**ORAL CAVITY:**
CT/ MR legend:
CT scan/ MR scan of the neck dated:

Oral cavity (Buccal, Lip, alveolus, palate and RMT)

**T stage:**

Laterality:

Location/ epicenter: Buccal mucosa/ Retromolar trigone/ Alveolus/ Lip
If buccal mucosa: gingivobuccal sulcus (GBS) involvement: upper/ lower/ both
If Retromolar trigone: upper/ lower/ both
If lip: upper/ lower/ angle
Alveolus: upper/ lower

Whether Measurable/ Nonmeasurable.
If measurable
Size: ….X …. X … cm. (<2 cm, 2-4 cm,> 4 cm)
Depth of invasion: (Previous Depth of invasion:)

**Primary Disease extent:**

Retromolar trigone: Not involved/ Involved
Floor of mouth: Not involved/ Involved
Gingivolingual sulcus: Not involved/ Involved
Tongue: Not involved/ Involved

Masseter muscle involvement: Not involved/ Involved
Masticator space involvement: Not involved/ Involved

Infratemporal fossa: Not involved/ Involved
If yes Extension to High Infratemporal fossa: Present/ Absent

Retroantral space extension: Not involved/ Involved

Medial pterygoid muscles involvement: Not involved/ Involved
Lateral pterygoid muscles involvement: Not involved/ Involved

Pterygoid plates: Not involved/ Involved
Pterygopalatine fossa: Not involved/ Involved
Pterygomaxillary fissure: Not involved/ Involved
Temporalis Muscle: Not involved/ Involved
Condylar fossa: Not involved/ Involved

Maxillary sinus involvement: Not involved/ Involved
Hard palate involvement: Not involved/ Involved

Skin involvement: Not involved/ Involved
Specific comments, if any:

Perineural spread: Absent/ Present/ cannot be commented*
If present:
Nerve involved (V1, V2, V3 etc):

Cranial extent of perineural:
Extension up to skull base: Absent/ Present/ Suspicious or cannot be commented*
If yes: foramen ovale, foramen rotundum, vidian canal, greater palatine foramen

Intracranial extension: Present/ Absent/ Suspicious or cannot be commented*
If yes: cavernous sinus involvement: Present/ Absent

Vascular involvement: Absent/ Present (with CCA and ICA)
If present angle of contact: <90, 90 – 179, 180 – 269; >270
IJV status:

**Bone status**
Dentition: Absent/ Present
Bony Erosion: Absent/ Present: if present: maxillary/ mandibular

If absent:
Height of the mandible free from Para mandibular soft tissue: ….. mm

If present:
Bone invasion absent or limited to cortical bone: Absent/ Present
Medullary/ marrow invasion: Absent/ Present
Mandibular canal (MC) involvement: Absent/ Present
Mandibular foramen (MF) involvement: Absent/ Present
If yes, Superior extent: foramen ovale/ cavernous sinus

The height of the intact mandible at the site of erosion:

**N stage**
Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate
If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral
Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal
Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Necrosis: Absent/ Present
Perinodal extension/extracapsular spread: Absent/ Present

Vascular involvement:
IJV: involved/ compressed/ cannot be commented upon
CCA abutment: Absent/ Present
ICA abutment: Absent/ Present
ECA abutment: Absent/ Present
If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270
Strap muscles involvement: Absent/ Present
Prevertebral fascia invasion: Absent/ Present

Size of the largest node:
Right side: ….. mm and level

Left side: ….. mm and level

**M Stage**
Lung nodules: Absent / Present
If present:
solitary/ multiple
location:
Size:
suspicious/ TSTC@/ Benign
Any other metastatic lesion (hepatic, adrenal, skeletal): Absent / Present
If yes, specify location and size:

**Impression:**
**T stage**
**N stage**
**M stage**

Specific comments, if any:
* Needs additional imaging.
# Needs additional imaging/ FNAC correlation.
@ Follow-up/ image guided FNAC correlation.

