

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 performed for eGFR >30mL/min.*
- *Antiperistaltic medication (e.g. IM buscopan) is not essential.*

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=800 to 1200, 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.*

Specifications :

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

Report :

Tumour description:

- Endometrial thickness :
- Junctional zone :
- Endometrial cavity : Collapsed / Distended ; homogenous / heterogenous signal intensity
- If homogenous, whether fluid / hematometra
- If heterogenous, T2 signal intensity , restricted diffusion and dynamic post contrast enhancement characteristics
- Location in small lesions : Anterior / posterior / either lateral wall
- Dimension in all three axes
- Extent of myometrial involvement : Less than half (comment on integrity of endometrial halo) / more than half of myometrial thickness / extraserosal involvement
- Specific comment if extension to cornua
- Endocervix : Not involved / Involved
- Cervical stroma : Not involved / Involved

Locoregional extent :

- Vaginal involvement : Anterior / posterior
- Parametrium : Free / Stranding / Involved, seen as nodular enhancing soft tissue
If parametrium involved, its lateral extent, with distance from the lateral pelvic wall and medial wall of the obturator vessels.
- Hydroureter : Absent / Present, without / with hydronephrosis

Extrauterine pelvic extent :

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

Adenopathy :

- Size : Short axis diameter
- Morphology : Round / oval ; homogenous / heterogenous signal intensity, diffusion characteristics
- Enhancement : Heterogenous / homogenous
- 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.