Does “polycystic ovaries” on an ultrasound mean I have PMOS?

You asked: My ultrasound says ‘polycystic ovaries,’ but my cycles are regular and I have no other symptoms. Do I have PMOS?
Researched Sep 30, 2026

Not by itself. PMOS is the current name for the condition formerly called polycystic ovary syndrome (PCOS). The name changed because the condition involves hormonal and metabolic health, not simply ovaries or true cysts. [1] An ultrasound finding of **polycystic ovarian morphology (PCOM)**—often shortened in reports to “polycystic ovaries”—is one finding, not a diagnosis of PMOS.

For an adult, current diagnostic guidance requires at least **two of three** features, after other possible causes are excluded:

- signs or blood-test evidence of higher androgens, such as excess facial/body hair or acne;
- ovulatory dysfunction, often shown by irregular or infrequent cycles;
- PCOM on ultrasound, or an AMH blood test used as an alternative to ultrasound. [2]

How PMOS is diagnosed
A fertility specialist explains the diagnostic evaluation for the condition formerly called PCOS.
Video · https://www.youtube.com/watch?v=3a2VRE8-rcw

So, if your cycles are regular and you have no signs of androgen excess, the ultrasound wording alone does **not** show that you have PMOS. It means the scan appearance met, or may have met, criteria for PCOM. It does not mean you have large ovarian cysts; the appearance usually relates to a higher number of small follicles. [3]



This scan shows the ovarian appearance described as polycystic ovarian morphology, which is an imaging finding rather than a diagnosis by itself. · Image source: Polycystic ovarian morphology | Radiology Reference Article | Radiopaedia.org

Regular bleeding is reassuring, but it does not prove ovulation every time. Ovulatory dysfunction can occasionally occur despite regular cycles. If there is a reason to check—such as trouble conceiving—a clinician can assess ovulation, sometimes with a timed progesterone blood test. [4]

What to do with the report

Make a routine appointment with the clinician who ordered the ultrasound or your usual reproductive-health clinician. Ask them to interpret it alongside your age, medical history, medicines, cycle pattern, and the reason the scan was ordered. The report is most useful when it includes follicle counts, ovarian size or volume, scan method, and cycle timing. [2]

Seek review sooner if you develop:

- cycles that become widely spaced, very irregular, or stop;
- new bothersome facial/body hair growth, persistent acne, or scalp-hair thinning;
- difficulty becoming pregnant; or
- other symptoms that concern you.

One important exception: if you are an adolescent or within roughly eight years of your first period, ultrasound PCOM should **not** be used to diagnose PMOS because this appearance is not specific during puberty. [5]

In short, “polycystic ovaries” is an imaging description. With regular cycles and no other symptoms, it is not enough on its own to diagnose PMOS.

Sources

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