous-muqueux et sous-séreux, moins de la moitié du diamètre se trouvant à la fois dans la cavité endométriale et dans la cavité péritonéale



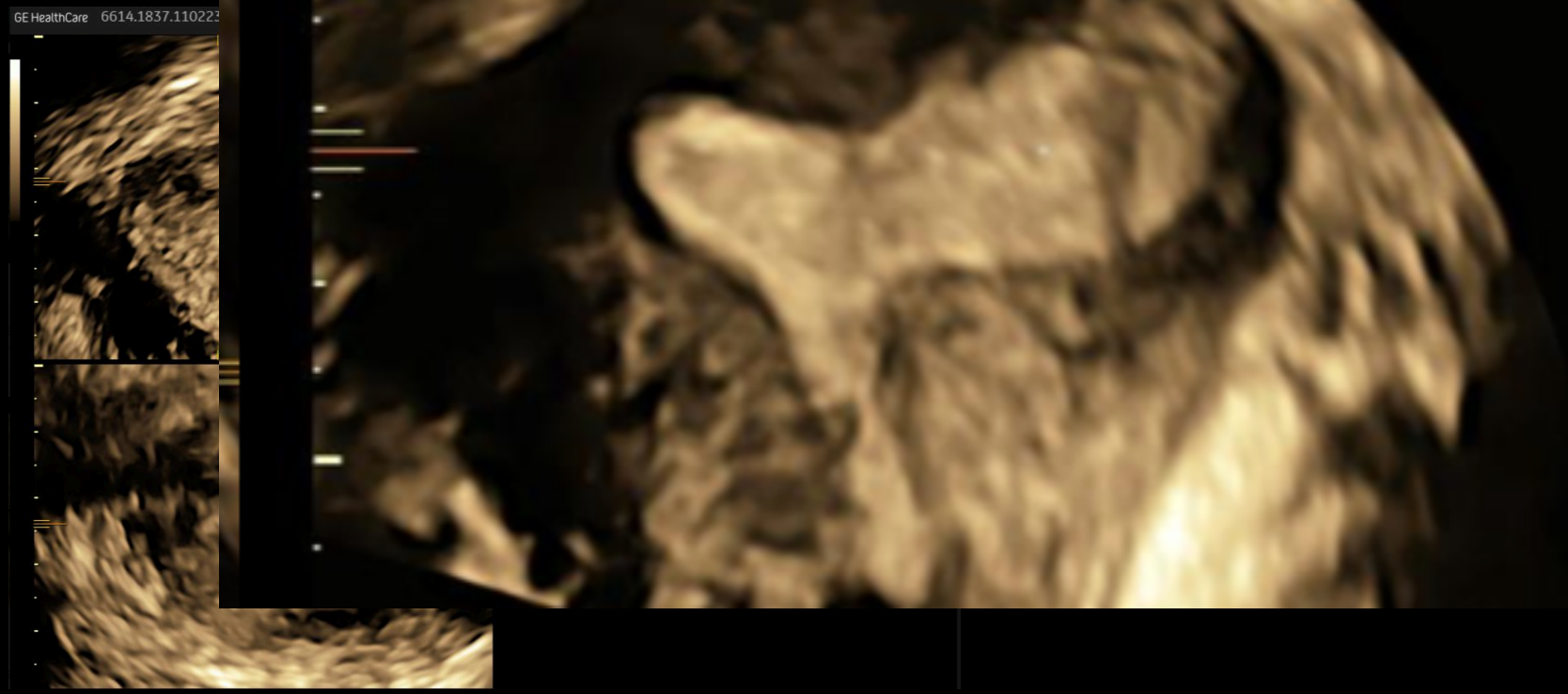


La synéchie


GE HealthCare
IMR - MARSEILLE
DDR=16.01.2026

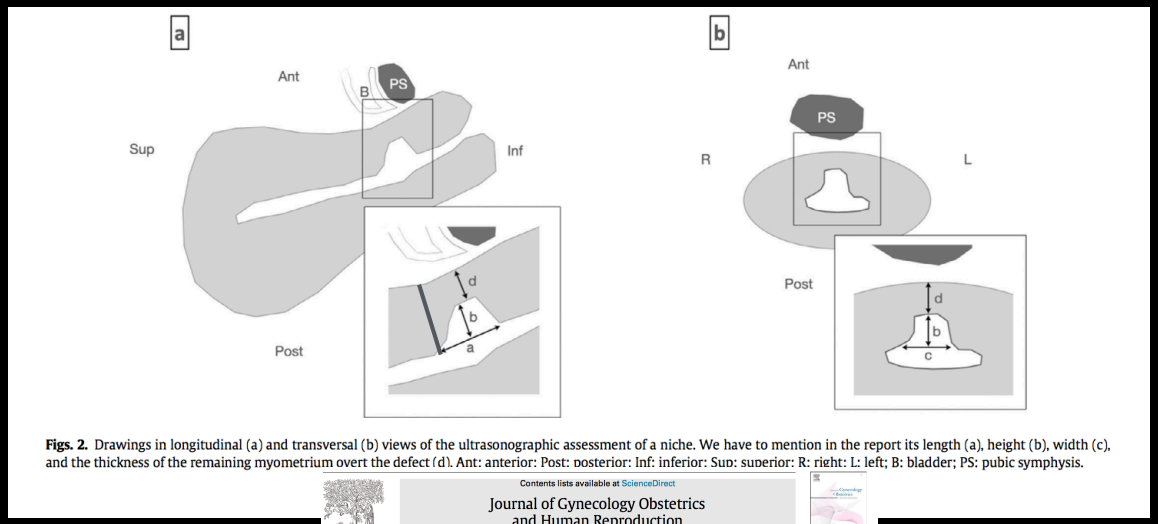

GE HealthCare
IMR - MARSEILLE
DDR=16.01.2026
Dr Claire Jean


GE HealthCare
DDR=16.01.2026


GE HealthCare

Les pathologies utérines

Isthmocèle



Figs. 2. Drawings in longitudinal (a) and transversal (b) views of the ultrasonographic assessment of a niche. We have to mention in the report its length (a), height (b), width (c), and the thickness of the remaining myometrium overt the defect (d). Ant: anterior; Post: posterior; Inf: inferior; Sup: superior; R: right; L: left; B: bladder; PS: pubic symphysis.

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com

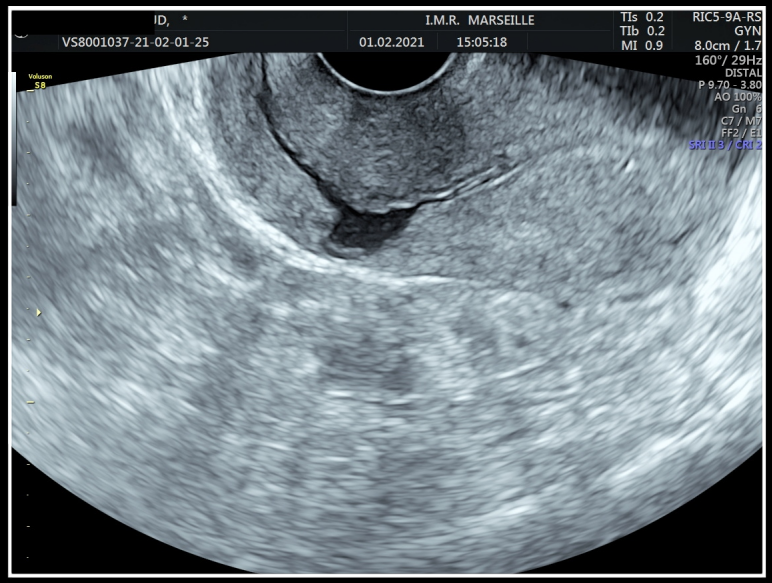
Review

Can uterine niche be prevented?

Claire Delage de Luget[a], Elise Becchis[a], Hervé Fernandez[b], Olivier Donnez[c], Edwin Quarello[a,d,*]

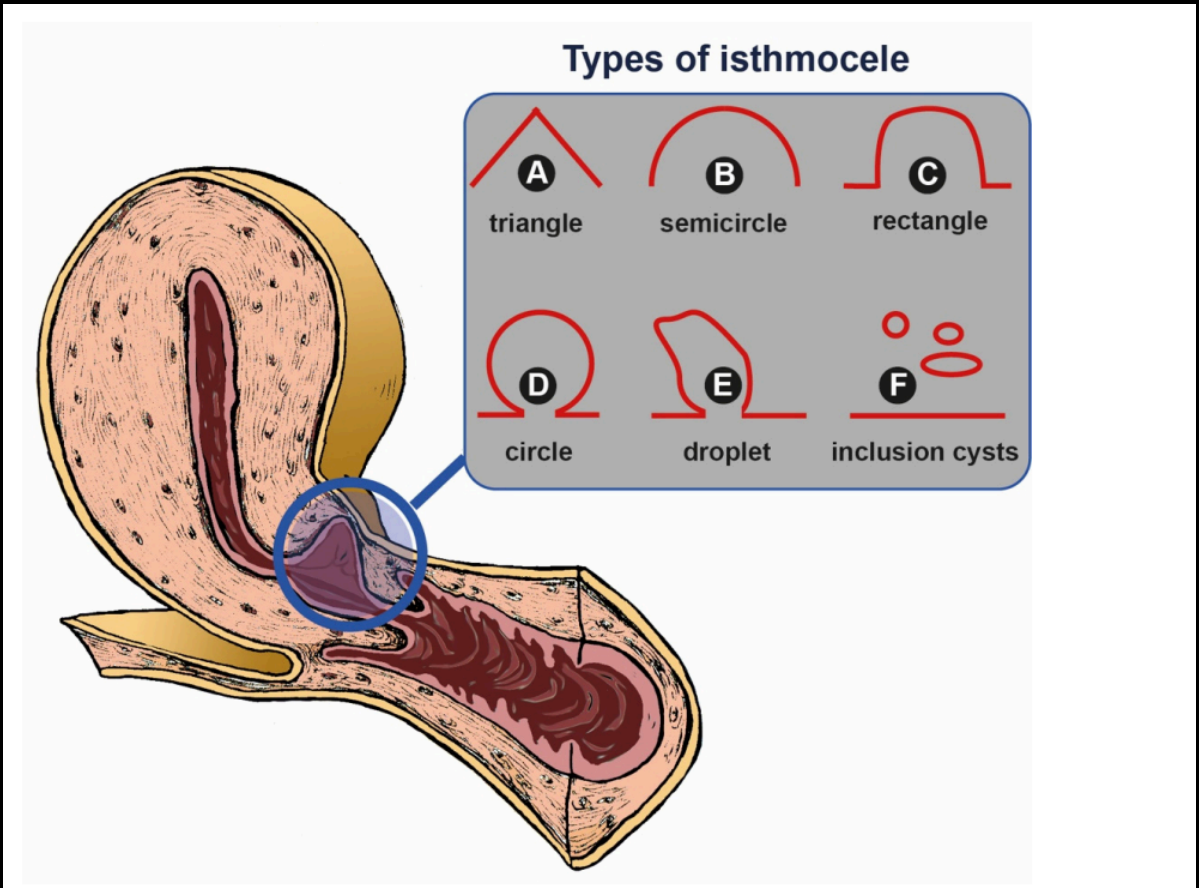
[a] Service de Gynécologie-Obstétrique-AMP, Hôpital Saint Joseph, 26 Bd de Louvain, 13285 Marseille Cedex, France
[b] Service de gynécologie et obstétrique, Hôpital de Bicêtre, Université Paris-Saclay, AP-HP, Le Kremlin Bicêtre, Gif-sur-Yvette, France
[c] Institut du sein et de Chirurgie gynécologique d'Avignon (ICA), Polyclinique Urbain V (Groupe Elsan), Avignon, France
[d] Centre Imagez, 6 rue Rocca, 13008 Marseille, France





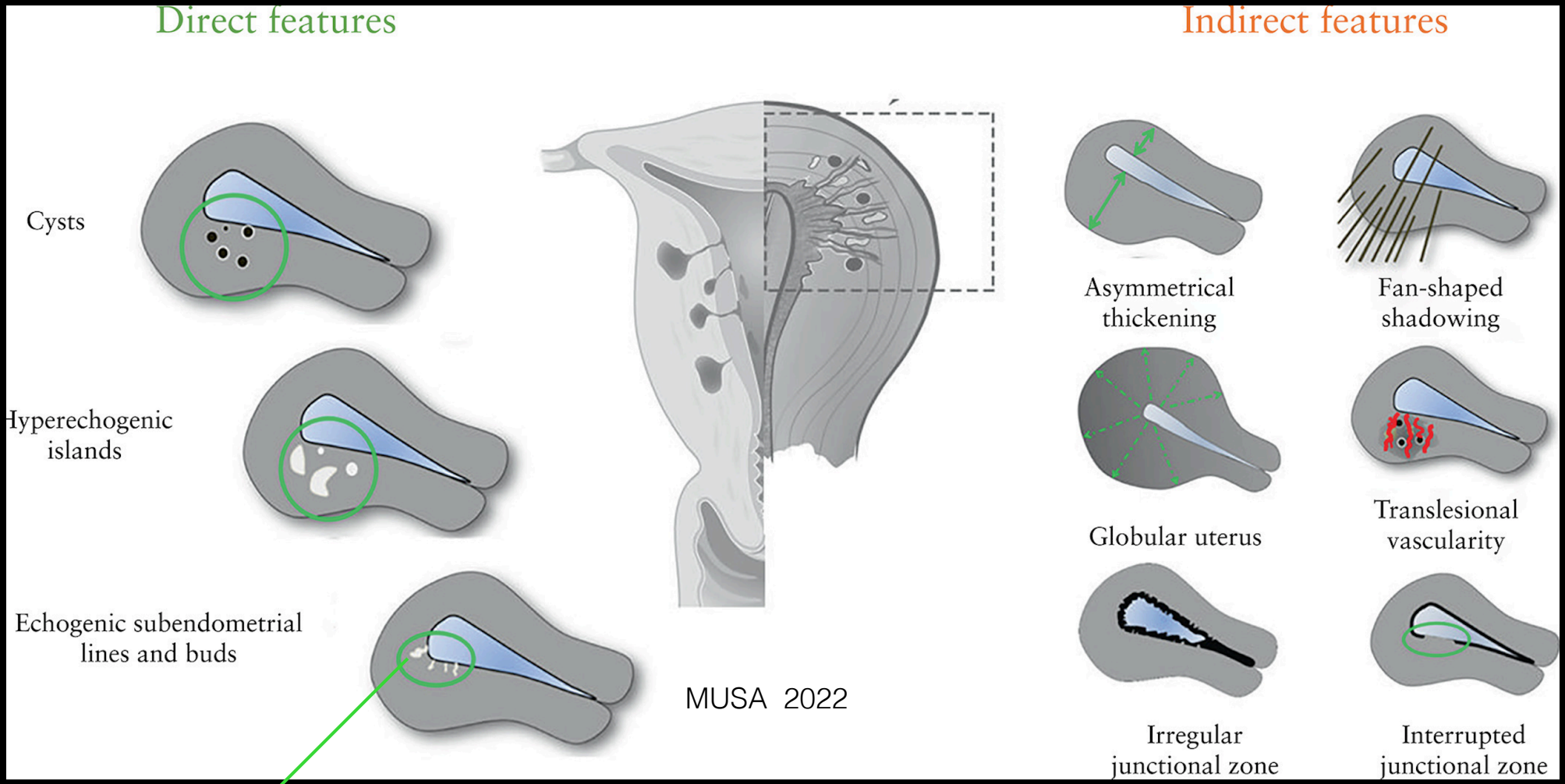
Les pathologies utérines

Isthmocèle



Bij de Vaate, A.J.; Linskens, I.H.; van der Voet, L.F.; Twisk, J.W.; Brölmann, H.A.; Huirne, J.A. Reproducibility of three-dimensional ultrasound for the measurement of a niche in a cesarean scar and assessment of its shape. Eur. J. Obstet. Gynecol. Reprod. Biol. 2015, 188, 39–44. [CrossRef] [PubMed]

