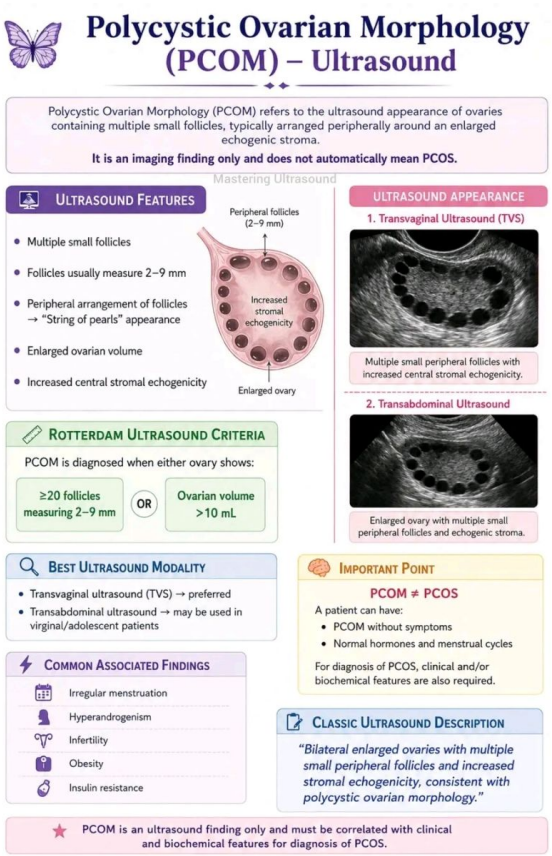
Does “polycystic ovaries” on an ultrasound mean I have PMOS?

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

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Not by itself. “Polycystic ovaries” on an ultrasound describes an appearance, called **polycystic ovarian morphology (PCOM)**. It is only one possible feature of **polyendocrine metabolic ovarian syndrome (PMOS)**, the newer name for polycystic ovary syndrome (PCOS). An ultrasound finding alone does not diagnose the syndrome. [1]

The word “polycystic” is also misleading. The scan usually shows many small developing follicles, not harmful ovarian cysts. [2]



This diagram shows the small follicles that can create a polycystic ovarian appearance and explains that the finding alone does not diagnose PMOS. · Image source: Polycystic Ovarian Morphology on Ultrasound | Mazen Abdo A Y. posted on the topic | LinkedIn

For adults, current guideline-based diagnosis requires **at least two of these three features**, after other possible causes are excluded:

1. Higher androgen activity, shown by symptoms or blood tests. Symptoms can include excess coarse facial or body hair, acne, or scalp-hair thinning.
2. Ovulatory dysfunction, often shown by irregular or infrequent periods.

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

So, if your cycles are regular and you have no signs of androgen excess, the ultrasound wording alone is **not enough** to say that you have PMOS. Regular periods make ovulatory dysfunction less likely. They cannot prove ovulation in every case, however; a clinician can assess this if there is a specific reason to do so. [4]

> Why ultrasound alone cannot diagnose PMOS
> A clinician explains why an ultrasound finding must be considered alongside menstrual patterns, symptoms, and other diagnostic features.
> Video · https://www.youtube.com/watch?v=OiGr3y65xNg&xstg=CAMSBhUD_LL2Hw%3D%3D

What to do with the report

Bring the complete ultrasound report to the clinician who ordered it, or to a gynecologist, at a routine visit. They can place the finding in context: your age, menstrual history, medications, reason for the scan, examination, and any relevant blood tests. Do not try to diagnose PMOS from follicle counts or ovarian measurements on the report alone. Ultrasound criteria vary with the imaging method and equipment. [5]

If you are an adolescent, ultrasound appearance should not be used to diagnose PMOS. Ovaries normally change during puberty, and the guideline instead requires both irregular cycles and androgen excess for diagnosis in adolescents. [3]

Seek a timely clinical review if you develop any of the following:

- newly irregular, very infrequent, or absent periods
- new excess facial or body hair, persistent acne, or scalp-hair thinning
- concerns about weight, blood sugar, cholesterol, or blood pressure
- pelvic pain or other symptoms that prompted the scan

In short: **an incidental "polycystic ovaries" result can be a finding without being PMOS.** A clinician can decide whether it needs any further assessment, but the scan alone does not establish the diagnosis.

Sources

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