**LARYNX AND HYPOPHARYNX**

CT/ MR legend:

CT scan/ MR scan of the neck dated:

**Primary:**

Laterality:

Larynx/ Hypopharynx:

If Larynx: epicentre of disease: Glottic/ Supraglottic/ Sub glottic

If hypopharynx: epicentre of disease: Pyriform sinus/ post-cricoid

Whether Measurable/ Nonmeasurable. If measurable

Tumor Volume/Transverse dimensions: ……. (AP x transverse x CC)Volume:…….cc

**T stage:**

Epiglottis: Not involved/ Involved: If Involved: Free edge (ipsilateral / both sides)/ Base

Pre-epiglottic space: Not involved/ Involved: If Involved: Less than 25 % / Less than 50%/ More than 50%

Valleculae: Not involved/ Involved: If Involved: ipsilateral/ both sides

Hyoid bone: Not Involved/ Involved: If Involved: (erosion/ sclerosis)/ cannot be commented

Medial wall of pyriform & AE fold: Not Involved/ Involved: If Involved: (Ipsilateral/Contralateral)

Lateral wall of pyriform sinus: Not Involved/ Involved

Apex of pyriform sinus: Not Involved/ Involved

Para Glottic Space: Not Involved/ Involved (a) at false cord level b) true cord level) both

False vocal cord: Not Involved/ Involved

True vocal cord: Not Involved/ Involved

Anterior commissure: Not Involved/ Involved

Posterior commissure: Not Involved/ Involved

Sub-Glottis: Not Involved/ Involved (if involved inferior extent in mm)
Post cricoid: Not Involved/ Involved
Trachea: Not Involved/ Involved
Thyroid gland: Not Involved/ Involved

Pre-vertebral fascia: Not Involved/ Involved/ Indeterminate

**Cartilage erosion:**
Thyroid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion-lysis/ encased & displaced)
If Eroded: Unilateral/Bilateral laminae, Outer/ Inner cortex/both
Arytenoid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion-lysis/ encased & displaced).

Cricoid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion/ lysis/ marrow invasion)
Crico-arytenoid joint: Not Involved/ Involved
Exolaryngeal Spread: absent/ Present,
If present mode of spread-through eroded thyroid cartilage/ through thyrohyoid membrane/ along the posterior aspect of the thyroid cartilage.

**N stage:**
Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate
If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral
Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal
Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Necrosis: Absent / Present
Perinodal extension/extracapsular spread: Absent / Present

Vascular involvement:
IJV: involved/ compressed/ cannot be commented upon

CCA abutment: Absent / Present
ICA abutment: Absent / Present
ECA abutment: Absent / Present
If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270
Strap muscles involvement: Absent / Present
Prevertebral fascia invasion: Absent / Present

Size of the largest node:
Right side: ….. mm and level
Left side: ….. mm and level

**M Stage**
Lung nodules: Absent / Present
If present:
solitary/ multiple
location:
Size:
suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, adrenal, skeletal): Absent / Present
If yes, specify location and size:

**Impression:**
**T stage**
**N stage**
**M stage**

Specific comments, if any:

# Needs additional imaging/ FNAC correlation
@ Follow-up/ image guided FNAC correlation

**CARCINOMA TONGUE**

Laterality:
Tumour size (AP x transverse x CC) MM:
Depth of invasion MM:

**T stage:**
Crosses the midline: No/ abuts lingual raphe/ yes.
Extrinsic muscles: Not involved/ Involved
Genioglossus: Not involved/ Involved (origin/ insertion)
Hyoglossus: Not involved/ Involved (origin/ insertion)
Geniohyoid: Not involved/ Involved (origin/ insertion)

Lingual neurovascular bundle: Not involved/ Involved (grade:0/I/II/III)
If involved: Unilateral/bilateral
Sublingual space: Not involved/ Involved
Submandibular space: Not involved/ Involved

Mylohyoid: Not involved/ Involved (origin/ insertion)
Floor of mouth: Not involved/ Involved

Masticator space: Not involved/ Involved
ITF: Not involved/ Involved.
If yes Extension to High Infratemporal fossa: Present/ Absent