Adénomyose

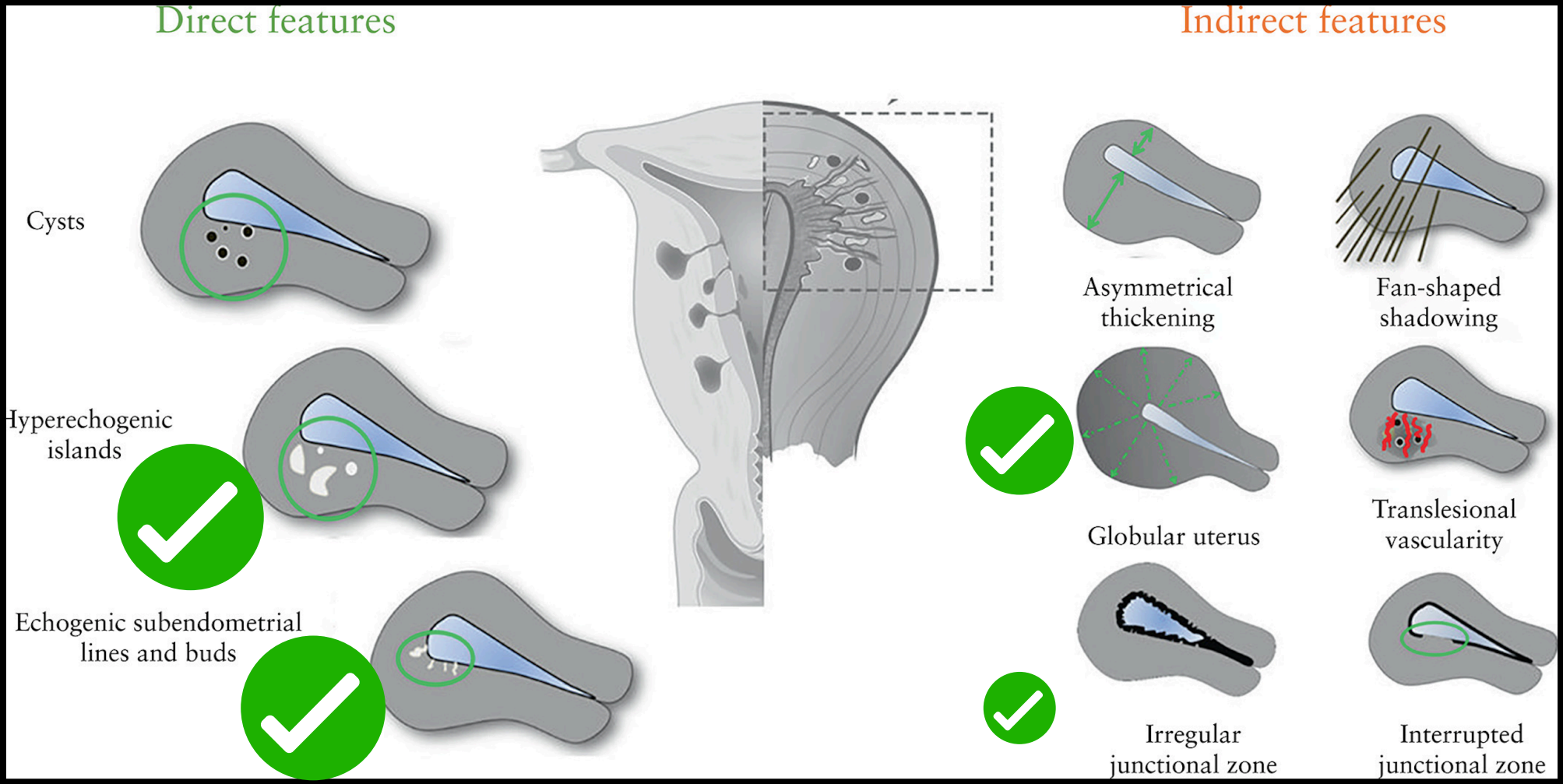


Acute angle buds <90°

Obtuse angle buds >90°

Biasioli 2024

Adénomyose

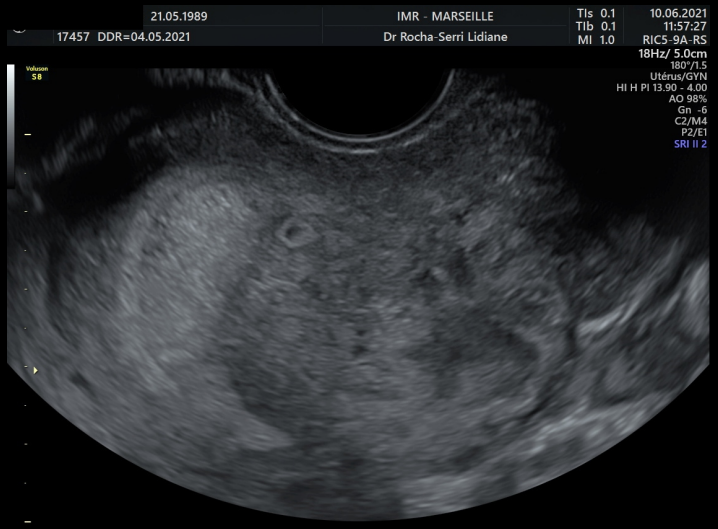


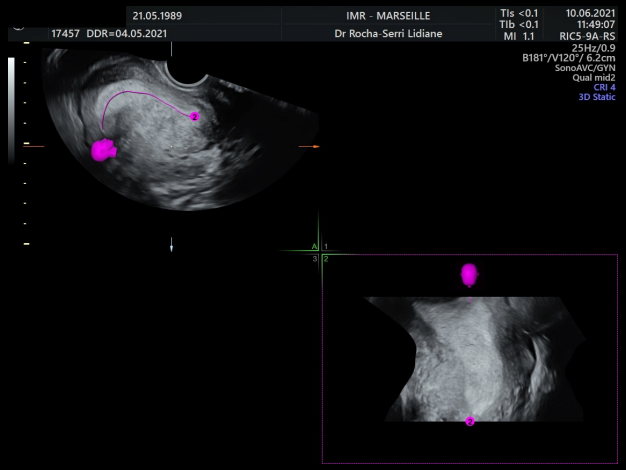
Prediction of adenomyosis according to revisited definitions of MUSA features Yavuz 2024

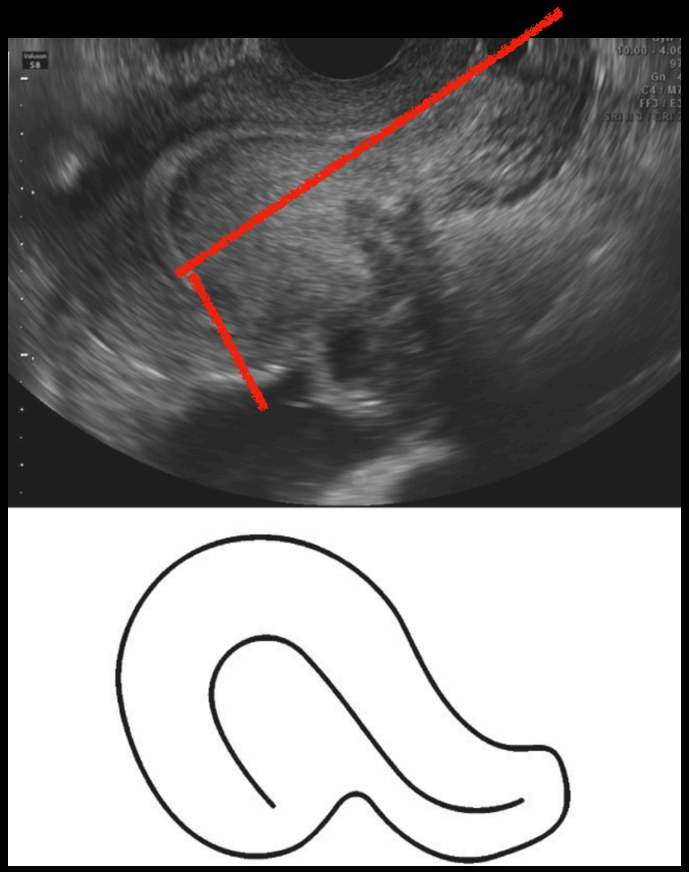
1-2 critères = faible valeur diagnostique
3-4 critères = suspicion forte

> 4 critères = prédictif d'adénomyose histologique

Adénomyose





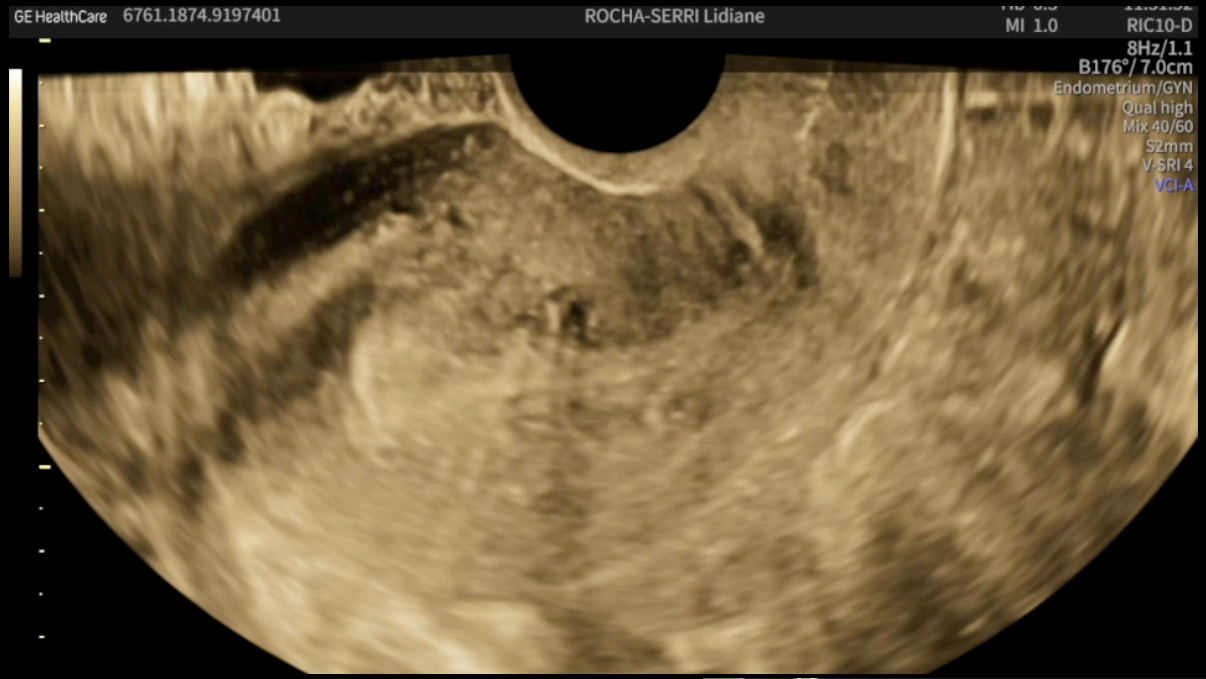


Di donato et Al 2015
Xholli et Al 2022

Question mark sign

Angle de flexion utérine (UCFA) > 210°

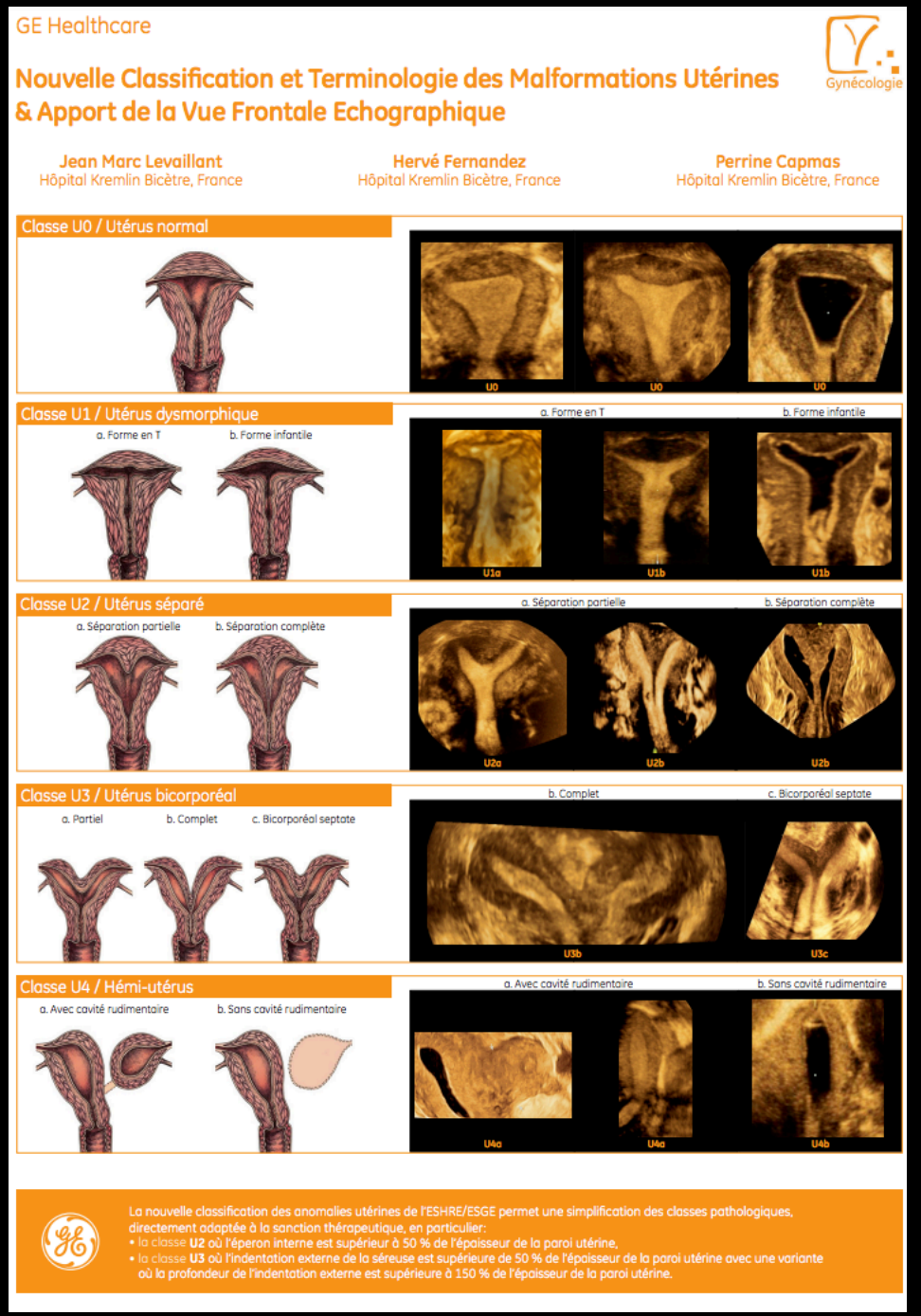
Adénomyose


GE HealthCare 6761.1874.9197401
ROCHA-SERRI Lidiane
MI 1.0
RIC10-D
8Hz/1.1
B176°/ 7.0cm
Endometrium/GYN
Qual high
Mix 40/60
S2mm
V-SRI 4
VCI-A


GE HealthCare
IMR - MARSEILLE
Tlb 0.1
MI 1.2
17:46:51
RIC5-9-D
20Hz/ 4.0cm
160°/1.4
Utérus HI/GYN
HI M PI 12.60 - 3.60
Gn 5
C6.0/M7
FF2/E2
SRI II 4/CRI 3
MESURES
Mes.
Ut-Épaiss.Endom.

Les malformations utérines

2D 3D +++
Mesures - Angles
Hystérosonographie +/-
Analyse des reins



Les malformations utérines

Ultrasound Obstet Gynecol 2020; **55**: 815–829
Published online in Wiley Online Library (wileyonlinelibrary.com). **DOI:** 10.1002/uog.20845

Congenital Uterine Malformation by Experts (CUME): diagnostic criteria for T-shaped uterus

A. LUDWIN[1,2], M. A. COELHO NETO[3,4], I. LUDWIN[1,2], C. O. NASTRI[3], W. COSTA[3,4], M. ACIÉN[5], J. L. ALCAZAR[6], B. BENACERRAF[7], G. CONDOUS[8], A. DECHERNEY[9], R.-L. DE WILDE[10], M. P. DIAMOND[11], M. H. EMANUEL[12,13], S. GUERRIERO[14], W. HURD[15], D. LEVINE[16], S. LINDHEIM[17], A. PELLICER[18], F. PETRAGLIA[19], E. SARIDOGAN[20] and W. P. MARTINS[3,4]

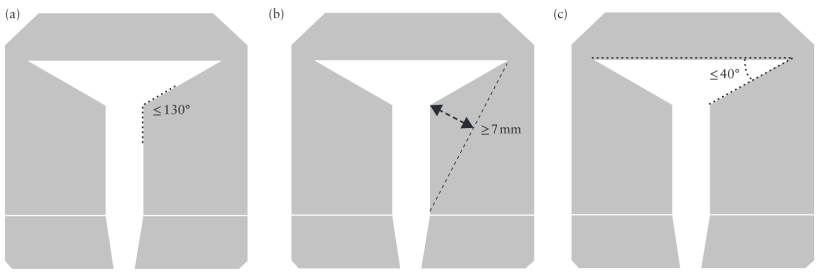


Figure 6 T-shaped uterus as defined by CUME, according to presence of three criteria beyond particular cut-offs: (a) lateral indentation angle ≤ 130°, (b) lateral indentation depth ≥ 7 mm and (c) T-angle ≤ 40°. Presence of two of these three criteria is defined as borderline T-shaped uterus, whereas lack or presence of only one of these criteria is defined as normal uterus with respect to lateral uterine morphology. This definition is supported by reliability and diagnostic accuracy testing of measurements, and by post-test probability > 90% for target population, considering diagnosis made most often by experts as reference (i.e. CUME).

Ultrasound Obstet Gynecol 2018; **51**: 101–109
Published online in Wiley Online Library (wileyonlinelibrary.com). **DOI:** 10.1002/uog.18923

Congenital Uterine Malformation by Experts (CUME): better criteria for distinguishing between normal/arcuate and septate uterus?

