

Sonographic Appearance	
Muscles	Hypoechoic
Ligaments	Not seen unless there is free fluid; echogenic
Posterior cul de sac	Not uncommon to see small amount of fluid
Anterior cul de sac	usually empty
Fallopian tubes	Not seen unless if there is fluid or pathology
Vagina	Medium level echos, homogeneous with smooth contours
Endometrium	Changes based on menses
Superficial layer of endometrium	Typically hypoechoic depends on cycle.
Basal layer of endometrium	hyperechoic
Uterus	Dependent on myometrium. Isosonic to vaginal wall.
Internal os	Hard to see unless pregnant
External os	Echogenic line
Cervix	Homogeneous, mid level echoes, isosonic to uterus
Endometrial canal	Thin echogenic line
Ovary	Homogeneous unless if there is a cyst
Mature Graafian or follicles	Anechoic

Endometrium (superficial) Throughout Cycle	
Menstrual phase (1-5 days)	Thin echogenic line
Proliferative phase (day 5-9)	Hyperechoic, 4-8mm, "3 line sign"
Proliferative phase (day 10-14)	isoechoic with myometrium, 6-10mm
Secretory phase (day 15-28)	thick echogenic line, 7-14mm

Pelvic Muscles	
True pelvis	1. Piriformis 2. Obturator internus 3. pelvic diaphragm
False pelvis	1. Psoas major 2. iliacus 3. iliopsoas
The pelvic diaphragm contains Levator ani and Coccygeus.	

Pelvic Ligaments	
Broad ligaments	Extend from uterine cornua to the lateral pelvic walls.
Round ligaments	Holds uterus in place
Cardinal and Utero Sacral	Provides support to the CERVIX
Infundibulopelvic and ovarian	Support the ovaries
Pubovesical and lateral	Holds the urinary bladder

Pelvic Spaces	
Anterior cul de sac	Area between uterus and pelvic bone
Posterior cul de sac (pouch of Douglas)	Area between rectum and uterus

Location	
Vagina	Between urethra and rectum; posterior to urethra and bladder.
Cervix:	Between body of uterus and vagina
- External os	Muscle that connects the cervix to vagina
- Internal os	Muscle that connect the body of uterus to cervix
Uterus	Between bladder and rectum
Fallopian tubes (salpingo)	Emerges from cornua of uterus (laterally)
Ovaries	Anterior to internal iliac arteries

Uterine Position Variations	
Anteverted	Fundus is anteriorly at a 90 degree angle, most common.
Anteflexed	Fundus is pointing inferiorly and resting on cervix
Retroverted	Fundus is posteriorly at an angle
Retroflexed	Fundus is superiorly and resting on cervix

Segments	
UTERUS:	
- Fundus	Widest and most superior portion (at level of cornua)
- Corpus (body)	Largest part
- Isthmus	Connects body and cervix (internal os)
- Cervix	Lowest uterine segment
FALLOPIAN TUBES (salpingo):	
- Interstitial (intramural)	Portion closest to uterus; narrowest



By Alyssabruestle1

Not published yet.

Last updated 1st December, 2022.

Page 1 of 2.

Sponsored by **Readable.com**

Measure your website readability!

<https://readable.com>

Segments (cont)

- Isthmus Short straight narrow portion; adjacent to uterus
- Ampulla Longest and most coiled portion; most common place for ectopic pregnancy
- Infund-
ibulum Funnel shape at end of the tube

OVARIES:

- Site of oogenesis (production of eggs, outer portion; contains follicles
- Peripheral cortex
- Central Made up of ovarian vascul-
medulla ature, homogeneous.



By [Alyssabruestle1](#)

cheatography.com/alyssabruestle1/

Not published yet.

Last updated 1st December, 2022.

Page 2 of 2.

Sponsored by [Readable.com](#)

Measure your website readability!

<https://readable.com>