SUMMARY

In gynecologic ultrasound scanning, despite recent advances in tissue differentiation, it is still not possible in many cases to make a pathologic diagnosis on the ultrasound findings alone.

It is only by intelligent correlation of the sonographic findings to the clinical presentation and history that the sonographer can be of any real assistance to the referring physician.

TVS permits high resolution imaging of the pelvis in patients regardless of body habitus, abdominal wall scarring or bowel gas. TVS is accepted well by the most patients and avoids the delay and discomfort of filling urinary bladder required for TAS. TVS has added advantage over TAS that probe can be used actively to locate sites of pelvic tenderness and evaluate for pelvic adhesions. In cases where there is a large pelvic mass, such as an ovarian neoplasm, TAS is necessary for complete evaluation because of its larger field of view. TVS probes do have limited penetration. TVS and TAS are complementary imaging modalities for evaluation of the pelvic organs. In majority of cases, fallopian tubes and ovaries are better evaluated by TVS but TAS plays an important role as well.

The use of TAS and TVS with sensitive pregnancy tests can result in high degree of accuracy in detection or exclusion of an extrauterine pregnancy.

The best scheme for early detection of ovarian carcinoma would be an initial pelvic sonograme (TA and TV) combined with serum CA_{125}.

Sonography particularly with TVS is a useful means to guide aspiration/biopsy of pelvic structures. It is extensively used for follicular aspiration but can be used for aspiration/biopsy of pelvic masses.

In general sonography has the most important role in the evaluation of benign adnexal masses. CT has important role in the evaluation of malignant adnexal masses.

The primary role for MRI for ovarian imaging is to act a probelm solving modality after sonography and CT have been performed. MRI is more accurate than ultrasound for tissue characterization, in differentiating simple fluid from that of more complex fluids. MRI may supplement the ultrasound examination for defining the nature of an adnexal mass, its extent and whether there are blood or fat components.