

Ovary 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.*

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*
- *Additional Diffusion Weighted imaging of the upper abdomen to look for small deposits in abdominal cavity and serosal surfaces*
- *Dynamic post contrast screening. Pre-contrast followed by 4 to 5 runs of post contrast imaging. (May be avoided in cases with known malignancy or advanced stage) ROI placed in the solid component of the lesion and outer half of myometrium.*
- *Multiplanar post contrast fat sat sequence.*

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:

Left ovary :

- Normal / Bulky / Enlarged and abnormal
- Size : cm
- Morphology : Homogenous solid / homogenous cystic / heterogenous complex mass with solid and cystic component.
- Signal intensity : T2 and T1 signal intensity, diffusion
- Fat density : Present / Absent
- Calcific density : Present / Absent
- Enhancement characteristics of the solid component
- Well capsulated / breach of the ovarian capsule
- Planes with pelvic viscera / bowel / bladder

Right ovary :

- Normal / Bulky / Enlarged and abnormal
- Size : cm
- Morphology : Homogenous solid / homogenous cystic / heterogenous complex mass with solid and cystic component.
- Signal intensity : T2 and T1 signal intensity, diffusion
- Fat density : Present / Absent
- Calcific density : Present / Absent
- Enhancement characteristics of the solid component
- Well capsulated / breach of the ovarian capsule
- Planes with pelvic viscera / bowel / bladder

Uterus :

- Size : Normal / Bulky
- Serosal surface: regular / Bosselated due to disease extension / fibroids
- Endometrial thickness
- 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 thickening and enhancement : Present / Absent

Serosal deposits:

Visceral surface : Liver / Spleen / Bowel wall

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

GB fossa : T2 signal intensity and restricted diffusion.

Kidneys : Hydroureter : Absent / Present (With / without hydronephrosis)

Renal function : Symmetric uptake / Decreased parenchymal contrast uptake

Bowel : Features of intestinal obstruction : Present / Absent

Adenopathy :

- Size : Short axis diameter
- Morphology : Round / oval ; homogenous / heterogenous signal intensity, diffusion characteristics
- Enhancement :Heterogenous / homogenous
- Site : Iliac / Retroperitoneal / Cardiophrenic / Inguinal

Ascites : Present / Absent

Pleural effusion : Present / Absent

Metastases :

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate lesions seen.