A. LUDWIN[1,2], W. P. MARTINS[3,4], C. O. NASTRI[4], I. LUDWIN[1,2], M. A. COELHO NETO[3], V. M. LEITÃO[3], M. ACIÉN[5], J. L. ALCAZAR[6], B. BENACERRAF[7], G. CONDOUS[8], R.-L. DE WILDE[9], M. H. EMANUEL[10,11], W. GIBBONS[12], S. GUERRIERO[13], W. W. HURD[14], D. LEVINE[15], S. LINDHEIM[16], A. PELLICER[17], F. PETRAGLIA[18] and E. SARIDOGAN[19]

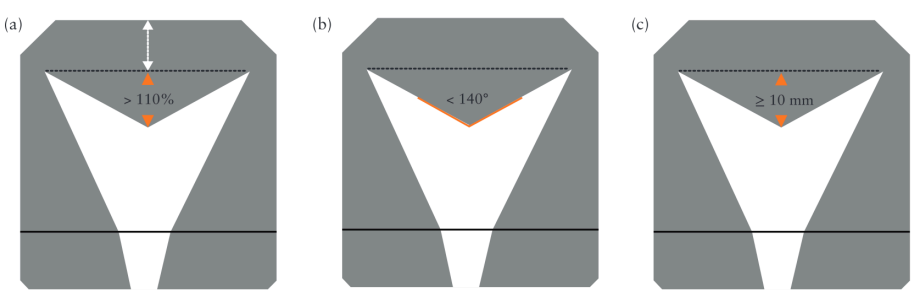
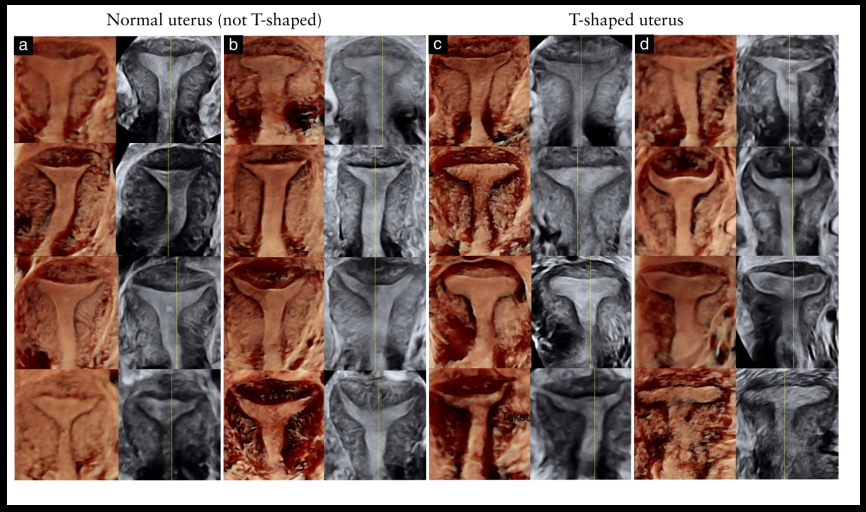
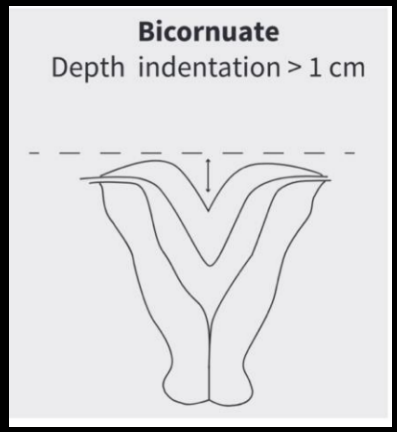


Figure 2 Criteria and best cut-offs for distinguishing between normal/arcuate and septate uterus: (a) indentation depth; (b) indentation angle; (c) indentation-to-wall-thickness ratio. Indentation depth had highest interobserver reliability and was simplest to measure. Dotted horizontal line denotes intercornual line.

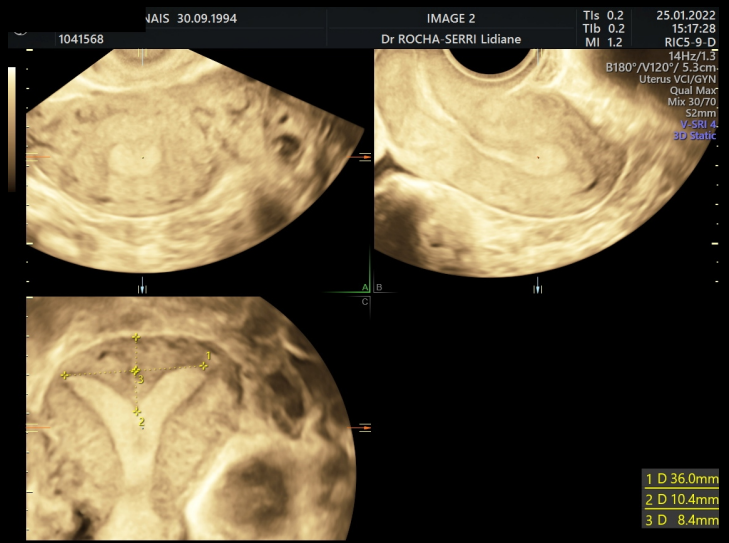


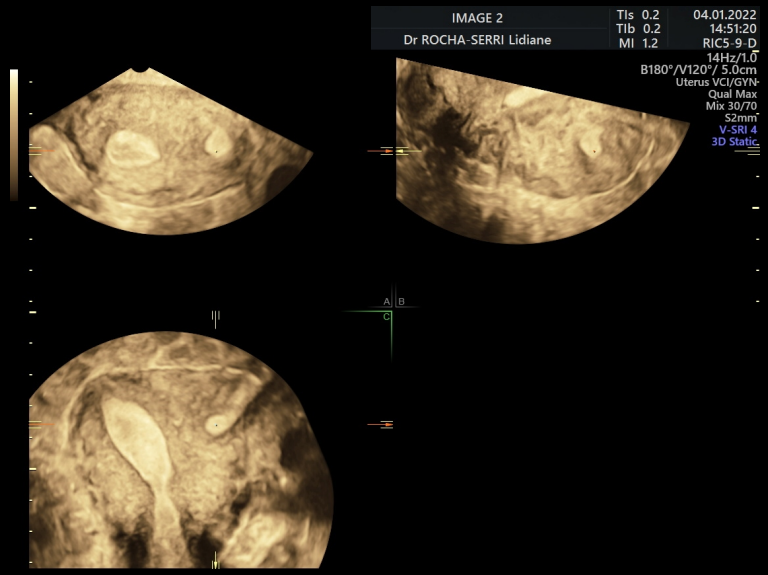


Uterine septum: a guideline Pfeifer et al. Fertil Steril 2016

Les malformations utérines



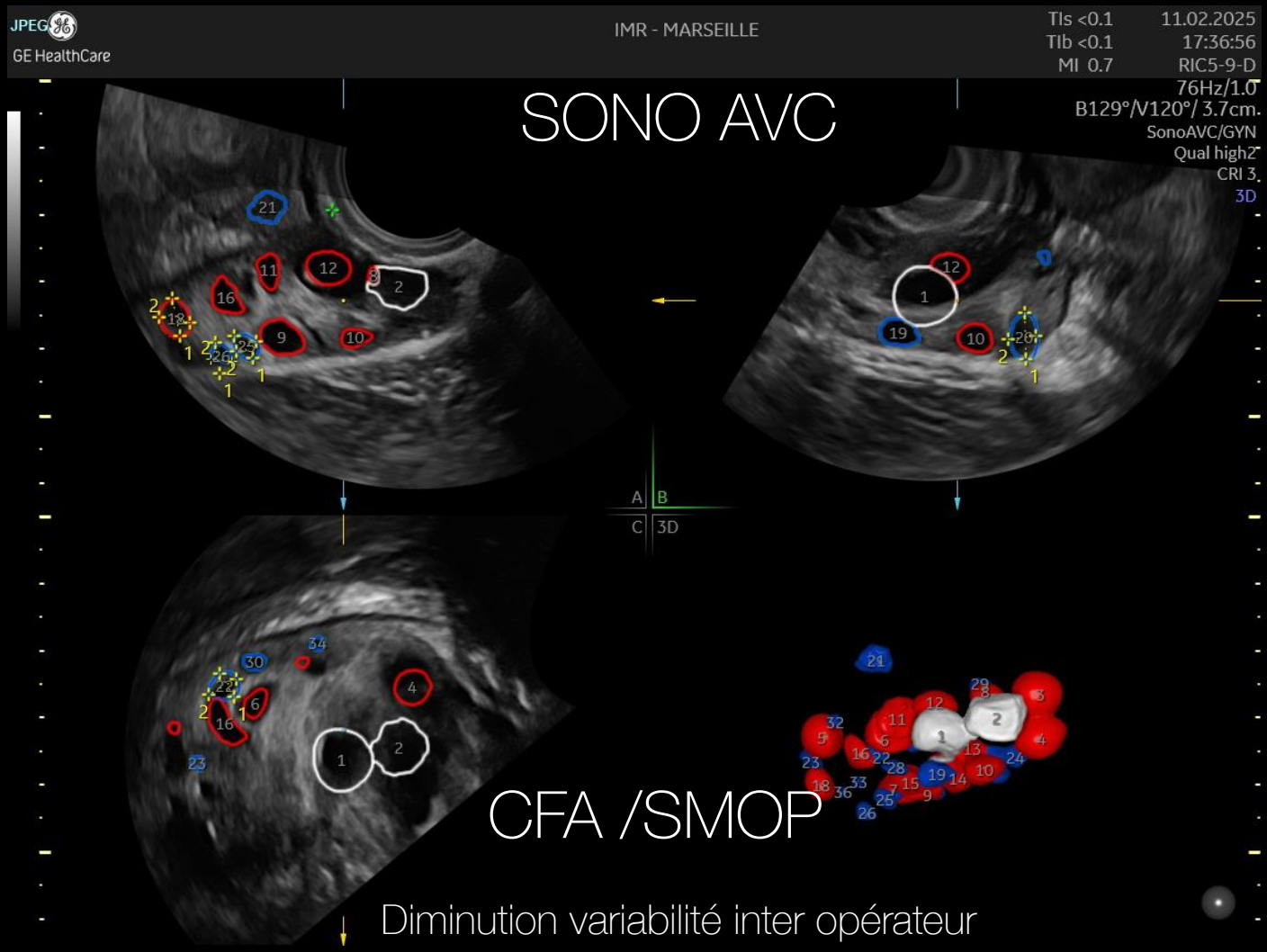




Anomalie mullérienne rare: MUCA



Au delà du noir et du blanc : La révolution 3D/4D dans le bilan d'infertilité



Diminution variabilité inter opérateur

Reduction du temps d'examen

Meilleure correlation avec le nombre d'ovocytes matures

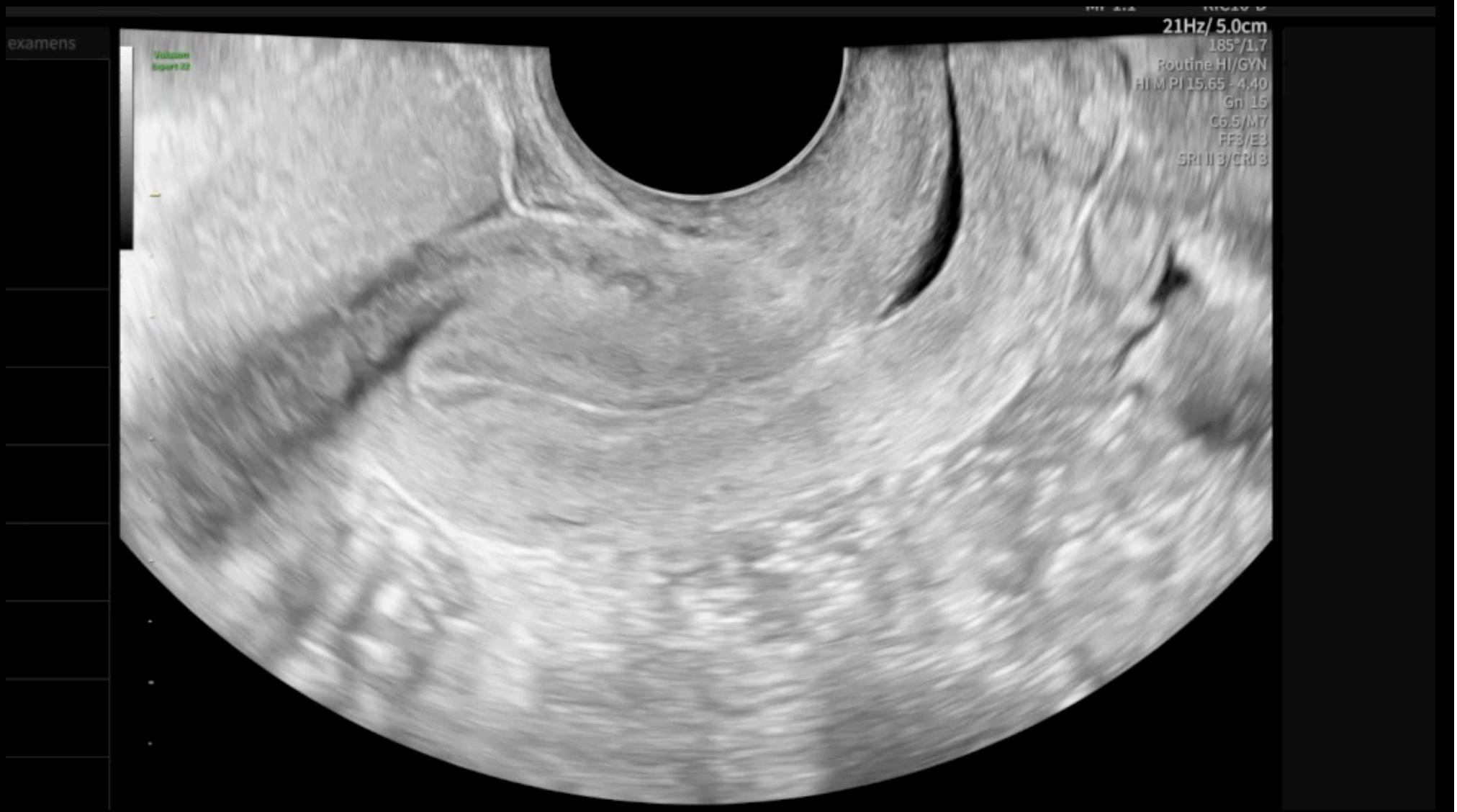
Ata et Al. Human Reprod 2011

Comparison of automated and manual follicle monitoring in an unrestricted population of 100 women undergoing controlled ovarian stimulation for IVF

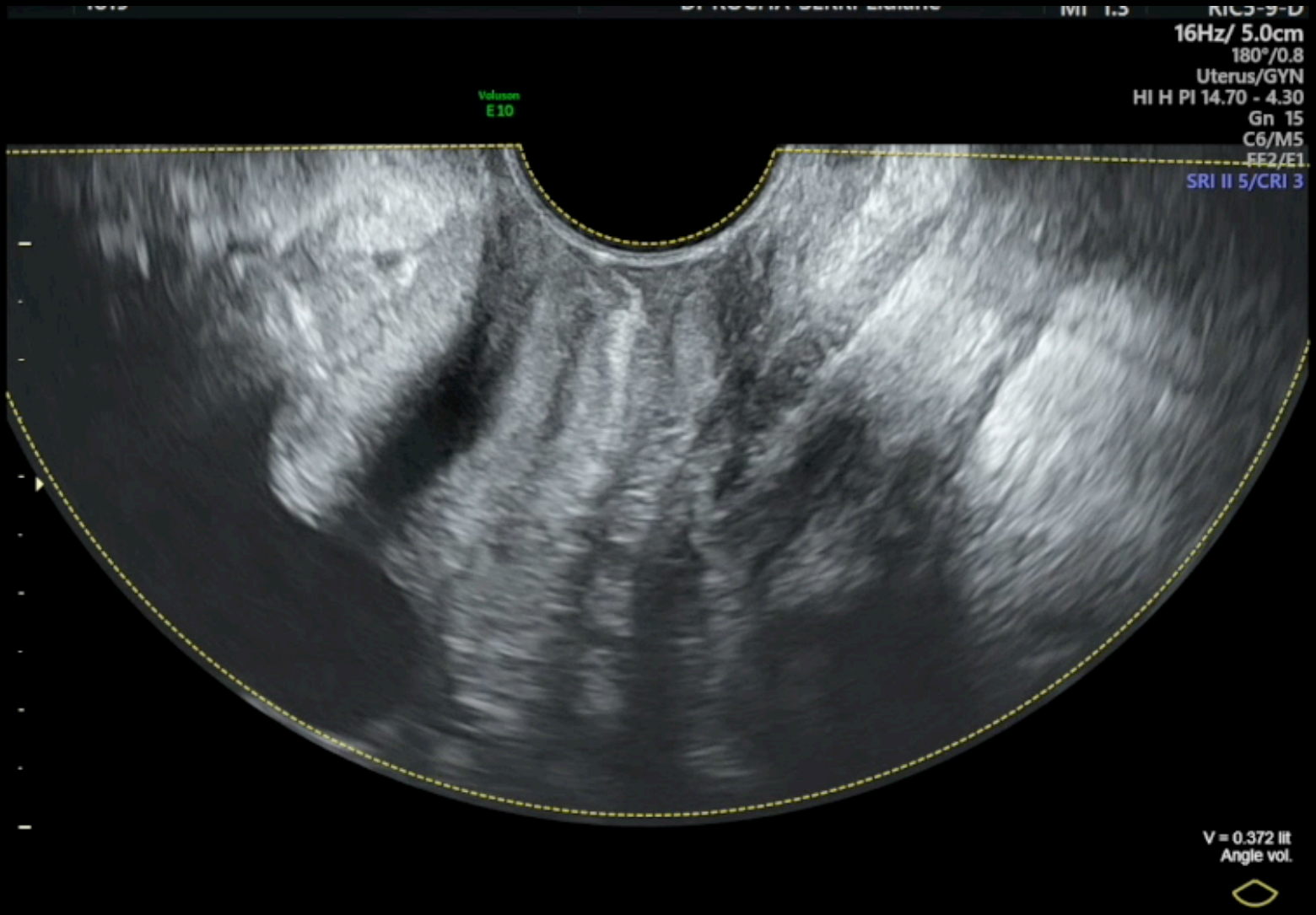
Rodriguez Fuentes et al. Fertil Steril 2022