Posterior one-third of the tongue (BOT):Not involved/ Involved
RMT: Not involved/ Involved
Tonsillo-lingual sulcus: Not involved/ Involved
Tonsil: Not involved/ Involved

Inferior extent: up to vallecular/ epiglottis / PFS
Hyoid: Not involved/ Involved (Distance from hyoid bone)
Valleculae- Not involved/ Involved
Epiglottis: Not involved/ Involved
PFS: Not involved/ Involved

**Mandibular involvement:**
Cortical breach: Present/ absent
Marrow signal abnormality:  Present/ absent
Need for additional imaging: yes (CT bone window)

**N stage**
Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate
If indeterminate/ suspicious: need for additional imaging.

Laterality- Ipsilateral / contralateral / Bilateral.
Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal.
Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal.

Necrosis: Present/ Absent.
Perinodal extension/extracapsular spread: Present/ Absent.

Vascular involvement:
IJV: involved/ compressed/ cannot be commented upon.
CCA: Present/ Absent
ICA: Present/ Absent
ECA: Present/ Absent
If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270
Strap muscles involvement: Present/ Absent
Prevertebral fascia invasion: Present/ Absent

Size of the largest node:
Right side: ….. mm and level.
Left side: ….. mm and level.

**Impression:**
**T stage**
**N stage**
Specific comments, if any:
# Needs additional imaging/ FNAC correlation
@ Follow-up/ image guided FNAC correlation

**CARCINOMA NASOPHARYNX**

CT/ MR legend:

CT scan/ MR scan of the neck dated:

Laterality: Right/ Left/ Both

Crossing midline: No/ Yes

Tumour size (AP x transverse x CC)

**Primary tumor extent:**

Fossa of Rosenmuller: Not involved/ Involved

Eustachian tube opening: Not involved/ Involved

Pharyngobasillar fascia: Not involved/ Involved

Levator VeliPalatini: Not involved/ Involved

Tensor Velipalatini: Not involved/ Involved

Parapharyngeal space: Not involved/ Involved

Carotid space: Not involved/ Involved

Pterygoid muscles: Not involved/ Involved

If present: medial/ lateral/ both

Infratemporal fossa: Not involved/ Involved

Pterygoid plates: Not involved/ Involved

Pterygopalatine fossa: Not involved/ Involved

Pterygomaxillary fissure: Not involved/ Involved

Masseter muscle: Not involved/ Involved

Masticator space: Not involved/ Involved

Intra-nasal extension: Not involved/ Involved

Pre-vertebral muscles: Not involved/ Involved

Clivus (altered marrow signal): Not involved/ Involved

Intra-cranial extension: absent/ Present

If present: extent

Dural enhancement: Not involved/ Involved

Parenchymal involvement: Not involved/ Involved

Oropharynx: Not involved/ Involved

**Perineural spread:**
Absent/ Present/ cannot be commented*
If present:
Nerve involved (V1, V2, V3 etc):
Cranial extent of perineural:
Extension up to skull base: Present/ Absent/ Suspicious or cannot be commented*
If yes: foramen ovale, foramen rotundum, vidian canal, greater palatine foramen
Intracranial extension: Present/ Absent/ Suspicious or cannot be commented*
If yes: cavernous sinus involvement: Present/ Absent

**N stage:**
Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate
If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral
Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal
Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal
Necrosis: Absent / Present
Perinodal extension/extracapsular spread: Absent / Present

Vascular involvement:
IJV: involved/ compressed/ cannot be commented upon
CCA abutment: Absent / Present
ICA abutment: Absent / Present
ECA abutment: Absent / Present
If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270
Strap muscles involvement: Absent / Present
Prevertebral fascia invasion: Absent / Present

Suspicious nodes: above cricoid only / above and below cricoid
Size of the largest node:
Right side: ….. mm and level
Left side: ….. mm and level

**Impression:**

**T stage**

**N stage**

Specific comments, if any:

* Needs additional imaging.

# Needs additional imaging/ FNAC correlation.

@ Follow-up/ image guided FNAC correlation.

