

Cervix Synoptic Reporting CT - NCG

PROTOCOL :

Patient Instructions :

- *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 mL/min, full dose contrast can be safely injected. If <30 mL/min, decide on IV contrast injection on case-by-case basis.*

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.

Reporting : Sagittal reformats and optimal change of windowing should also be used for assessment of findings.

INTERPRETATION

Cervical lesion :

- Size : Dimension (if lesion is well appreciated)
- Uterine body involved or not – If yes, its extent of involvement.
- Associated hydrometra / hematometra

Locoregional involvement :

- Vaginal wall involvement : Uninvolved / Involved (If involved , Upper two-thirds / whole)
- Parametrial involvement : Involved / Equivocal (CT is not the ideal modality for assessment of medial parametrial involvement)
- If involved, then the extent of involvement
- Hydroureter : Absent / Present (With / without hydronephrosis)
- Renal function : Symmetric uptake / Delayed nephrogram. (Optional excretory phase may be obtained)

- Bowel involvement
- Bladder involvement

Adenopathy :

- Size :
- Morphology :
- Site :
 - *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 : Normal / Suspicious

Ascites : Present / Absent

Pleural effusion : Present / Absent

Peritoneum and omentum :

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

Metastases :

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate finding.