O-RADS US v2022

Report Template Sample

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The following is an example of parts of a report template for a pelvic US exam incorporating O-RADS US v2022 to describe the adnexa and relevant findings. One may copy and paste from this word document or use to create a dictation template; hyperlink options serve as examples of selections for a dropdown menu ("picklist" options). For multiple lesions, report from most to least concerning for each ovary. Duplicate inserts as needed.

INSTRUCTIONS:

The report template has 3 sections:

1) FINDINGS INSERT
    a. For ovaries and lesions, report 3 dimensions; if priors, report average linear dimension ([L + H + W]/3) for lesions.
    b. For lesion "Descriptors", select hyperlink from the OBSERVATION DESCRIPTORS table. Copy text, click "Return to FINDINGS INSERT" paste and edit.
2) IMPRESSION INSERT
    a. Select appropriate option: 1) Normal; 2) Ovary not seen; 3) Observation.
    b. For lesion size, may summarize as single largest dimension.
    c. For management recommendations, select O-RADS score from the hyperlink table. Copy appropriate text, click "Return to IMPRESSION INSERT", paste and edit.
3) LEGEND with REFERENCE (optional)
    a. Select an option without or with risk of malignancy (ROM) percentages.

FINDINGS INSERT:

[Right / Left] Adnexa: Ovary: [[# x # x #] cm. / Not seen. / No normal-appearing ovarian tissue separate from an adnexal lesion.] [No ovarian or adnexal lesions. / Follicle(s), O-RADS 1. / Corpus luteum, O-RADS 1. / Lesion(s) as follows:

Observation [#]:
Location: [Ovarian / Adnexal / Extraovarian]
Size: [# x # x #] cm; average linear dimension: [#] cm, previously [#] cm
Descriptors: [ ]
O-RADS US: [0 / 1 / 2 / 3 / 4 / 5]

Ascites: [None / Small / Moderate / Large]
Peritoneal nodules: [None / Present]]

OBSERVATION DESCRIPTORS

Simple Cyst (premen >3 cm or postmen any size)	Typical Hydrosalpinx
Typical Hemorrhagic Cyst	Unilocular Non-simple Cyst or Bilocular Cyst **WITHOUT** Solid Component(s)
Typical Dermoid Cyst	Multilocular Cyst **WITHOUT** Solid Component(s)
Typical Endometrioma	Unilocular Cyst **WITH** Solid Component(s)
Typical Paraovarian Cyst	Bi- or Multilocular Cyst **WITH** Solid Component(s)
Typical Peritoneal Inclusion Cyst	Solid/Solid-appearing lesion

IMPRESSION INSERT

Option 1: Normal *(recommendation optional)*

Normal [right / left / bilateral] [ovary /ovaries] and adnexa, O-RADS US, 1. [No imaging or clinical follow-up is needed.]

Option 2: Ovary/ovaries not seen *(O-RADS 0 uncommon)*

[Right / left / bilateral] [ovary/ovaries] not seen but no adnexal lesions, O-RADS US [: not applicable. / 0, incomplete due to technical factors. As the indication for this exam requires ovarian visualization, recommend [repeat US examination / MRI evaluation].]

Option 3: Observation

[Right / Left][ovarian / adnexal / extraovarian] [#] cm [follicle / corpus luteum / simple cyst / hemorrhagic cyst / dermoid cyst / endometrioma / paraovarian cyst / peritoneal inclusion cyst / hydrosalpinx / unilocular non-simple cyst without solid component(s) / bilocular cyst without solid component(s) / multilocular cyst without solid component(s) / unilocular cyst with solid components(s) / bilocular cyst with solid component(s) / multilocular cyst with solid component(s) / solid lesion/solid-appearing lesion], as described above. O-RADS US [ ]

O-RADS 0	0-RADS 1	O-RADS 2	O-RADS 3	O-RADS 4	O-RADS 5

LEGEND with REFERENCE

Option 1: Without ROM

O-RADS 0 – Incomplete evaluation due to technical factors
O-RADS 1 – Normal ovary
O-RADS 2 – Almost certainly benign
O-RADS 3 – Low risk
O-RADS 4 – Intermediate risk
O-RADS 5 – High risk
Reference: https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/O-RADS

