

Ovary Synoptic Reporting CT - 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. If it is >30 but less than 45 mL/min, contrast may be given with prophylactic measures like hydration*

Contrast Agent :

Oral : 750 to 1000 ml of oral positive contrast agent for delineating bowel loops, starting at approximately 2 hours prior to the procedure.

Intravenous : At the time of scan, approximately 80 to 120 ml of non-ionic contrast is injected at the rate of 2 ml/sec. Iso-osmolar contrast agent used if eGFR is on the lower side.

Scan area : *Dome of diaphragm to perineum*

Usually for multidetector CT, the section collimation is 2.5 mm, the table speed is 12.5 mm per rotation, and the reconstructed section width is 3–5 mm. Section thickness : 5mm. Isotropic multiplanar post processing reconstruction at 1 mm interval.

INTERPRETATION

Left ovary :

- Normal / Bulky / Enlarged and abnormal
- Size : cm
- Morphology : Homogenous solid soft tissue / Heterogenous complex (Internal cystic / Fat density / Calcific density)
- Enhancement : Homogenous / heterogenous
- Planes with pelvic viscera

Rightovary :

- Normal / Bulky / Enlarged and abnormal
- Size : cm
- Morphology : Homogenous solid soft tissue / Heterogenous complex (Internal cystic / Fat density / Calcific density)
- Enhancement : Homogenous / heterogenous
- Planes with pelvic viscera

Uterus :

- Size : Normal / Bulky
- Serosal surface: regular / Bosselated due to disease extension
- Any specific comments

Omentum :

Not involved / Involved

If involved ;

Fat stranding / Nodular enhancement

Omental deposits : Sizes and location of the larger 3 deposits

Omental caking : Thickness and site

Peritoneum :

Not involved / Involved

If involved ;

Homogenous thickening and enhancement: Present / Absent

Nodular heterogenous thickening : Present / Absent

Serosal deposits:

Visceral surface : Liver / Spleen / Bowel wall

Specifically comment for deposits along undersurface of diaphragm / surface along falciform ligament /

GB fossa

Kidneys :

Hydroureter : Absent / Present (With / without hydronephrosis)

Renal function : Symmetric uptake / Decreased parenchymal contrast uptake

Features of intestinal obstruction : Present / Absent

Adenopathy :

- Size in Short axes dimension
- Site : Iliac / Retroperitoneal / Cardiophrenic / Inguinal
- Shape : Round / ovoid / reniform with fatty hilum
- Morphology : Homogenous / Heterogenous enhancement with internal necrosis

Ascites : Present / Absent

Pleural effusion : Present / Absent

Other viscera : Liver, gall bladder, spleen, pancreas, adrenals and lung base

Metastases :

- Bone metastases
- Visceral metastases