Volume based follicular output rate improves prediction of the number of mature oocytes: a prospective comparative study

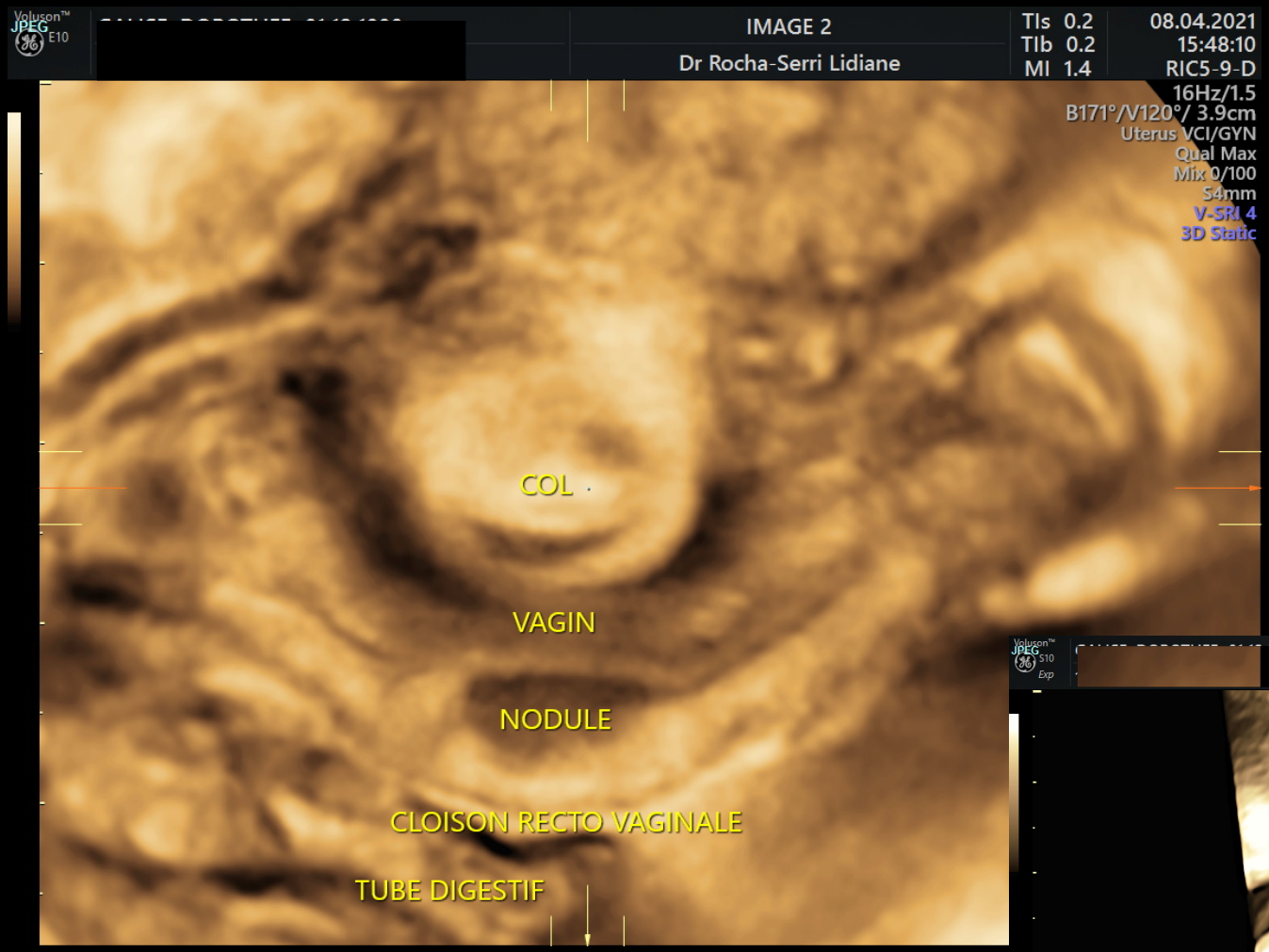
3D Utérus VCI

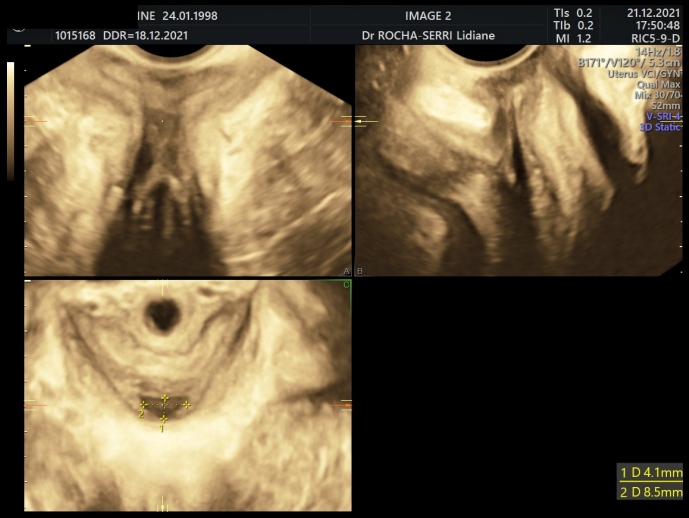


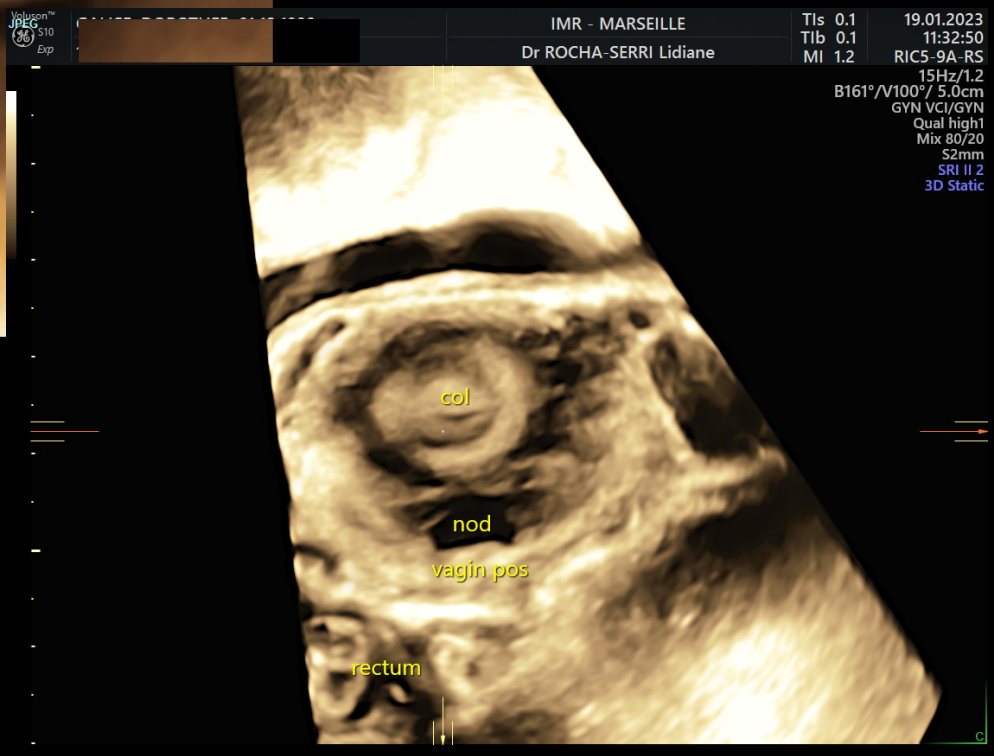
3D VCI


16Hz/ 5.0cm
180°/0.8
Uterus/GYN
HI H PI 14.70 - 4.30
Gn 15
C6/M5
FF2/E1
SRI II 5/CRI 3
Voluson
E10
V = 0.372 lit
Angle vol.

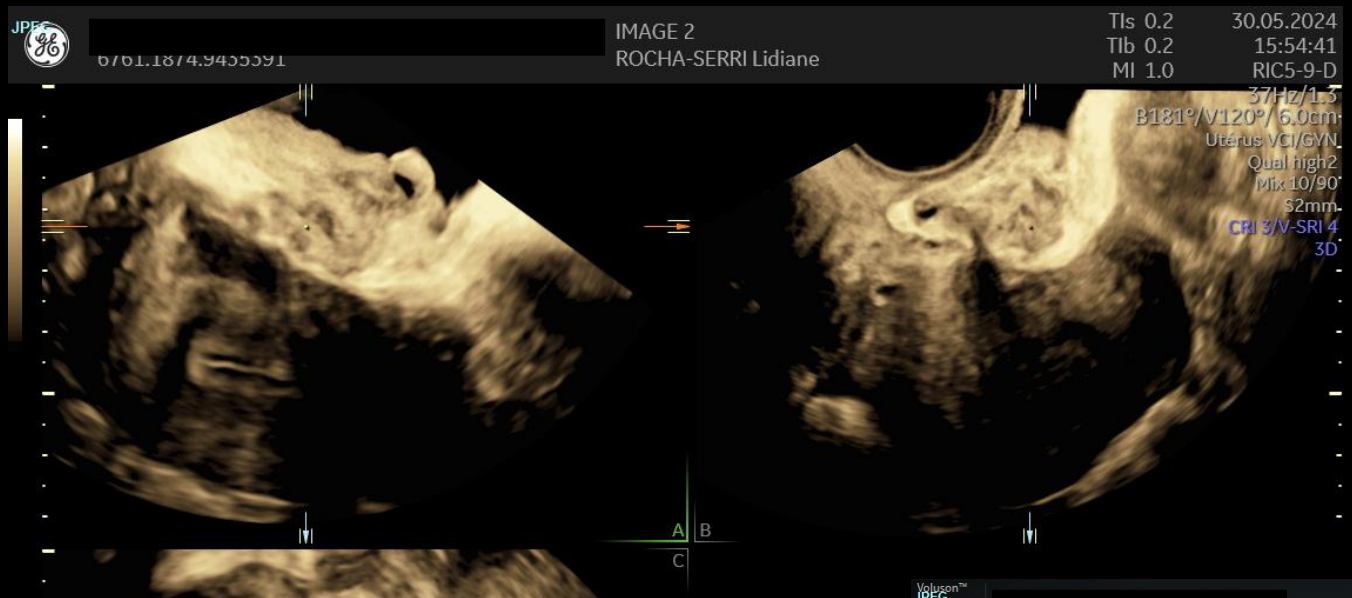
3D VCI

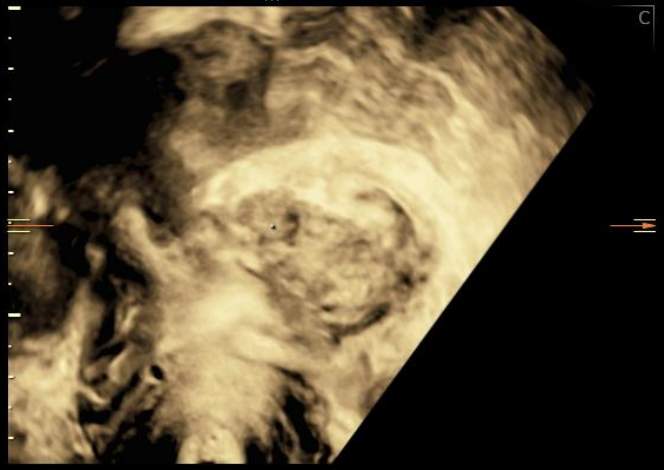

IMAGE 2
Dr Rocha-Serri Lidiane
Tls 0.2
Tlb 0.2
MI 1.4
08.04.2021
15:48:10
RIC5-9-D
16Hz/1.5
B171°/V120°/ 3.9cm
Uterus VCI/GYN
Qual Max
Mix 0/100
S4mm
V-SRI 4
3D Static
COL
VAGIN
NODULE
CLOISON RECTO VAGINALE
TUBE DIGESTIF

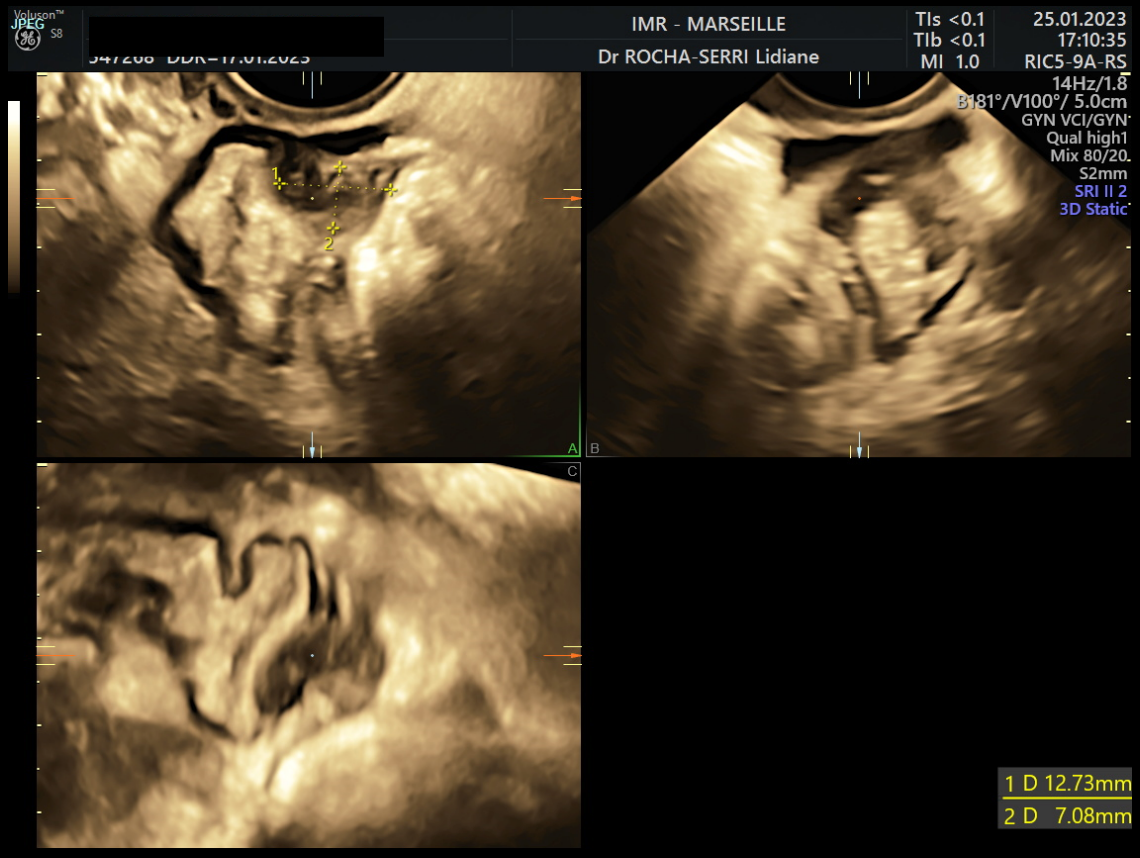

INE 24.01.1998
1015168 DDR=18.12.2021
IMAGE 2
Dr ROCHA-SERRI Lidiane
Tls 0.2
Tlb 0.2
MI 1.2
21.12.2021
17:50:48
RIC5-9-D
1 D 4.1mm
2 D 8.5mm


IMR - MARSEILLE
Dr ROCHA-SERRI Lidiane
Tls 0.1
Tlb 0.1
MI 1.2
19.01.2023
11:32:50
RIC5-9A-RS
15Hz/1.2
B161°/V100°/ 5.0cm
GYN VCI/GYN
Qual high1
Mix 80/20
S2mm
SRI II 2
3D Static
col
nod
vagin pos
rectum