Option 2: With ROM

O-RADS 0 – Incomplete evaluation due to technical factors
O-RADS 1 – Normal ovary
O-RADS 2 – Almost certainly benign (<1% ROM)
O-RADS 3 – Low risk (1 - <10% ROM)
O-RADS 4 – Intermediate risk (10 - <50% ROM)
O-RADS 5 – High risk (≥ 50% ROM)
Reference: https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/O-RADS

Simple Cyst *– O-RADS 2 (<10cm) or O-RADS 3 (≥10 cm) (May report as "simple cyst" without complete description)*

Simple cyst

Unilocular, anechoic cyst, smooth inner walls

Return to FINDINGS INSERT

Typical Hemorrhagic Cyst *– O-RADS 2 (<10cm) or O-RADS 3 (≥10 cm) (at least 1 * feature is required.)*
NOTE: If LATE POSTMENOPAUSAL (≥5 yrs of menopause) RECATEGORIZE using other lexicon descriptors.

Unilocular, avascular cyst, *internal reticular pattern, *retractile clot; typical hemorrhagic cyst

Return to FINDINGS INSERT

Typical Dermoid Cyst *– O-RADS 2 (<10cm) or O-RADS 3 (≥10 cm) (at least 1 * feature is required)*

Cystic lesion, [#] locule(s), no internal vascularity, *hyperechoic component(s) with shadowing, *hyperechoic lines and dots, *floating echogenic spherical structures; typical dermoid cyst

Return to FINDINGS INSERT

Typical Endometrioma *– O-RADS 2 (<10cm) or O-RADS 3 (≥10 cm) (* = optional feature)*

Cystic lesion, [#] locule(s), no internal vascularity, homogenous low-level echoes, smooth inner walls, *peripheral punctate echogenic foci; typical endometrioma

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Typical Paraovarian Cyst *– O-RADS 2 (* = optional feature)*

Simple cyst separate from the ovary, *moves independent of the ovary with transducer pressure; typical paraovarian cyst

Return to FINDINGS INSERT

Typical Peritoneal Inclusion Cyst *– O-RADS 2 (* = optional feature)*

Fluid collection with ovary at margin or suspended within, conforms to adjacent pelvic organs, *internal septations representing adhesions; typical peritoneal inclusion cyst

Return to FINDINGS INSERT

Typical Hydrosalpinx *– O-RADS 2 (* = optional feature)*

Anechoic, fluid-filled tubular structure, *incomplete septations, *endosalpingeal folds; typical hydrosalpinx

Return to FINDINGS INSERT

Unilocular Non-simple Cyst or Bilocular Cyst WITHOUT Solid Component(s)

Smooth inner walls *– O-RADS 2 (<10 cm) or O-RADS 3 (≥10 cm)*

[Unilocular / Bilocular] cystic lesion without solid components, smooth inner walls, [anechoic / internal echoes], [incomplete septation(s)]

Irregular inner walls *– O-RADS 3*

[Unilocular / Bilocular] cystic lesion without solid components, irregular inner walls

Return to FINDINGS INSERT

Multilocular Cyst WITHOUT Solid Component(s)

Smooth inner walls/septation(s) *– O-RADS 3 (<10 cm & CS <4) or O-RADS 4 (>10 cm & CS <4 OR any size & CS 4)*

Multilocular cystic lesion without solid components, smooth inner walls and septation(s), color score [1-3 (no to moderate flow) / 4 (very strong flow)]

Irregular inner walls *– O-RADS 4*

Multilocular cystic lesion without solid components, irregular inner walls or septation(s)

Return to FINDINGS INSERT

Unilocular Cyst WITH Solid Component(s) *– O-RADS 4 (no pps or <4 pps) or O-RADS 5 (≥4 pps)*

Unilocular cystic lesion with [solid components not considered papillary projections / less than 4 papillary projections / 4 or more papillary projections]

Return to FINDINGS INSERT

Bi- or Multilocular WITH Solid Components *– O-RADS 4 (CS 1-2) or O-RADS 5 (CS 3-4)*

[Bilocular / Multilocular] cystic lesion with solid components, color score [1-2 (no-minimal flow) / 3-4 (moderate-very strong flow)]

Return to FINDINGS INSERT

Solid/Solid-appearing Lesion

Smooth outer contour *– O-RADS 3 (shadowing & CS 1-3 or non-shadowing CS 1) or O-RADS 4 (non-shadowing & CS 2-3)*

[Solid / Solid-appearing] lesion, smooth outer contour, [shadowing / non-shadowing], color score [1 (no flow) / 2-3 (minimal to moderate) / 4 (very strong flow)]

Irregular outer contour *– O-RADS 5*

[Solid / Solid-appearing] lesion, irregular outer contour

Return to FINDINGS INSERT

O-RADS 0 Management

0, incomplete evaluation due to technical factors. Repeat US or MRI with O-RADS MRI score.