**Neck Imaging Reporting & Data System (NI-RADS)**

**NIRADS SURVEILLANCE REPORT TEMPLATE**

INDICATION: [ ]
Subsite & HPV status: [ ]
Surgery & Chemoradiation: [ ]

TECHNIQUE:

COMPARISON: [<None.>]

FINDINGS:
[<No evidence of recurrent disease is demonstrated at the primary site. >]

[<No pathologically enlarged, necrotic, or otherwise abnormal lymph nodes. >]

Expected post-treatment changes are noted including [<supraglottic mucosal edema and thickening of the skin and subcutaneous soft tissues.>]

There are no findings to suggest a second primary in the imaged aerodigestive tract.

Evaluation of the visualized portions of brain, orbits, spine and lungs show no aggressive lesions suspicious for metastatic involvement.

IMPRESSION:
Primary: [1}. [<Expected post-treatment changes in the neck without evidence of recurrent disease in the primary site >]

Neck: [1}, [<No evidence of abnormal lymph nodes.>]

**CECT or MRI Surveillance Legend:**

Primary
1: No evidence of recurrence: routine surveillance
2: Low suspicion
a) Superficial abnormality (skin, mucosal surface): direct visual inspection
b) Ill-defined deep abnormality: short interval follow-up*or PET

3: High suspicion (new or enlarging discrete nodule/ mass): biopsy
4: Definitive recurrence (path proven, clinical or definitive imaging progression): no biopsy needed

Nodes
1: No evidence of recurrence: routine surveillance
2: Low suspicion: (enlarging lymph node without morphologically abnormal features): short interval follow-up or PET
3: High suspicion (new or enlarging lymph node with morphologically abnormal features): biopsy if clinically needed
4: Definitive recurrence (path proven, clinical or definitive imaging progression): no biopsy needed

*short interval follow- up: 3 months at our institution

**CACRNIOMA THYROID CT IMAGING**

CT legend:

CT scan of the neck dated:

**Primary Thyroid nodule:**

Location:  Right lobe/Left lobe/Isthmus

Size:

Enhancement: Homogeneous/Heterogeneous

Calcifications: Absent/Present

If present: microcalcification/ macrocalcification/ eggshell

Cystic / Necrotic change: Absent/Present

Extra-thyroid extension: Absent/Present

If present CT Grade of ETE*:

Mediastinal extension: Absent/Present

Right aberrant subclavian artery: Absent/Present

**T STAGE**

Strap muscle involvement: yes/No

T-E groove: Not involved/Involved (Status of vocal cords' indirect sign of RLN involvement)

Relationship with trachea(SHIN grade #):

Fat planes with oesophagus: Lost/ maintained.  If lost; angle of contact:

Planes with prevertebral fascia: Lost/ maintained

Cricophraynx: Not involved/Involved

Cricoid cartilage: Not involved/Involved

Angle of contact with CCA (<180 / 180-270/>270):

Angle of contact with innominate vessels (<180 / 180-270/>270):

**N STAGE:**

Laterality- Ipsilateral / contralateral / Bilateral

Compartment: central/ lateral

Node stations:

Right cervical nodes

| LEVELS: | Level I | Level II | Level III | Level IV | Level V | Level VI |
|---|---|---|---|---|---|---|
| Size | | | | | | |
| Heterogeneity | | | | | | |
| Calcification | | | | | | |
| Cystic or necrotic change | | | | | | |
| Suspicious/ indeterminate/ benign @ | | | | | | |

Left cervical nodes

| LEVELS: | Level I | Level II | Level III | Level IV | Level V | Level VI |
|---|---|---|---|---|---|---|
| Size | | | | | | |
| Heterogeneity | | | | | | |
| Calcification | | | | | | |
| Cystic or necrotic change | | | | | | |
| Suspicious/ indeterminate/ benign @ | | | | | | |

Vascular involvement:
CCA abutment: Absent/Present
ICA abutment: Absent/Present
ECA abutment: Absent/Present
If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270
Strap muscles involvement: Absent/Present
Prevertebral fascia invasion: Absent/Present

**M Stage**
Lung nodules: Absent / Present
If present:
solitary/ multiple
location:
Size:
suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, skeletal): Absent / Present
If yes, specify location and size:

**Impression:**

**T stage**
**N stage**
**M stage**

Specific comments, if any:
@ Follow-up/ image guided FNAC correlation.