3D VCI


IMAGE 2
ROCHA-SERRI Lidiane
TIs 0.2
TIb 0.2
MI 1.0
30.05.2024
15:54:41
RIC5-9-D
37Hz/1.3
B181°/V120°/ 6.0cm
Uterus VCI/GYN
Qual high2
Mix 10/90
32mm
CRI 3/V-SRI 4
3D
A
B
C

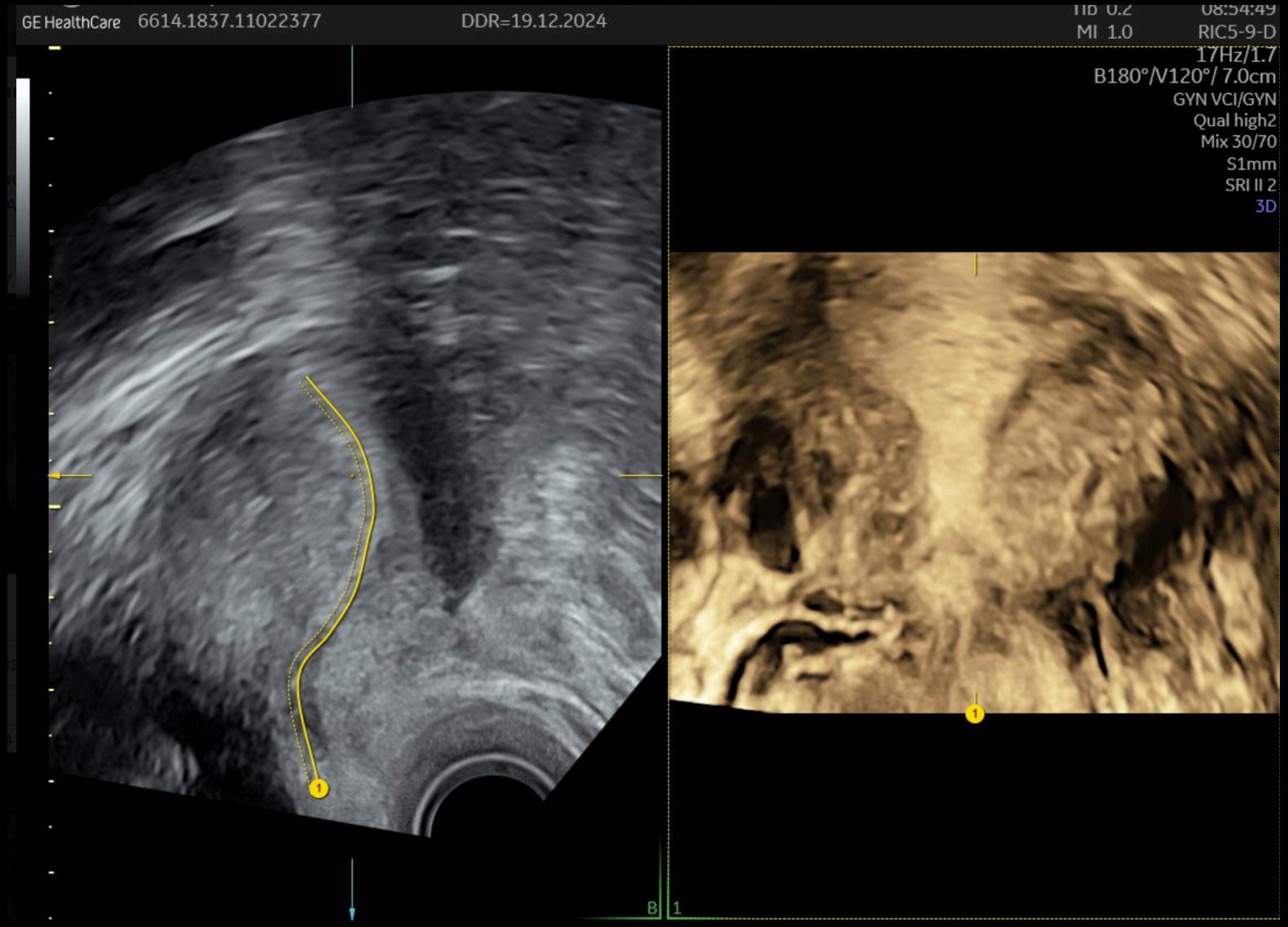



IMR - MARSEILLE
Dr ROCHA-SERRI Lidiane
TIs <0.1
TIb <0.1
MI 1.0
25.01.2023
17:10:35
RIC5-9A-RS
14Hz/1.8
B181°/V100°/ 5.0cm
GYN VCI/GYN
Qual high1
Mix 80/20
32mm
SRI II 2
3D Static
1
2
A
B
C
1 D 12.73mm
2 D 7.08mm

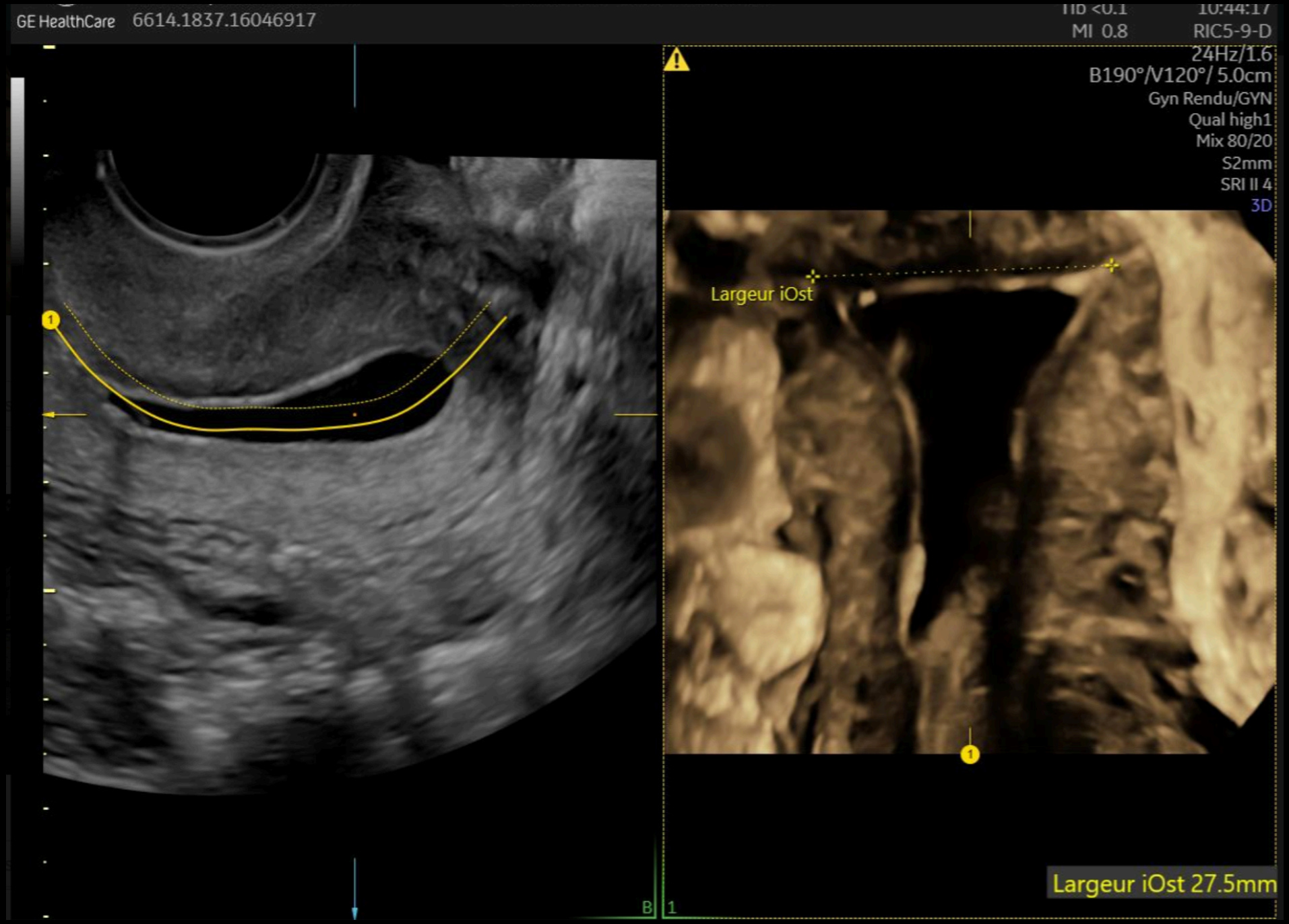
3D VCI OMNIVIEW



3D VCI - OMNIVIEW



Omniview



HYSTEROSONOGRAPHIE

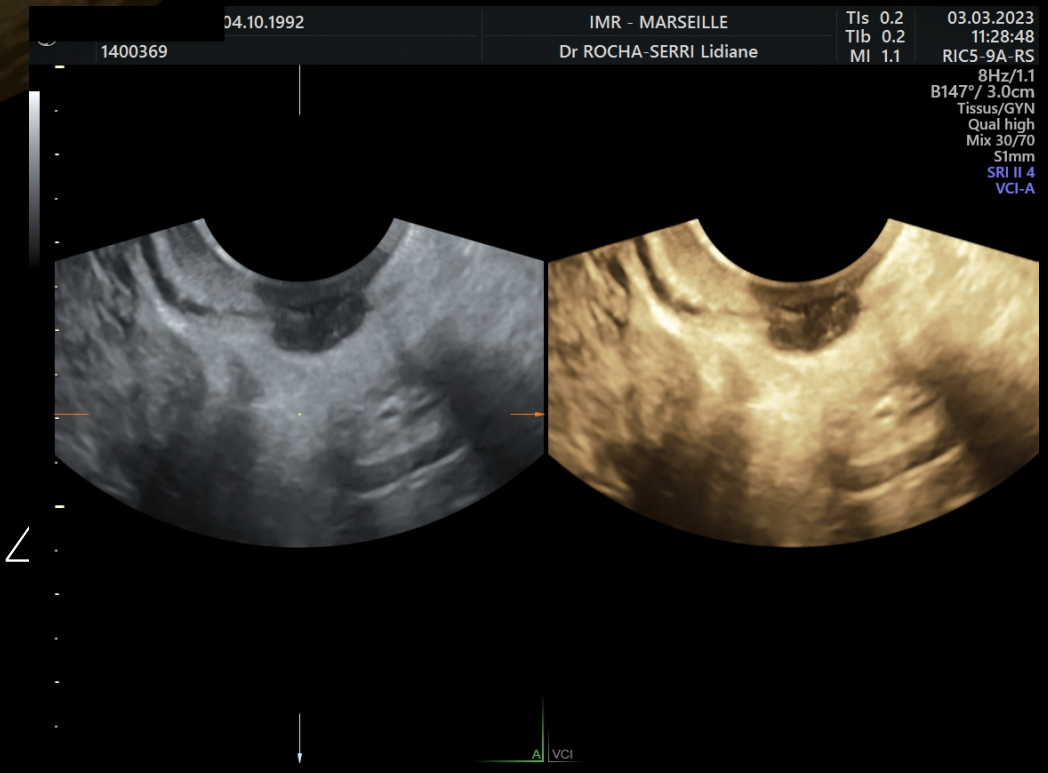
Fibroid mapping



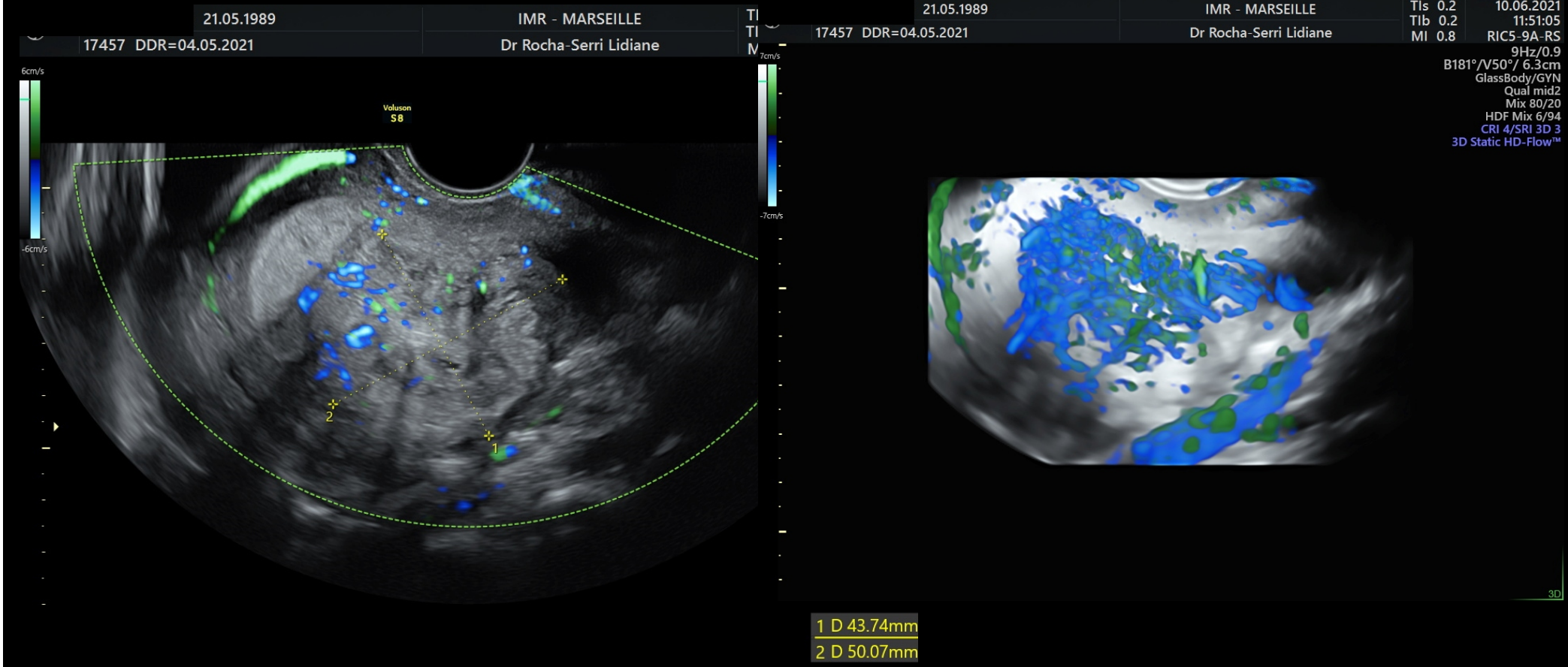
3D + IA = Cartographie anatomique standardisée des fibromes

4D VCI-A


08.12.1989
IMAGE 2
ROCHA-SERRI Lidiane
TIs 0.2
TIb 0.2
MI 1.1
07.05.2025
09:26:24
RIC10-D
5Hz/1.1
B186°/ 6.0cm
Endometrium/GYN
Qual high
Mix 40/60
S2mm
V-SRI 4
VCI-A
VCI


04.10.1992
IMR - MARSEILLE
1400369
Dr ROCHA-SERRI Lidiane
TIs 0.2
TIb 0.2
MI 1.1
03.03.2023
11:28:48
RIC5-9A-RS
8Hz/1.1
B147°/ 3.0cm
Tissus/GYN
Qual high
Mix 30/70
S1mm
SRI II 4
VCI-A
A
VCI

3D DOPPLER


21.05.1989
IMR - MARSEILLE
17457 DDR=04.05.2021
Dr Rocha-Serri Lidiane
6cm/s
-6cm/s
7cm/s
-7cm/s
Voluson
S8
2
1
21.05.1989
IMR - MARSEILLE
17457 DDR=04.05.2021
Dr Rocha-Serri Lidiane
TIs 0.2
TIb 0.2
MI 0.8
10.06.2021
11:51:05
RIC5-9A-RS
9Hz/0.9
B181°/V50°/ 6.3cm
GlassBody/GYN
Qual mid2
Mix 80/20
HDF Mix 6/94
CRI 4/SRI 3D 3
3D Static HD-Flow™
3D
1 D 43.74mm
2 D 50.07mm

