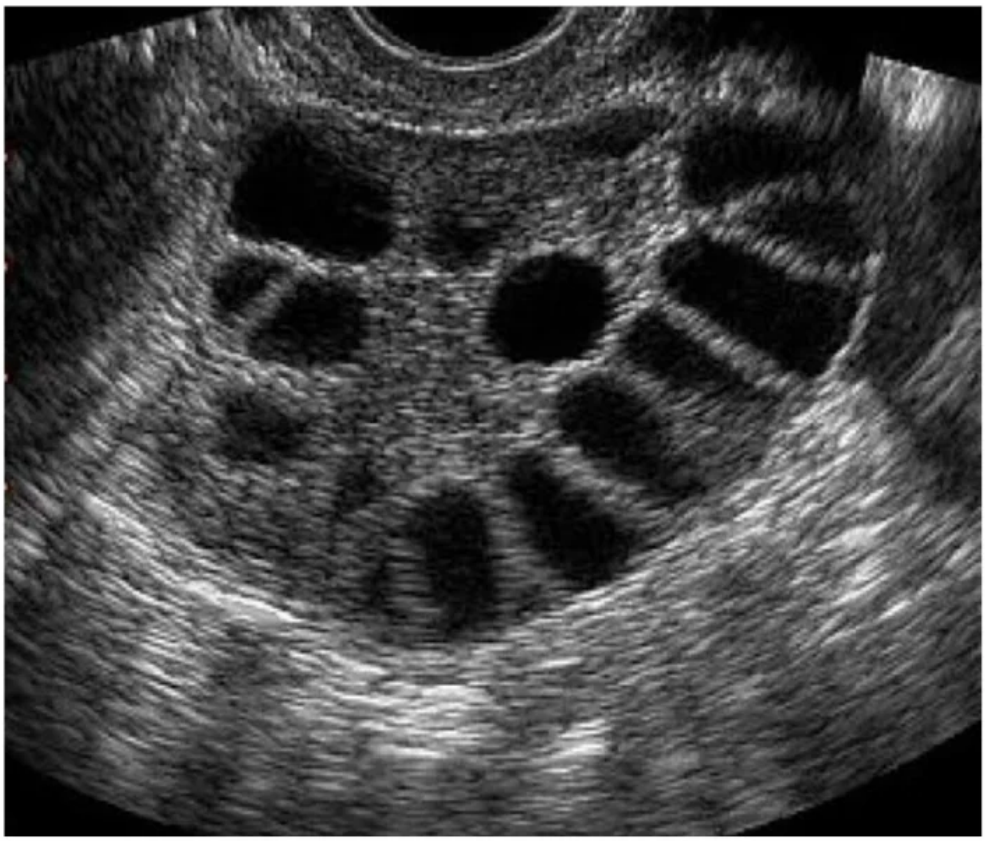
Does “polycystic ovaries” on an ultrasound mean you have PMOS?

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 based on that ultrasound finding alone. PMOS, short for **polyendocrine metabolic ovarian syndrome**, is the new name for what was previously called PCOS, or polycystic ovary syndrome. The name changed because the condition is broader than the ovaries, and because the scan finding does not mean someone has true ovarian cysts. [1] [2]

An ultrasound report saying “polycystic ovaries” describes **polycystic ovarian morphology (PCOM):** a pattern of many small follicles and/or increased ovarian size. Follicles are normal fluid-filled structures involved in egg development. They are not the same as harmful ovarian cysts. [1]



This scan illustrates the ovarian pattern called polycystic ovarian morphology, which is not a diagnosis on its own. · Image source: Ultrasound in Polycystic Ovarian Syndrome: What? When? How? Why? Who? - European Medical Journal

For an **adult**, current criteria require at least **two of these three** features, after other possible causes have been considered:

1. **Ovulatory dysfunction**, often reflected by irregular or absent periods.
2. **Hyperandrogenism**, meaning signs or blood-test evidence of higher androgen activity. Signs can include excess coarse facial or body hair, persistent acne, or scalp-hair thinning.