*CT ETE grading:

- I, a tumor which was completely enveloped by thyroid parenchyma;
- II, a tumor in which the percentage of the tumor perimeter in contact with the thyroid capsule was 1–25%;
- III, a tumor in which the contact with the capsule was 25–50%;
- IV, a tumor in which the contact with the capsule was >50%

# CT Shin grading:

- 0: > 5mm distance between tumor and trachea.
- I: disease abuts external perichondrium.
- II: disease invades into the cartilage +/- destruction.
- III: disease extends into the tracheal mucosa with no elevation/penetration of mucosa.
- IV: disease is full-thickness invasion with expansion of the tracheal mucosa with a bulge

**USG THYROID DATED**

High frequency USG of the thyroid with Doppler and elastography is performed.

**Right thyroid lobe**

measures cm.

A well/ill defined solid/cystic/mixed hypoechoic/hyperechoic/isoechoic nodule is seen in the right lobe of thyroid.

It measures 8 x 9 mm in size.

The nodule is wider than taller.

It shows no/complete/irregular halo.

No/microcalcifications/macrocalcifications are seen

The lesion shows no/central/peripheral/both central and peripheral vascularity.

It shows no spongiform pattern/ comet tail artifacts.

Extrathyroid extension is not seen.

On elastography it is hard/soft, Asteria ES III.

**Left thyroid lobe**

measures cm.

A well/ill defined solid/cystic/mixed hypoechoic/hyperechoic/isoechoic nodule is seen in the left lobe of thyroid.

It measures 8 x 9 mm in size.

The nodule is wider than taller.

It shows no/complete/irregular halo.

No/microcalcifications/macrocalcifications are seen

The lesion shows no/central/peripheral/both central and peripheral vascularity.

It shows no spongiform pattern/ comet tail artifacts.

Extrathyroid extension is not seen.

On elastography it is hard/soft, Asteria ES III.

Isthmus measures 3 mm.

Few subcm sized reactive appearing nodes are seen in level IB and II region. There is no suspicious cervical lymphadenopathy.

Bilateral neck vessels are patent.

**Impression :-**

USG reveals:

Right thyroid nodule appears benign/indeterminate/suspicious on USG with TIRADS score and TMC RSS Score : low/Intermediate/high risk. FNAC correlation is suggested

Left thyroid nodule appears benign/indeterminate/suspicious on USG with TIRADS score and TMC RSS Score : low/Intermediate/high risk. FNAC correlation is suggested.

**USG NECK FOR NODAL MAPPING DATED:**

High frequency USG of the neck nodes with Doppler is performed.

Neck nodes:

Right cervical nodes

| LEVELS: | Level I | Level II | Level III | Level IV | Level V | Level VI |
|---|---|---|---|---|---|---|
| Short-axis diameter | | | | | | |
| Long-axis diameter | | | | | | |
| Loss of hilum | | | | | | |
| Echogenicity | | | | | | |
| Microcalcifications | | | | | | |
| Vascularity at power Doppler US | | | | | | |
| Suspicious/ indeterminate/ benign | | | | | | |

Left cervical nodes

| LEVELS: | Level I | Level II | Level III | Level IV | Level V | Level VI |
|---|---|---|---|---|---|---|
| Short-axis diameter | | | | | | |
| Long-axis diameter | | | | | | |
| Loss of hilum | | | | | | |
| Echogenicity | | | | | | |
| Microcalcifications | | | | | | |
| Vascularity at power Doppler US | | | | | | |
| Suspicious/ indeterminate/ benign | | | | | | |

Bilateral neck vessels are patent.

**IMPRESSION:**

**USG reveals:**

Reactive/ indeterminate/ suspicious right / left side adenopathy is seen.
Comments: Suggested FNAC correlation.