Flux, reflux et secrets de la réceptivité utérine

Score Applebaum
Phase péri ovulatoire
Phase lutéale précoce LH+5 LH+7

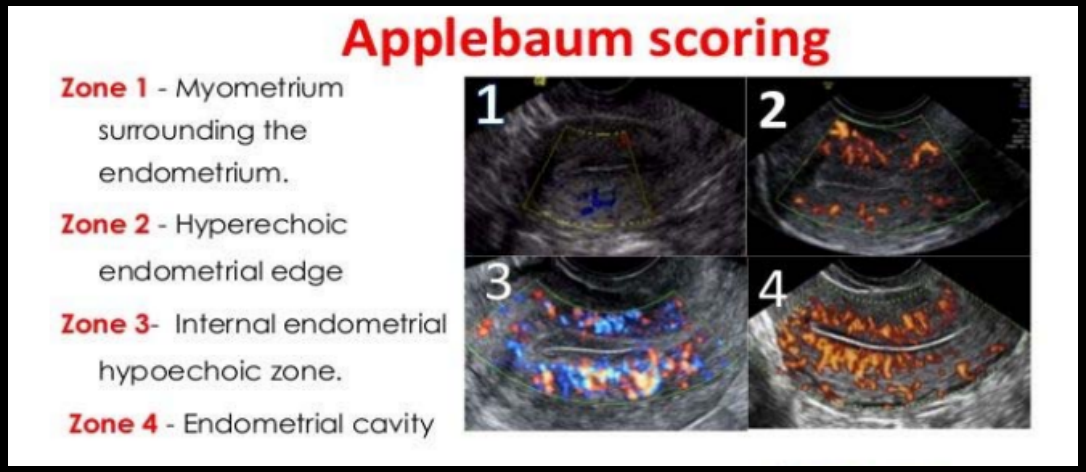
Score > 14
IP < 3
Endomètre > 7
Zone 3

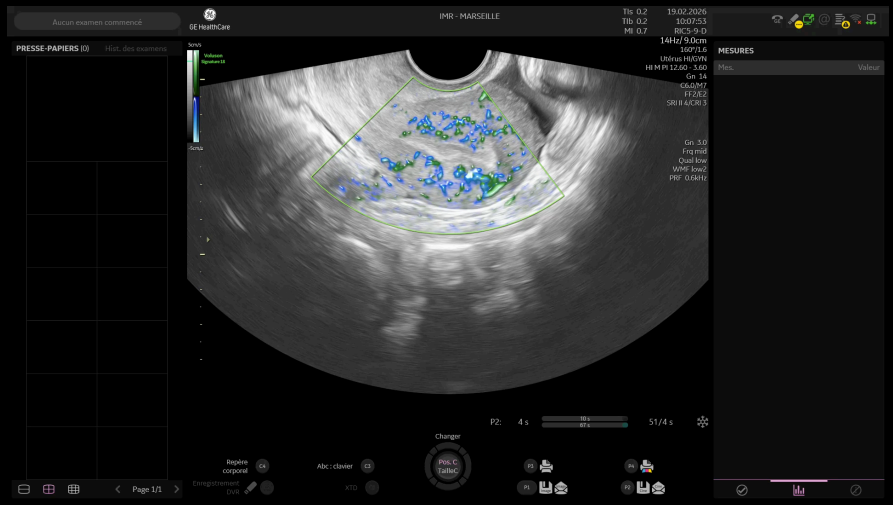
Table 1 The uterine scoring system for reproduction

Parameter	*Score*
Endometrial thickness	
< 7 mm	0
7–9 mm	2
10–14 mm	3
> 14 mm	1
Endometrial layering	
none	0
hazy 5-line appearance	1
distinct 5-line appearance	3
Myometrial contractions*	
< 3 contractions in 2 min (real-time)	0
> 3 contractions in 2 min (real-time)	3
Myometrial echogenicity	
coarse/inhomogeneous	1
relatively homogeneous	2
Uterine artery Doppler flow evaluated by PI	
≥ 3.0	0
2.5–2.99	0
2.2–2.49	1
≤ 2.19	2
Endometrial blood flow within Zone 3	
absent	0
present, but sparse	2
present multifocally	5
Myometrial blood flow seen on gray-scale examination	
absent	0
present	2

Applebaum M. « The uterine Biophysical Profile » Ultrasound in Obstetrics and Gynecology 1995
The role of endometrial and subendometrial blood flows measured by 3D power doppler ultrasound in the prediction of pregnancy during IVF treatment Ng et al Human Reprod 2006
Factors useful in predicting the success of oocyte donation: a 3 years retrospective analysis Notes et al. Fertile Steril 2001
Endometrial and subendometrial vascularity is higher in pregnant patients with live birth following ART than in those who suffer a miscarriage Ng et al. Hum Reprod 2007

Flux, reflux et secrets de la réceptivité utérine





Applebaum M. The uterine biophysical profile. Ultrasound Obstet Gynecol. 1995

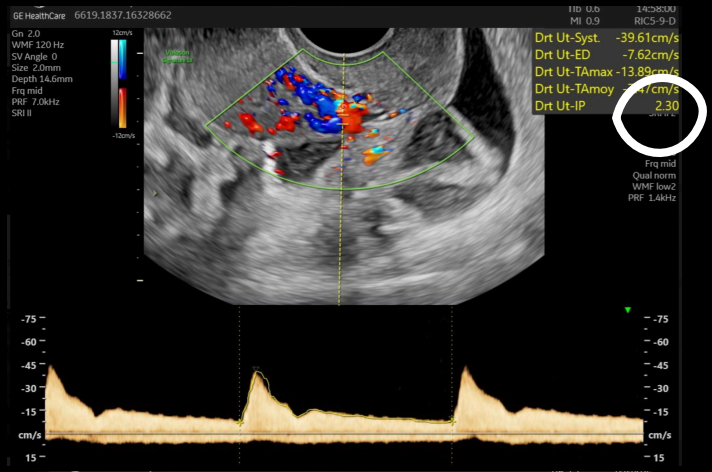
Doppler Artère utérine

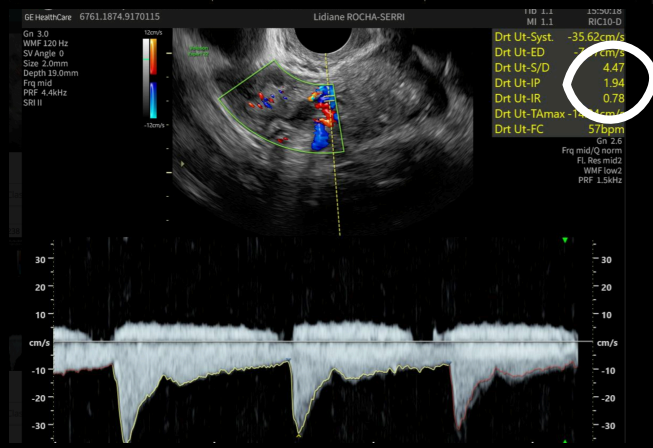
Début de cycle IP élevé 3-4

Phase folliculaire IP diminue 2,8 - 3,5 / 2,8 - 2,2

Phase pré ovulatoire IP bas 1,8- 2,5

Phase lutéale IP ré augmente 2,5 - 3





Infertilité inexpliquée: Et si l'image nous en disait plus que le sang

15 à 30 % d'infertilité inexpliquée (ESHRE - ASMR)

Bilan biologique normal

Perméabilité tubaire (Hystérosalpingographie / HYFOSY)

Echographie pelvienne normale

Les faux négatifs en échographie de la fertilité

Endométriose superficielle 49%

Diagnosis of superficial endometriosis on transvaginal ultrasound bu visualisation of the peritoneum of pouch of Douglas Bailey et al. UOG 2024

Endométriose profonde 20%

Diagnosis of deep endometriosis: clinical examination, ultrasonography, magnetic resonance imaging and other techniques Bazot et al. Fertile Steril 2017

Endométriose profonde 5% en centre Expert

Diagnostic Accuracy of TVU for endometriosis Mick et Al.Obstetric and Gynecology Open 2025

Malformations utérines 17%

Diagnosis performance of 2D, 2D sonohysterography and 3D ultrasound in the diagnosis of septet uterus: systematic review and meta analysis Alcazar et al. Diagnostics 2023

Expérience de l'opérateur +++
Echographe ++

Et si l’image nous en disait plus que le sang

Limites du CFA J2-J5

Absence d’information sur la croissance folliculaire - Ovulation

Place de l’étude de cycle

Ponction blanche inexpliquée

Mauvais rendement folliculo-ovocytaire

Dysmaturité

Echec d’implantation

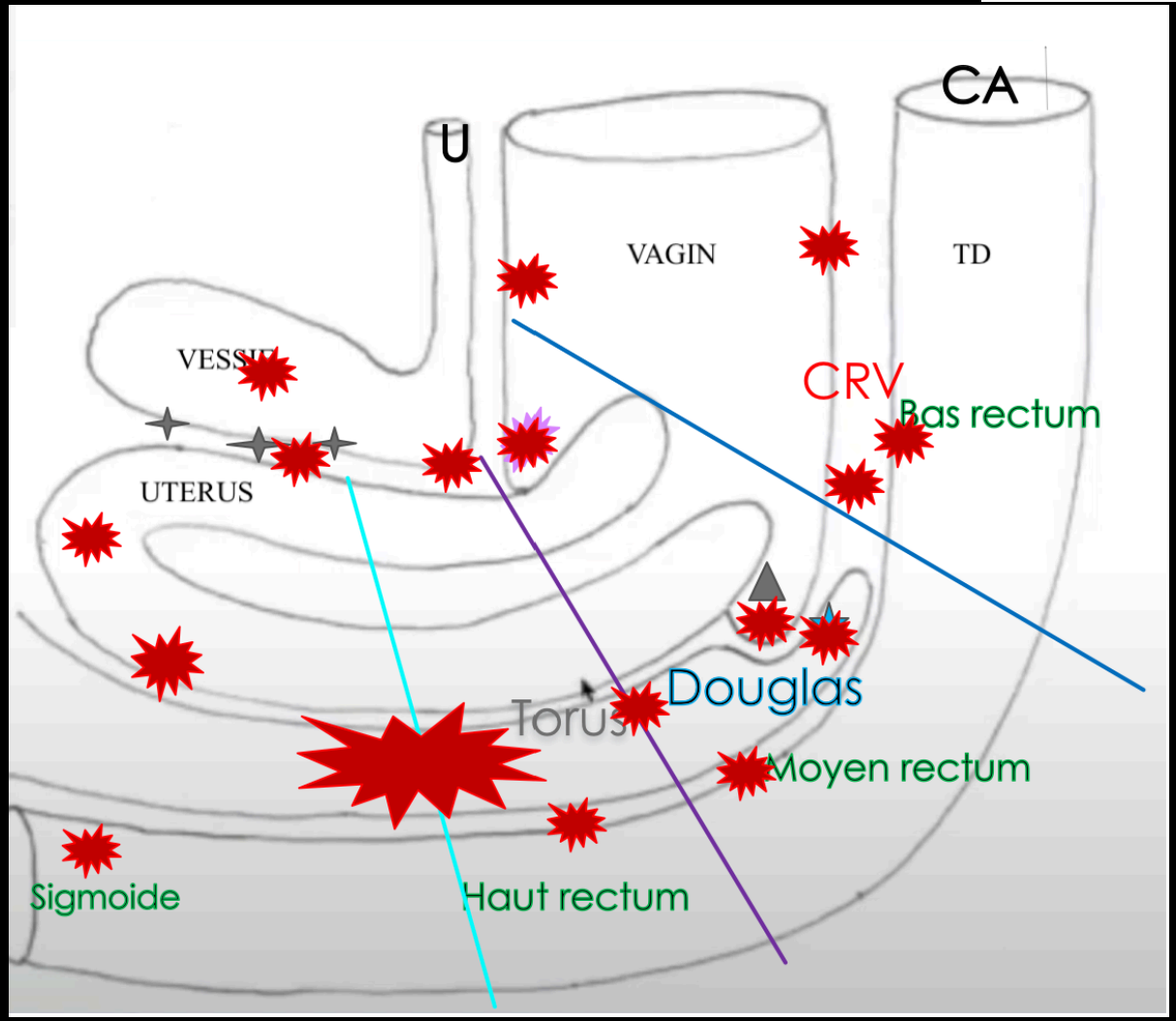
Endométriose et fertilité : Démasquer l'invisible à l'écran

Endométriose ovarienne, profonde et superficielle

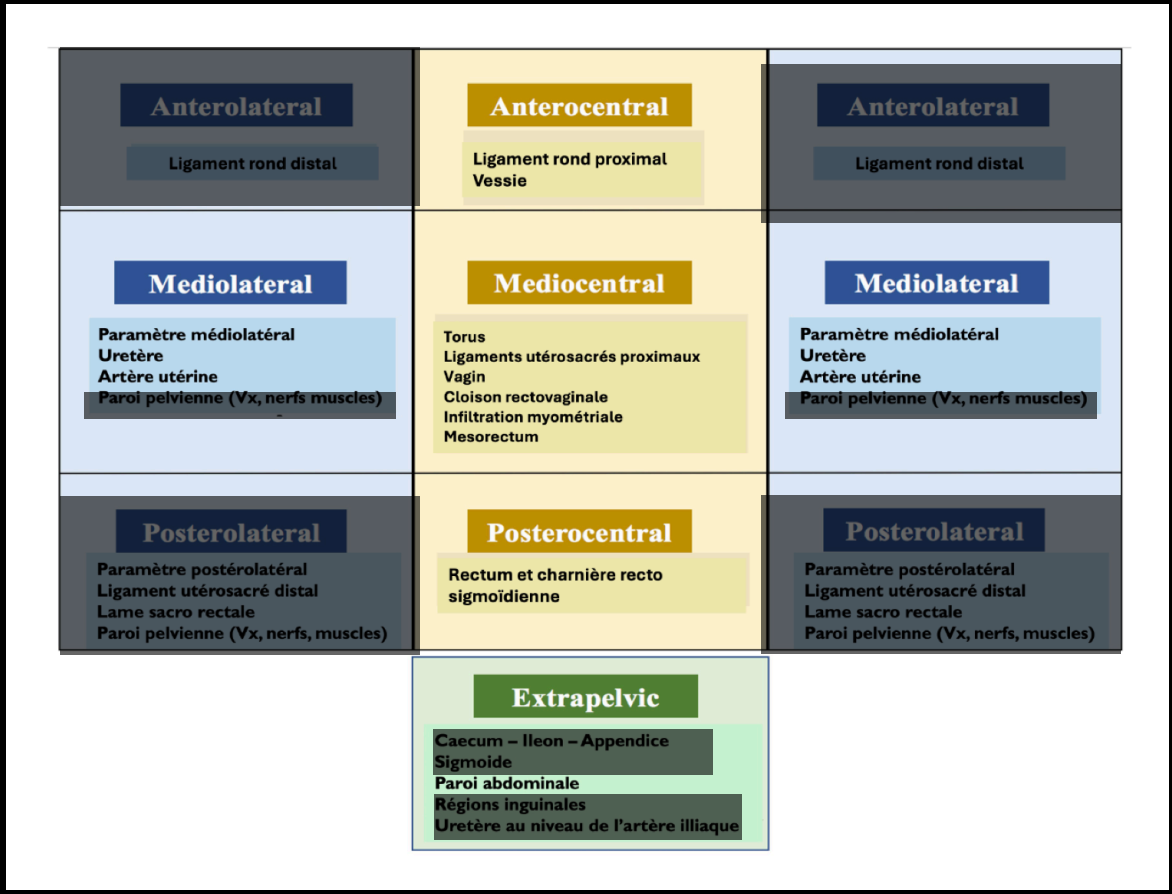


Nodulaires
Hématiques
Fibreuses
Implants
Adhérences
Epaississements

Utérus-ovaires-vagin
Tube digestif
Vessie
Péritoine
Parois abdominale
Extra abdominal



Endométriose et fertilité: Démasquer l'invisible à l'écran



› Ultrasound Obstet Gynecol. 2016 Sep;48(3):318-32. doi: 10.1002/uog.15955. Epub 2016 Jun 28.