3. **PCOM** on ultrasound, or an elevated anti-Müllerian hormone (AMH) level used in the proper diagnostic pathway. [3]

How PMOS is diagnosed
A fertility specialist explains how clinicians diagnose the condition using more than an ultrasound result.
Video · https://www.youtube.com/watch?v=3a2VRE8-rcw

So, if your cycles are regular and you truly have no signs or test evidence of hyperandrogenism, the information you gave describes only **one** of the three features: the ultrasound pattern. That is **not enough to diagnose PMOS**. A clinician should still interpret the full report and your history rather than diagnose—or rule out—the condition from one sentence in a scan report. [3]

Why the ultrasound wording can sound more alarming than it is

"Polycystic ovaries" is an older-sounding report phrase. It does not mean your ovaries are full of dangerous cysts, and it does not automatically mean there is a hormone disorder.

For adults, the scan criteria depend on how the ultrasound was done and how clear the images were. With a high-quality scan, PCOM can be defined as **20 or more follicles measuring 2–9 mm in at least one ovary**. If a full follicle count is not reliable, an ovarian volume of **10 mL or more**, or 10 or more follicles in one image section, may be used instead. Transvaginal ultrasound is more accurate for this purpose than an abdominal scan. [3]

Those details matter. A report may simply say "polycystic ovaries" without listing the follicle count, ovarian volume, scan approach, or image limitations. The phrase is therefore not a complete diagnosis by itself.

Also, the ultrasound criterion is **not recommended for diagnosing PMOS in adolescents**, because multifollicular ovaries are common during puberty and there is no definitive adolescent ultrasound definition. In adolescents, both menstrual irregularity and hyperandrogenism are needed for diagnosis. [4]

What regular periods do—and do not—suggest

Regular periods are reassuring because irregular cycles are a main way clinicians identify ovulatory dysfunction. More than three years after the first period, cycles shorter than 21 days or longer than 35 days are considered irregular in the guideline framework. [5]

Regular periods do not make an ultrasound finding disappear. They mean the scan should be considered in its clinical context. Your clinician may ask about your usual cycle length, skipped periods, new skin or hair changes, medications, and any pregnancy or fertility concerns.

A sensible next appointment

Bring or request the **full ultrasound report**, not just the summary phrase. Useful questions include:

- Does the report actually document PCOM, or only describe a visual appearance?
- Was the scan transvaginal or abdominal?
- What follicle number and ovarian volume were reported?
- Given my regular cycles and lack of androgen-related symptoms, do I meet any PMOS criteria besides ultrasound morphology?
- Is any follow-up needed for the reason the ultrasound was ordered?

Do not assume that an AMH test will settle the question. In adults, AMH can sometimes be used **instead of** ultrasound to assess PCOM within the diagnostic process, but it should not be used as a stand-alone test for PMOS. [6]

Whether you need blood tests depends on your history and examination. If there are no symptoms suggesting hormone excess or cycle problems, testing should be guided by your clinician rather than by the scan label alone.

Changes worth getting checked

Arrange medical review if you develop increasingly irregular or absent periods, new excess coarse hair growth, troublesome acne, scalp-hair thinning, or trouble conceiving. Rapid, marked androgen-related changes deserve prompt assessment because clinicians need to consider causes other than PMOS as well. PMOS diagnosis requires excluding other conditions that can produce similar findings. [2]

New severe pelvic pain, especially with vomiting, fever, fainting, or possible pregnancy, needs urgent assessment. Do not assume pelvic pain is caused by PMOS or by the wording on a prior ultrasound.

In short: **"polycystic ovaries" is a description of scan morphology, not a PMOS diagnosis.** With regular cycles and no other symptoms, you do not have enough features from the information given to meet adult diagnostic criteria. The next step is a routine review of the complete report and your overall health history.

Sources

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