INTRODUCTION

For many years bimanual examination of the pelvis was the primary diagnostic technique in the evaluation of pelvic pathology.Pelvic pneumography, hysterosalpinography and other radiographic examinations were generally held in abeyannce because of the radiation involved and also because much of the information derived was not specific **(Redman, 1977).**

The accuracy of pelvic examination has been markedly improved with the advent of recent imaging techniques. In 1958, Donald and Co-Workers introduced the use of diagnostic ultrasound in obstetrics and gynaecology, and since that time, there has been a steady proliferation of its use in gynaecology. The development of gray scale and real-time facilities of ultrasound, produced a safe, non-invasive,and repeatable technique suitable for application in the region of female pelvis **(Queenan et al., 1975).**

By using a distended urinary bladder as a sonic window, the uterus and adnexae can be studied. Solid and cystic masses are readily demonstrated and the changes of pelvic inflammatory disease are generally well seen **(Leopold and Asher, 1974).**