Systematic approach to sonographic evaluation of the pelvis in women with suspected endometriosis, including terms, definitions and measurements: a consensus opinion from the International Deep Endometriosis Analysis (IDEA) group

S Guerriero [1], G Condous [2], T van den Bosch [3], L Valentin [4], F P G Leone [5], D Van Schoubroeck [3], C Exacoustos [6], A J F Installé [7], W P Martins [8], M S Abrao [9], G Hudelist [10], M Bazot [11], J L Alcazar [12], M O Gonçalves [13], M A Pascual [14], S Ajossa [1], L Savelli [15], R Dunham [16], S Reid [17], U Menakaya [18], T Bourne [19], S Ferrero [20], M Leon [21], T Bignardi [22], T Holland [23], D Jurkovic [23], B Benacerraf [24], Y Osuga [25], E Somigliana [26], D Timmerman [3]

Affiliations + expand

PMID: 27349699 DOI: 10.1002/uog.15955

Free article

Endométriose superficielle 50% (ESHRE 2022)

Addendum to consensus opinion from the International Deep Endometriosis Analysis (IDEA) group: sonographic evaluation of superficial endometriosis

S. Guerriero, G. Condous, M. Rolla, M. Pedrassani, M. Leonardi, G. Hudelist, S. Ferrero, J. L. Alcazar, S. Ajossa, C. Bafort, D. Van Schoubroeck, T. Bourne, T. Van den Bosch, S. S. Singh, M. S. Abrao, A. Di Giovanni, C. Tomassetti, D. Timmerman

First published: 09 July 2025

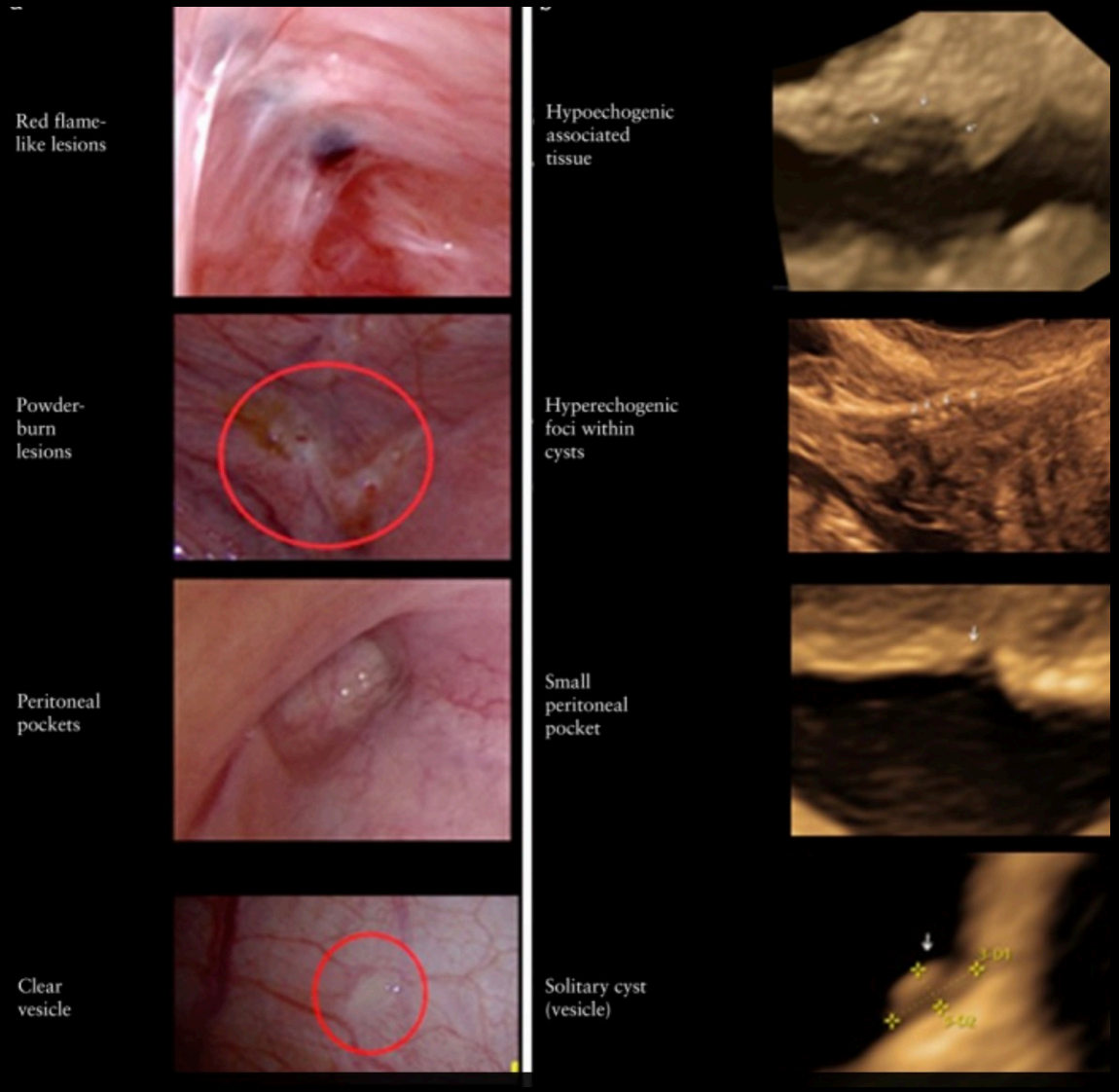
Lésions précoces
non accessibles à l'imagerie
Coelioscopie

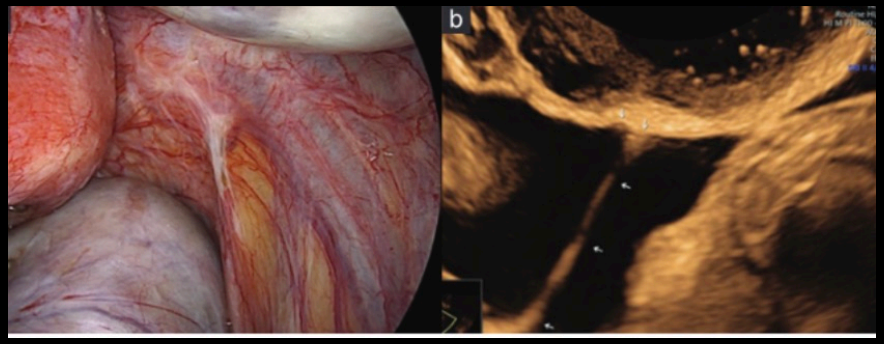
Lésions accessibles à l'imagerie

« Soft marquers »

Adhérences
Épaississement
Implants - Nodules < 3-5 mm
Rigidité tissulaire
Mobilité

Endométriose superficielle 50% (ESHRE 2022)





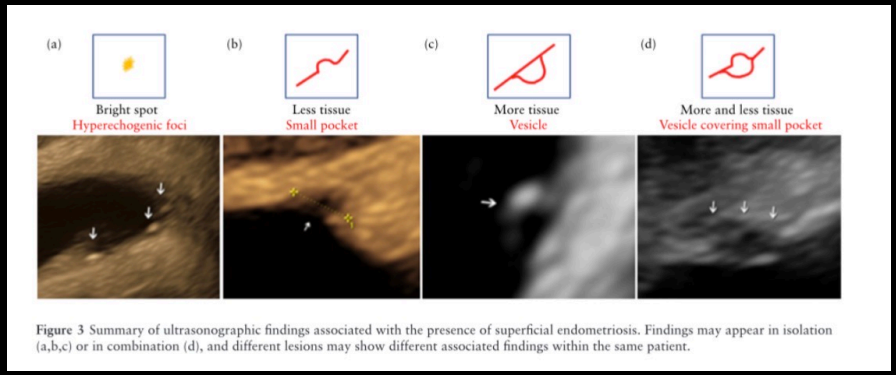


Figure 3 Summary of ultrasonographic findings associated with the presence of superficial endometriosis. Findings may appear in isolation (a,b,c) or in combination (d), and different lesions may show different associated findings within the same patient.

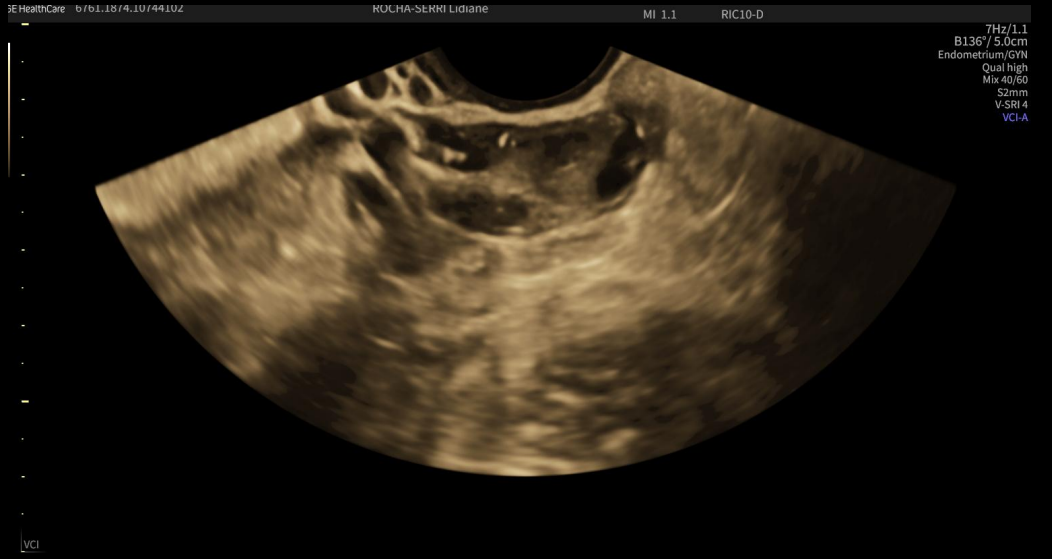
Addendum to consensus opinion from the International Deep Endometriosis Analysis (IDEA) group: sonographic evaluation of superficial endometriosis

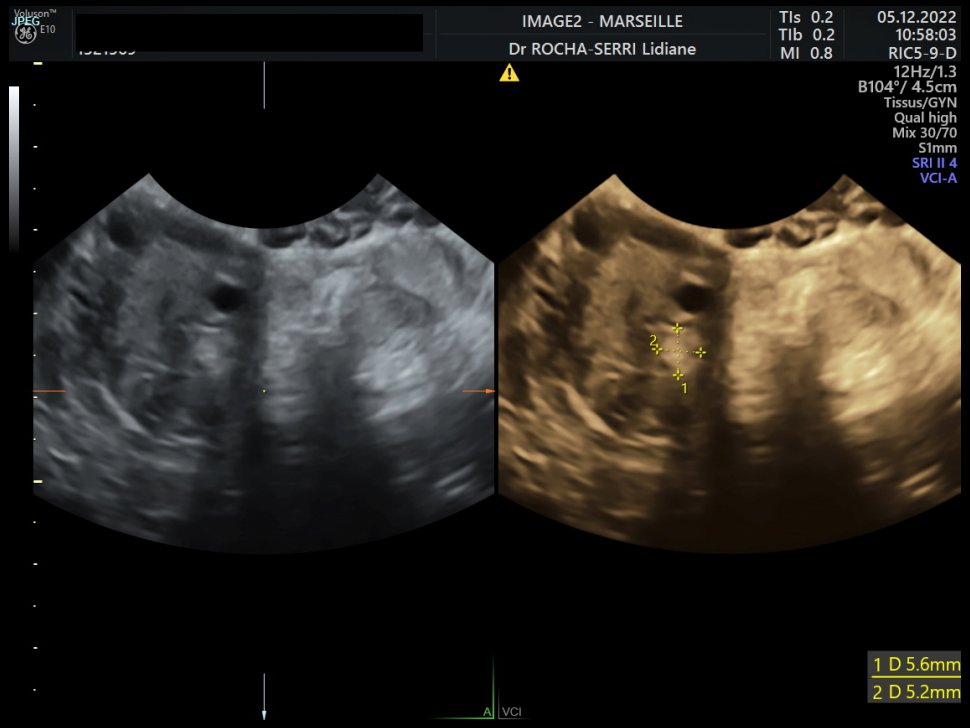
S. Guerriero ✉, G. Condous, M. Rolla, M. Pedrassani, M. Leonardi, G. Hudelist, S. Ferrero, J. L. Alcazar, S. Ajossa, C. Bafort, D. Van Schoubroeck, T. Bourne, T. Van den Bosch, S. S. Singh, M. S. Abrao, A. Di Giovanni, C. Tomassetti, D. Timmerman

First published: 09 July 2025

Endométriose et fertilité: Démasquer l’invisible à l’écran







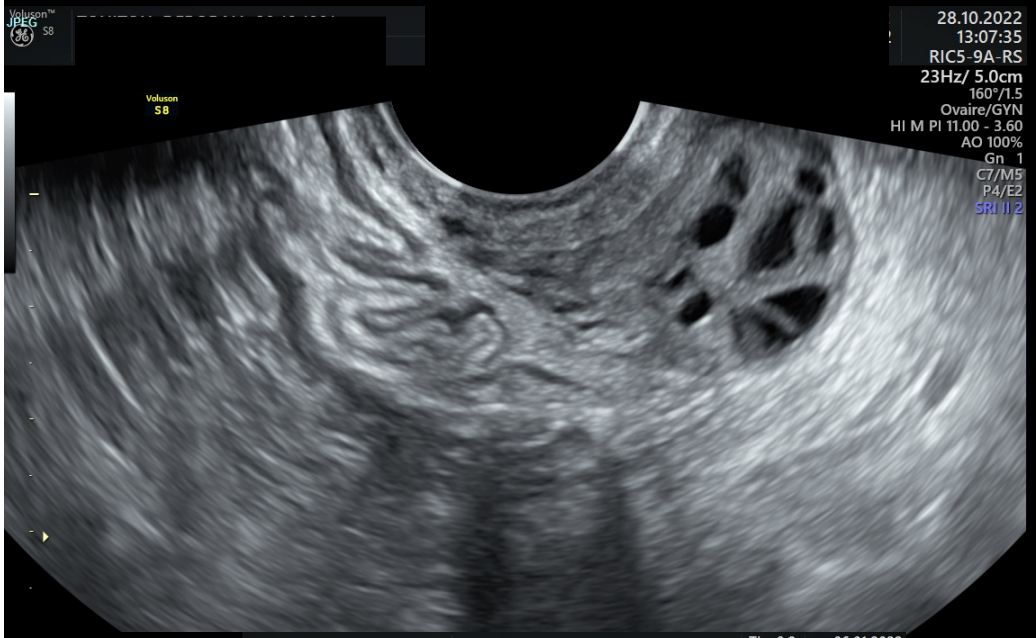
Endométriose et fertilité: Démasquer l’invisible à l’écran

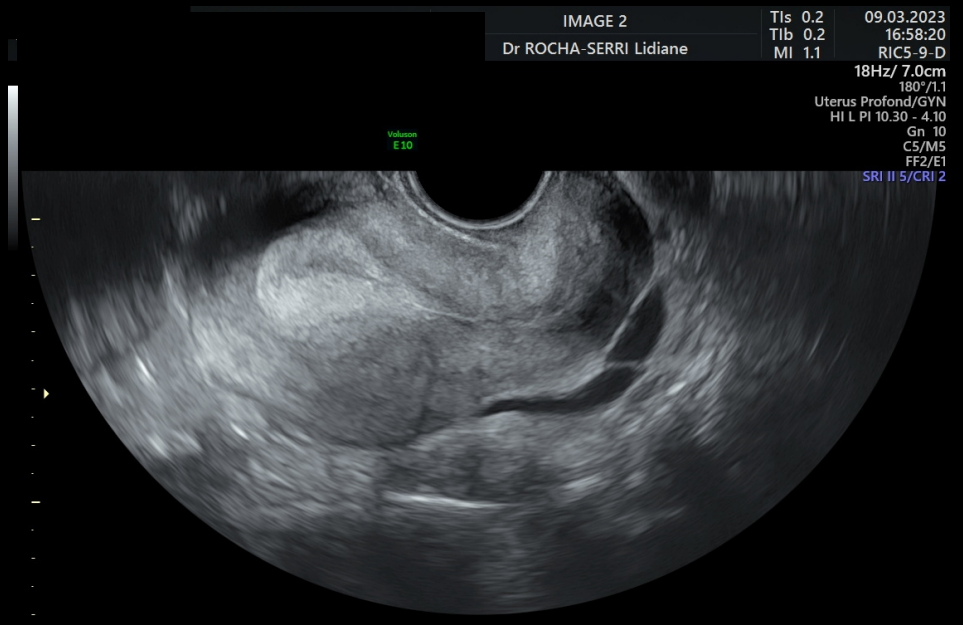


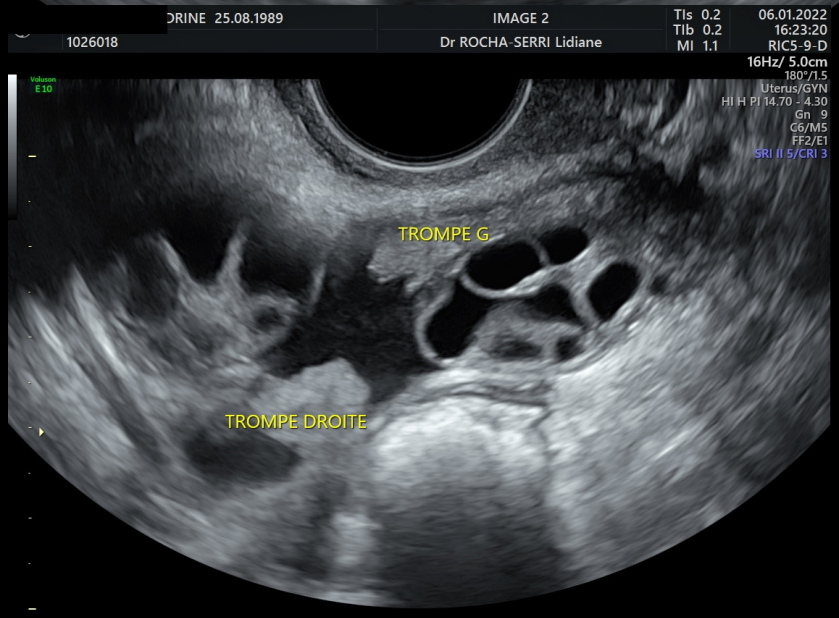
Endométriose et fertilité: Démasquer l’invisible à l’écran

