

## Cervix 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**

### ***Cervical lesion :***

- Exophytic / Endophytic
- Epicentre : Anterior vs posterior vs both lips
- Size : Dimension in all three axes (if lesion is well appreciated)
- Uterine body involved or not – If yes, its extent of involvement in cm.

### **Locoregional involvement :**

- Vaginal wall involvement : Uninvolved / Involved (If involved , Upper two-thirds / whole
- Parametrial involvement : Fat stranding / definite nodular soft tissue enhancement  
If involved, then :
- Extent of involvement : Medial / Lateral / Reaching to the lateral pelvic wall
- Distance from lateral pelvic wall and medial wall of the obturator vessels
- Hydroureter : Absent / Present (With / without hydronephrosis)
- Renal function : Symmetric uptake / Decreased parenchymal contrast uptake

### **Extrauterine extension :**

- Bowel wall involvement
- Bladder wall involvement

### **Adenopathy :**

- Size in Short axes dimension
- Shape : Round / ovoid / reniform with fatty hilum
- Morphology : Homogenous / Heterogenous enhancement with internal necrosis
  - *Locoregional* nodal sites : Perivisceral, Internal iliac, External iliac and Common iliac sites
  - *Metastatic* nodal sites: Para-aortic and Inguinal nodes and other distant sites.

### **Ovaries :**

**Ascites :** Present / Absent

**Pleural effusion :** Present / Absent

### **Peritoneum:**

### **Omentum :**

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

**Metastases :**

- Bone metastases
- Visceral metastases