

Endometrial malignancy Synoptic Reporting MRI - NCG

PROTOCOL :

Patient Instructions :

- *4 hours fasting, but water intake is encouraged prior to the scan.*
- *Patient is asked to void 30 minutes prior to the scan.*
- *Serum Creatinine to be in check, ideally <1.2 mg/dl, above which, the eGFR is calculated. Contrast enhanced scan can be safely performed for eGFR>30mL/min.*
- *Antiperistaltic medication (e.g. buscopan)is recommended.*

Preparation : *For optimal reporting, instillation of per-vaginum sterile jelly is necessary.*

Sequences :

- *Dedicated oblique axial Small field of view (FOV) high resolution T2W sequence.*
- *Dedicated oblique sagittal Small field of view (FOV) high resolution T2W sequence.*
- *Coronal T2W sequence, optional for small versus large FOV, but small FOV is preferred.*
- *Large FOV T2W image in axial plane from kidney to perineum.*
- *Fat saturated sequence for lower abdomen and pelvis.*
- *Axial T1W sequence for screening upper abdomen.*
- *Diffusion Weighted imaging, with b=600-800, optional FOV, but preferably small FOV*
- *Dynamic post contrast scan is recommended, particularly for disease confined to the uterine body. Pre-contrast followed by 4 to 5 runs of post contrast imaging. (May be avoided in obviously large infiltrating diseases of advanced stage)*
- *Multiplanar post contrast fat sat sequence. (May be avoided in obviously large infiltrating diseases of advanced stage where depth of invasion of myometrium is not a question; then ax T1 PC is sufficient))*

Specifications :

*For small FOV, 512 x 256 matrix, 24 cm FOV, 4 mm slice thickness, 1 mm interslice gap
T1W large FOV, 256 x 256 matrix, 32 cm FOV, 4 mm slice thickness, 1 mm interslice gap*

Report :

Tumour description:

- Location of lesion:Anterior / posterior / either lateral wall
- Dimension and morphology
- Extent of myometrialinvolvement : Less than half / more than half of myometrial thickness. / extraserosalinvolement
- Specific comment if extension to cornua
- Endocervix : Not involved / Involved
- Cervical stroma : Not involved / Involved
- Endometrial thickness :
- Associated hematometra / hydrometra.

Locoregional extent:

- Vaginal involvement : Anterior / posterior
- Parametrium:Not involved /Equivocal / Involved. If parametrium involved, its lateral extent.
- Hydroureter : Absent / Present, without / with hydronephrosis

- Bowel: Uninvolved / Involved.
- Bladder : Uninvolved / Involved.

Adenopathy :

- Size :
- Morphology :
- Site :
- Locoregional nodal sites :Perivisceral, Internal iliac, External iliac, Common iliac sites
- Extended regional nodes : Para-aortic nodes
- Metastatic nodal sites: Inguinal nodes and other distant sites.

Ovaries :Normal / Suspicious

Ascites : Present / Absent

Metastases :

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate lesions seen.