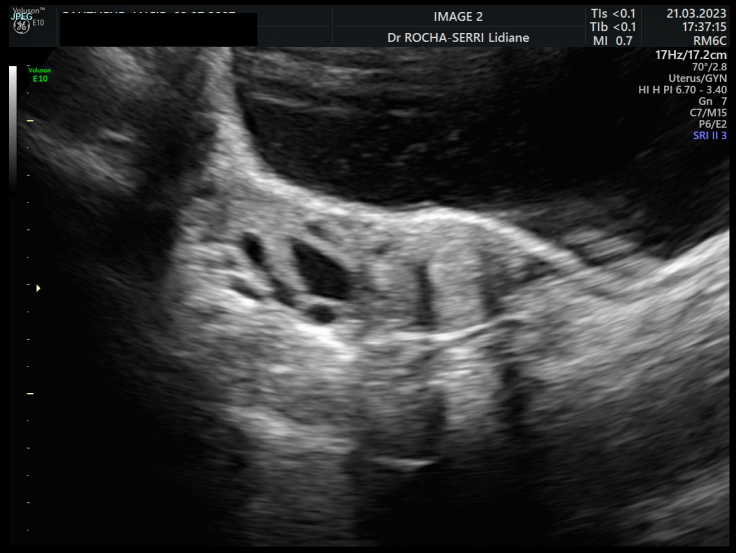


Endométriose et fertilité: Démasquer l'invisible à l'écran

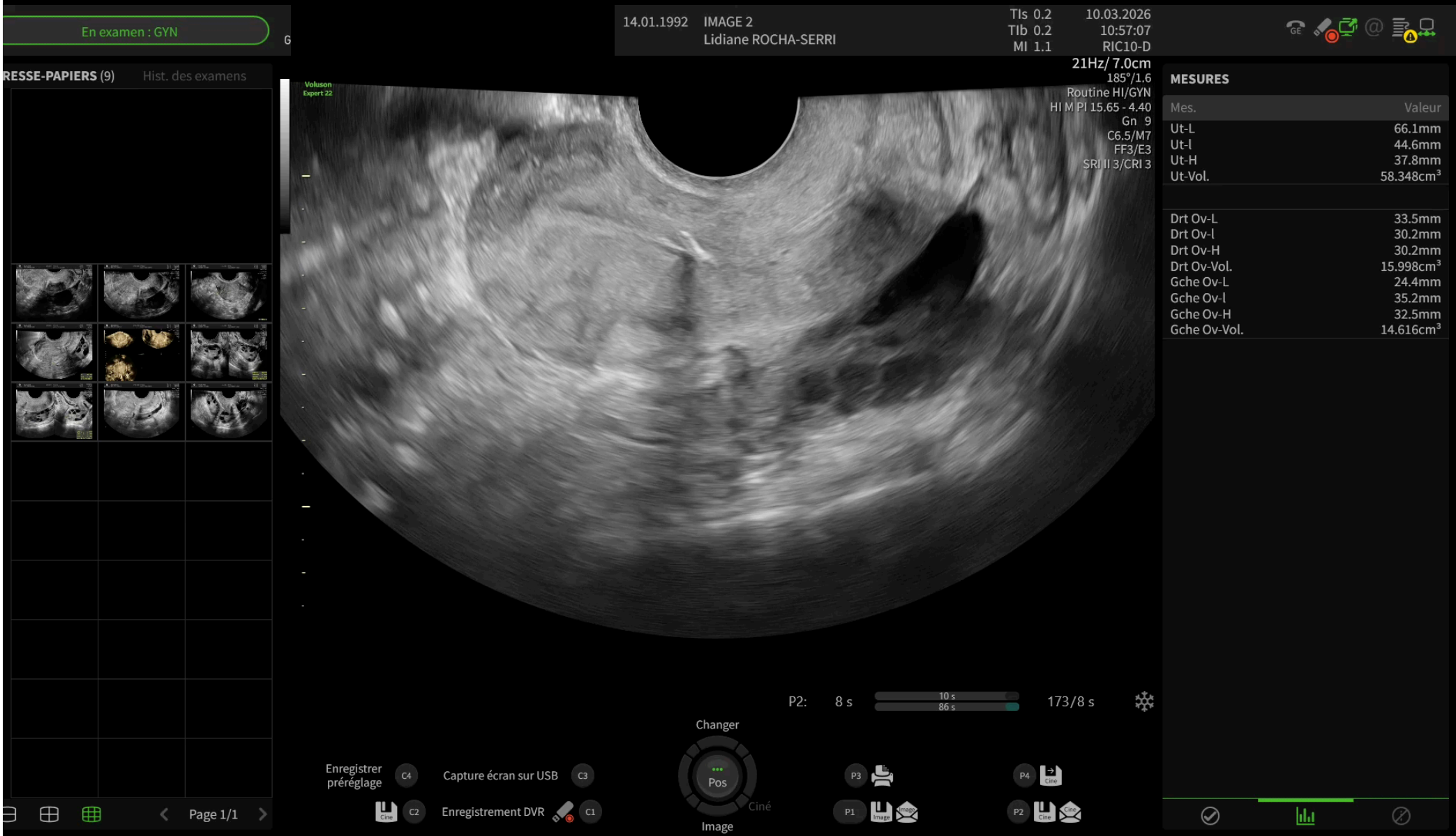








Endométriose et fertilité: Démasquer l'invisible à l'écran



Endométriose et fertilité: Démasquer l'invisible à l'écran

HAS
HAUTE AUTORITÉ DE SANTÉ

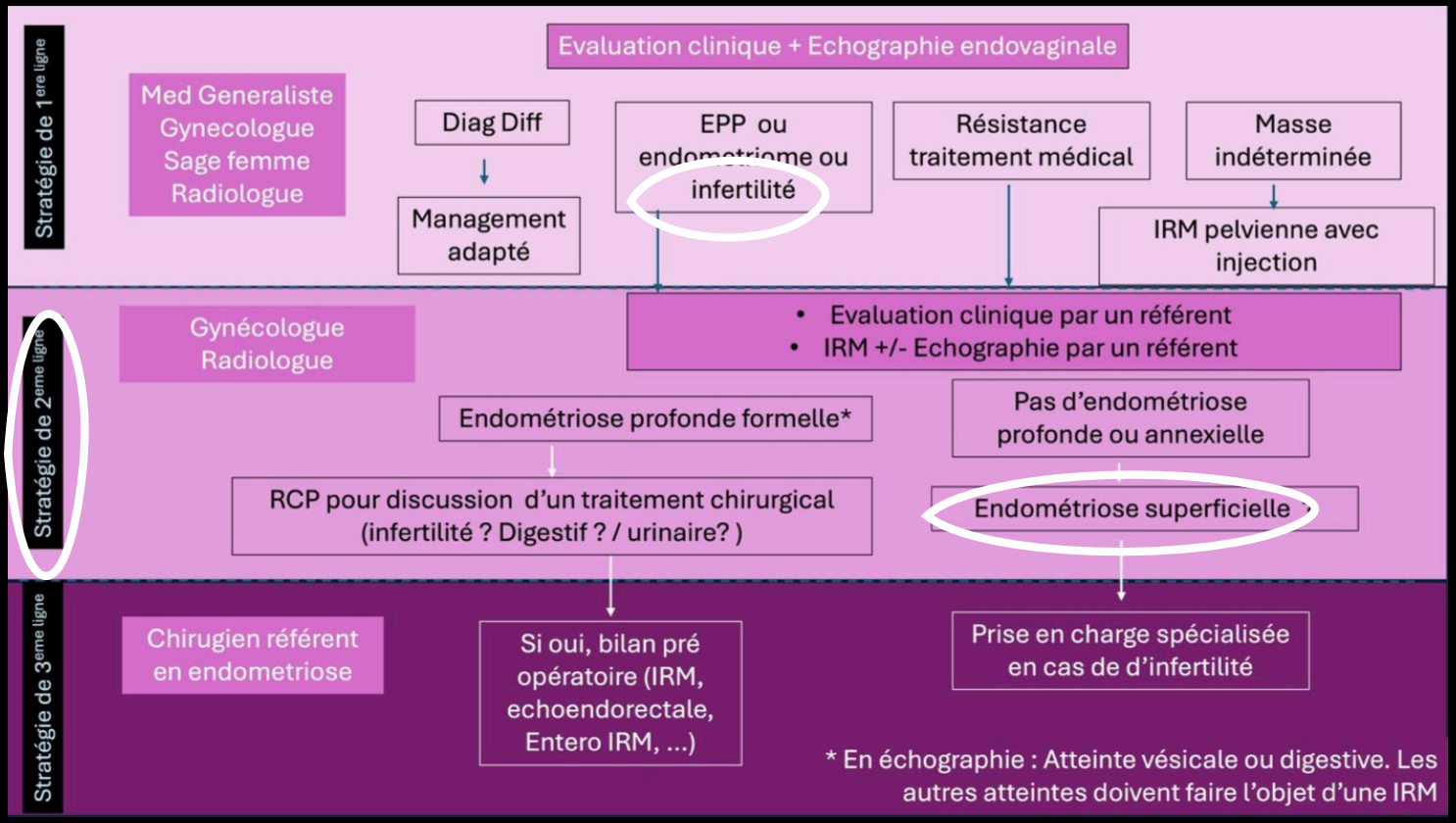
CNGOF
Collège National des Gynécologues et Obstétriciens Français

SYNTHÈSE DE LA RECOMMANDATION DE BONNE PRATIQUE

Prise en charge de l'endométriose

Démarche diagnostique et traitement médical

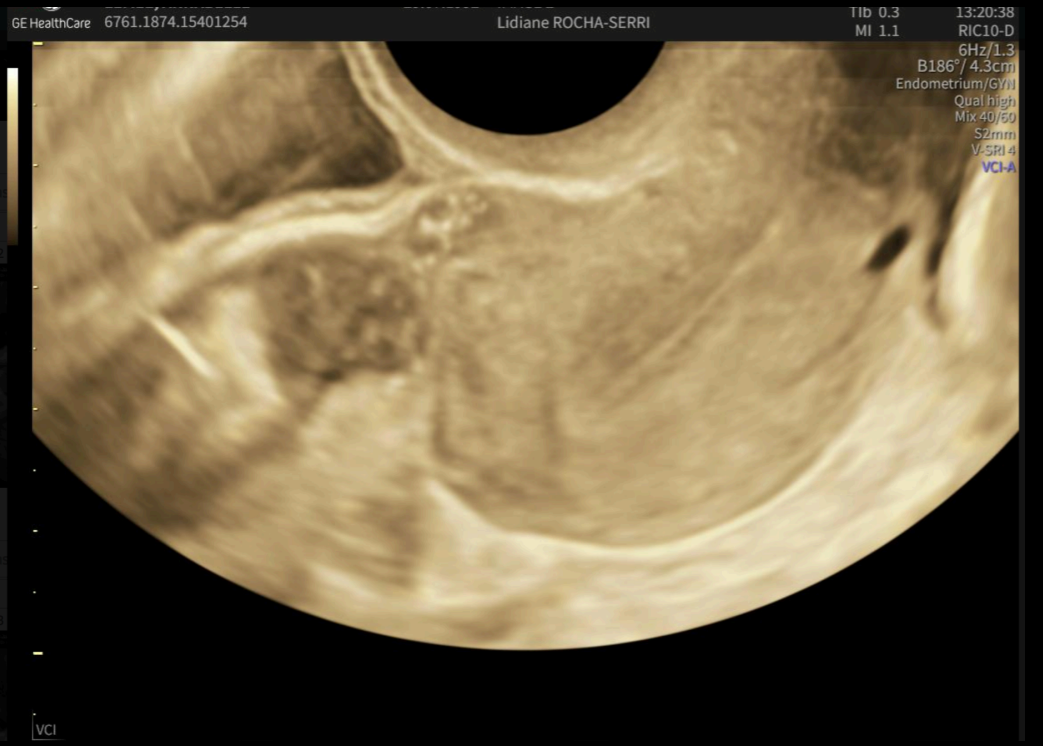
Décembre 2017

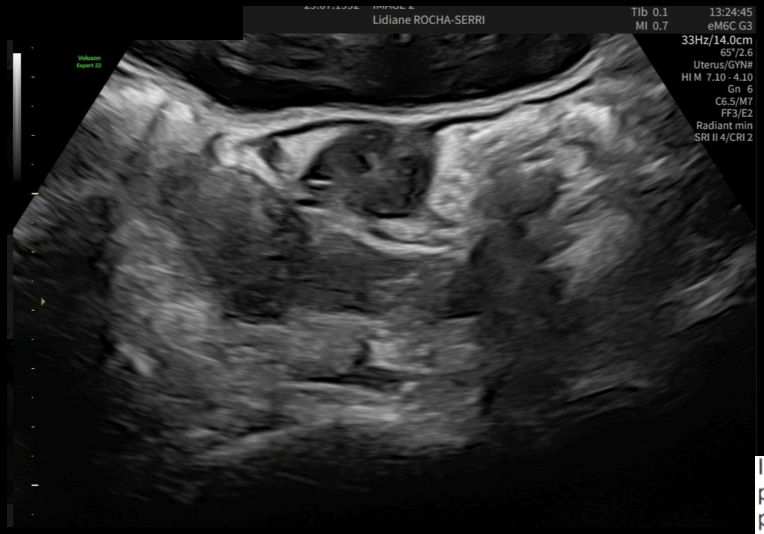


Une échographie normale n'élimine pas une endométriose superficielle si les symptômes sont évocateurs

Faux négatifs …





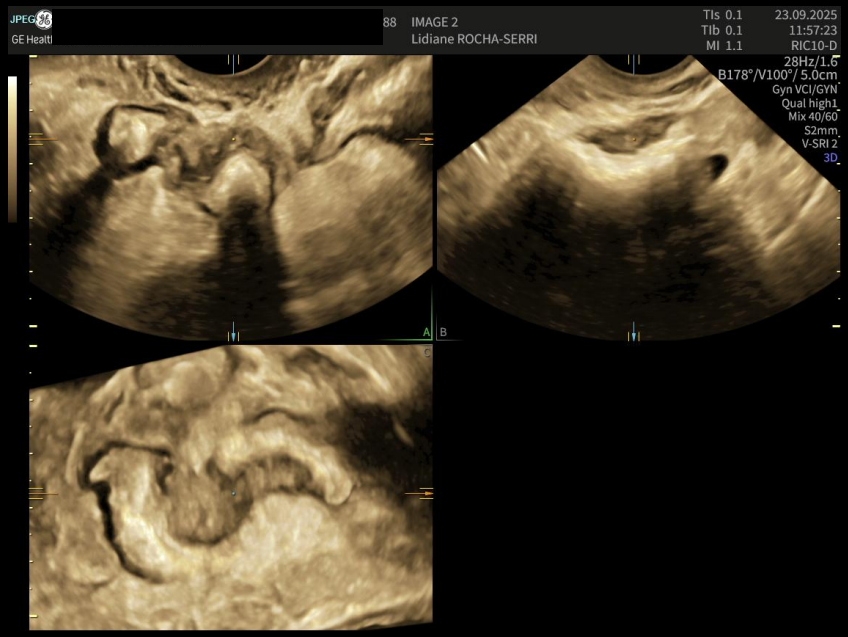


IRM Normale

Il semble toujours exister un liseré graisseux de sécurité entre la paroi antérieure de l'utérus et la boucle sigmoïdienne qui passe à proximité, l'aspect n'est donc pas en faveur d'un nodule digestif à ce niveau, d'autant plus que le signal est normal à ce niveau en pondération T1.









Pas d'épaississement pariétal digestif notable notamment au niveau de la charnière rectosigmoïdienne

Pathologie évolutive …

IRM du 28/04/2026

Conclusion :
Absence de signe IRM formel pour une endométriose superficielle ou profonde.
On rappelle qu'une IRM négative n'élimine pas formellement une endométriose infraradiologique, à confronter aux données d'un avis de gynécologie spécialisé.



ENDOMETRIOSIS EDUCATION

Can endometriosis be seen on ultrasound?

Yes.





A dedicated ultrasound can often **RULE IT IN** — but it cannot **RULE IT OUT.**

Especially ovarian and deep endometriosis. Superficial disease can also be seen in many cases.

Based on work by Mathew Leonardi, MD, PhD

ENDOMETRIOSIS EDUCATION

What about superficial endometriosis?

This has traditionally been the hardest phenotype to image.

But in expert hands — and with evolving techniques — superficial endometriosis can also be seen in many cases.



Harder to detect does not mean invisible.

Based on work by Mathew Leonardi, MD, PhD

5 / 9

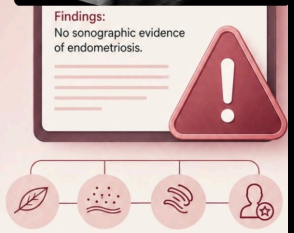
ENDOMETRIOSIS EDUCATION

A negative ultrasound does **NOT** rule out endometriosis



A normal scan may simply mean:

- Disease is superficial
- Disease is below current imaging resolution
- The scan was not dedicated to endometriosis
- The operator was not trained to look for it



Negative imaging does not equal no disease.

Based on work by Mathew Leonardi, MD, PhD

ENDOMETRIOSIS EDUCATION

The take-home

Ultrasound can **RULE ENDOMETRIOSIS IN.**

Ultrasound cannot **RULE ENDOMETRIOSIS OUT.**

Ask for a dedicated endometriosis ultrasound performed by someone trained to look for it.



IN

OUT

BETTER IMAGING.
BETTER ANSWERS.
BETTER CARE.

Based on work by Mathew Leonardi and colleagues
Selected works: Leonardi et al. 2020, 2022, 2024