Does a Normal Ultrasound Rule Out PMOS?

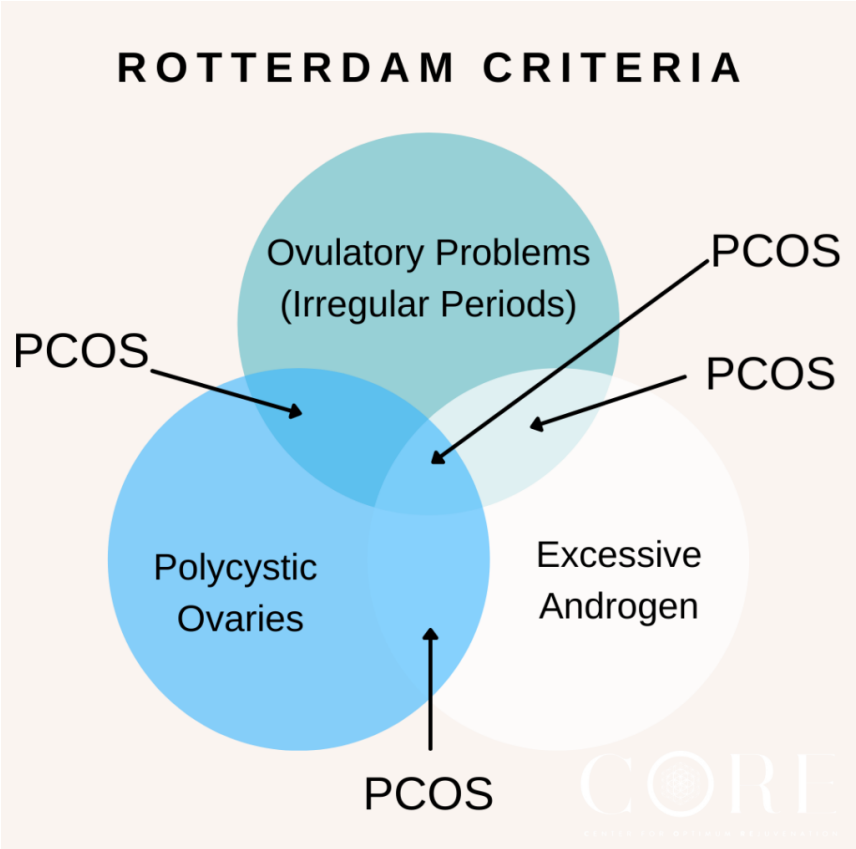
You asked: My periods come every 2–3 months and I have chin hair. My ultrasound was normal. Does that rule out PMOS?
Researched Sep 30, 2026

No. A normal pelvic ultrasound does not rule out polyendocrine metabolic ovarian syndrome (PMOS). PMOS is the current name for what was previously called polycystic ovary syndrome (PCOS). Despite the older name, the condition is not defined by having ovarian "cysts" on a scan. [1]

> Why PMOS Has a New Name
> A clinician explains the updated name and why symptoms and metabolic markers matter alongside imaging.
> Video · https://www.youtube.com/watch?v=1V-ppSRdwLs

For adults, PMOS is diagnosed after other possible causes are excluded when at least **two of three** features are present:

- irregular or absent ovulation, often shown by irregular periods;
- clinical or blood-test evidence of high androgen effect; or
- polycystic ovarian morphology on ultrasound, or in some cases an AMH blood test.



The diagram shows how irregular ovulation, androgen excess, and polycystic ovaries can combine in diagnosis. · Image source: Polycystic Ovarian Syndrome and the Rotterdam Criteria - CORE Philippines

So ultrasound findings are only one of the three features. In fact, when an adult has irregular cycles and hyperandrogenism, such as hirsutism (coarse hair growth in a male-pattern area), the

guideline says an ultrasound is **not necessary** for diagnosis. [2]

Periods every two to three months are irregular if you are more than three years past your first period. Chin hair can be hirsutism, a clinical sign of androgen effect. Those two symptoms may fit two PMOS diagnostic features, but they do **not** prove PMOS by themselves. A clinician still needs to consider and rule out other explanations. [3]

What to arrange next

Make a routine appointment with a primary-care clinician, gynecologist, or endocrinologist. Bring a record of period dates, hair-growth changes, medicines, and any acne, scalp-hair thinning, weight changes, or other symptoms. Tell them if pregnancy is possible.

Assessment commonly includes a medical history, examination, and targeted blood tests. Guideline-recommended exclusions include thyroid disease (TSH), high prolactin, non-classic congenital adrenal hyperplasia (17-hydroxyprogesterone), and sometimes FSH. Depending on your symptoms, clinicians may also investigate conditions such as Cushing syndrome or an adrenal disorder. Testosterone testing may help clarify androgen levels. [2]

If you are an adolescent, the approach differs. Ultrasound and AMH testing are not recommended for diagnosis within eight years of the first period because normal puberty can look similar. In adolescents, both irregular ovulation and hyperandrogenism are required for a PMOS diagnosis. [3]

When not to wait

Seek prompt medical assessment if facial or body hair is new, rapidly worsening, or severe. Also seek prompt assessment for signs of virilization, such as a deeper voice, marked scalp-hair loss, increased muscle size, or other sudden body changes. These need evaluation for less common causes of high androgens. [2] [4]

A gap of more than 90 days without a period also warrants assessment, especially if it is unexplained or recurring. [2]

Sources

1. University of Rochester Medical Center https://www.urmc.rochester.edu/conditions-and-treatments/polycystic-ovary-syndrome
2. 2023 International PMOS Guideline https://www.asrm.org/globalassets/_asrm/practice-guidance/practice-guidelines/pdf/recommendations_from_the_2023_int_evidence-based_guideline_on_pcos.pdf
3. 2023 International PMOS Guideline https://img1.wsimg.com/blobby/go/c930a7a6-baa5-4945-8289-7f4eb1daa107/downloads/6b9d0e4e-9a47-4627-a6a7-0c6a0554d75c/Evidence-Based-Guidelines-2023%20(1).pdf?ver=1759529951778
4. MSD Manual https://www.msdmanuals.com/home/women-s-health-issues/menstrual-disorders-and-abnormal-uterine-bleeding/polyendocrine-metabolic-ovarian-syndrome-pmos