Return to IMPRESSION INSERT

O-RADS 1 Management *(recommendation is optional)*

1, normal ovary. [No imaging or clinical follow-up is needed.]

Return to IMPRESSION INSERT

O-RADS 3 Management *(surveillance parameters are optional; for unexplained ascites or peritoneal nodules, upgrade to O-RADS 5.)*

Cystic lesions

3, low risk. If not surgically excised, consider US follow-up within 6 months. [On follow-up, if stable, repeat US at 12 and 24 months from initial exam, then as clinically indicated.] Clinical management by gynecology.

Solid lesions

3, low risk. [If not surgically excised, consider US follow-up within 6 months. / Recommend further evaluation by an US specialist or MRI with O-RADS MRI score.] [On follow-up, if stable, repeat US at 12 and 24 months from initial exam, then as clinically indicated.] Clinical management by gynecology.

Return to IMPRESSION INSERT

O-RADS 2 Management *(select lesion type from options below; surveillance parameters are optional)*

Simple Cyst

Premenopausal >3 cm but ≤5 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Premenopausal > 5 cm but <10cm or Postmenopausal >3 cm but <10cm

2, almost certainly benign. Recommend US follow-up in 12 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If stable or increased (more than 10-15% average linear dimension), but remains simple, repeat US at 24 months from initial exam, then per gynecology.]

Unilocular Smooth Non-simple Cyst or Bilocular Smooth Cyst

Premenopausal ≤3 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Postmenopasusal ≤3cm

2 almost certainly benign. Recommend US follow-up in 12 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If increased (more than 10-15% average linear dimension), repeat US at 12 months. If stable, repeat US at 24 months from initial exam, then per gynecology.]

>3 cm but <10 cm

2, almost certainly benign. Recommend US follow-up in 6 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If increased (more than 10-15% average linear dimension), repeat US at 12 months. If stable, repeat US at 24 months from initial exam, then per gynecology.]

Typical Hemorrhagic Cyst

Premenopausal ≤5 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Premenopausal >5cm but <10 cm

2, almost certainly benign. Recommend US follow-up in 2-3 months or sooner as clinically indicated. Clinical management per gynecology as indicated.

Early postmenopausal <10 cm

2, almost certainly benign. Recommend US follow-up in 2-3 months, referral to US specialist if available, or MRI with O-RADS MRI score. Clinical management per gynecology as indicated.

Typical Dermoid Cyst

≤3 cm

2, almost certainly benign. May consider follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.]

>3 but <10 cm

2 almost certainly benign. If not surgically excised, recommend follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Typical Endometrioma *(NOTE: ↑ ROM in endometriomas after menopause & those present >10 years)*

Premenopausal <10 cm

2, almost certainly benign. If not surgically excised, recommend follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Postmenopausal <10 cm and initial exam

2, almost certainly benign. To confirm the diagnosis, recommend follow-up US in 2-3 months, referral to an US specialist, or MRI with MRI O-RADS score. Once confirmed, if not excised, recommend follow-up US in 12 months from the initial exam. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Typical paraovarian cyst, peritoneal exclusion cyst or hydrosalpinx

2, almost certainly benign. No imaging follow-up is needed. Clinical management per gynecology as needed.

Return to IMPRESSION INSERT

O-RADS 4 Management *(for unexplained ascites or peritoneal nodules, upgrade to O-RADS 5.)*

4, intermediate risk. Recommend further evaluation by an US specialist if available, MRI with O-RADS MRI score, or per gyn-oncologist protocol. Clinical management by gynecology with gyn-oncologist consultation or solely by gyn-oncologist.

Return to IMPRESSION INSERT

O-RADS 5 Management

5, high risk. Recommend referral to gyn-oncologist for imaging recommendations and clinical management. If further characterization is needed, recommend MRI with O-RADS MRI score. For staging, contrast-enhanced CT may be considered.

Return to IMPRESSION INSERT