

O-RADS™ ADNEXAL LESION WORKSHEET

Consent for TVS Latex Allergy: No Yes

Patient Name _____	MRN _____	Accession _____	Date _____
Age _____	LMP _____	Postmenopausal _____ (yrs)	Indication _____
Labs	<input type="checkbox"/> CA-125 _____	<input type="checkbox"/> BhCG _____	<input type="checkbox"/> WBC _____
History/Symptoms	<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Acute Pain	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Bloating	<input type="checkbox"/> Abnormal uterine bleeding
<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Weight loss _____ (lbs.)		
Personal/Family History	<input type="checkbox"/> BRCA	<input type="checkbox"/> Breast CA	<input type="checkbox"/> Ovarian CA (type) _____
<input type="checkbox"/> RSO <input type="checkbox"/> LSO	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Lynch	<input type="checkbox"/> Other _____

	R / L	Size (cm) TR x AP x Sag	Physiological Finding(s)
Follicle			<input type="checkbox"/> Unilocular <input type="checkbox"/> Anechoic <input type="checkbox"/> ≤3 cm
Corpus Luteum			<input type="checkbox"/> Thick-walled cyst <input type="checkbox"/> Crenulated inner margin <input type="checkbox"/> Peripheral flow <input type="checkbox"/> No internal flow <input type="checkbox"/> Hemorrhagic (see descriptors)
			Classic Benign Features
Endometrioma			<input type="checkbox"/> Ground glass or homogeneous low-level echoes <input type="checkbox"/> Unilocular <input type="checkbox"/> Multilocular (≤3) <input type="checkbox"/> Avascular <input type="checkbox"/> Smooth inner wall
Dermoid Cyst			<input type="checkbox"/> Hyperechoic component (or entire lesion) with shadowing <input type="checkbox"/> Hyperechoic lines and dots <input type="checkbox"/> ≤3 locules <input type="checkbox"/> No internal flow <input type="checkbox"/> Floating echogenic spherical structures <input type="checkbox"/> Fat-fluid level
Hemorrhagic Cyst			<input type="checkbox"/> Reticular pattern <input type="checkbox"/> Retracting clot (straight, angular, concave) <input type="checkbox"/> Peripheral flow <input type="checkbox"/> No internal flow
Paraovarian Cyst			<input type="checkbox"/> Simple cyst separate from ovary <input type="checkbox"/> Moves independently from ovary with transducer pressure (cine)
Peritoneal Inclusion Cyst			<input type="checkbox"/> Follows contour of adjacent organs <input type="checkbox"/> No mass effect <input type="checkbox"/> Internal septations <input type="checkbox"/> Ovary at margin <input type="checkbox"/> Ovary within
Hydrosalpinx			<input type="checkbox"/> Tubular <input type="checkbox"/> Endosalpingeal folds <input type="checkbox"/> Incomplete septations <input type="checkbox"/> Anechoic

Other Lesions (5 Major Categories)

	Uni-/Bilocular No Solid	Uni-/Bilocular + Solid	Multilocular (≥3) No Solid	Multilocular (≥3) + Solid	Solid (≥80%)
Right or Left					
Size (cm) TR X AP X SG					
Average Linear Dimension					
Size (largest solid component, cm)					
Color Score (1-4)*					
Inner Wall*	<input type="checkbox"/> Smooth <input type="checkbox"/> Irregular		<input type="checkbox"/> Smooth <input type="checkbox"/> Irregular		
PP*		<input type="checkbox"/> 0-3 <input type="checkbox"/> ≥4		<input type="checkbox"/> 0-3 <input type="checkbox"/> ≥4	
Internal Contents	<input type="checkbox"/> Anechoic <input type="checkbox"/> Internal echoes	<input type="checkbox"/> Anechoic <input type="checkbox"/> Internal echoes	<input type="checkbox"/> Anechoic <input type="checkbox"/> Internal echoes	<input type="checkbox"/> Anechoic <input type="checkbox"/> Internal echoes	<input type="checkbox"/> Hypoechoic <input type="checkbox"/> Isoechoic <input type="checkbox"/> Hyperechoic
Acoustic Shadowing		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Septations	<input type="checkbox"/> None <input type="checkbox"/> Incomplete	<input type="checkbox"/> None <input type="checkbox"/> Incomplete	<input type="checkbox"/> Smooth <input type="checkbox"/> Irregular <input type="checkbox"/> Thick (≥3 mm) <input type="checkbox"/> ≥10	<input type="checkbox"/> Smooth <input type="checkbox"/> Irregular <input type="checkbox"/> Thick (≥3 mm) <input type="checkbox"/> ≥10	
External Contour (solid)*					<input type="checkbox"/> Smooth <input type="checkbox"/> Not Smooth
Ascites*	<input type="checkbox"/> Anechoic <input type="checkbox"/> Particulate	<input type="checkbox"/> Anechoic <input type="checkbox"/> Particulate	<input type="checkbox"/> Anechoic <input type="checkbox"/> Particulate	<input type="checkbox"/> Anechoic <input type="checkbox"/> Particulate	<input type="checkbox"/> Anechoic <input type="checkbox"/> Particulate
Peritoneal Nodules	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Comments: Recommend cine lesion orthogonal planes, mobility assessment (push with transducer)

Date Prior Imaging:

Prior Imaging: US MRI CT
Prior Imaging New Stable Decreased Increased **Size (cm)** TR X AP X SG:

MD SECTION

O-RADS™ Risk Category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O-RADS™ Management	<input type="checkbox"/> Follow-up US <input type="checkbox"/> MR <input type="checkbox"/> CT <input type="checkbox"/> Refer to US specialist	Timing (months):	<input type="checkbox"/> Consult Gyne <input type="checkbox"/> Consult Gyne-Oncologist	Comments:	

***Definitions:** PP = papillary projection: solid component which projects into cyst lumen (surrounded by fluid on 3 sides), measures ≥ 3 mm in height, may arise from cyst wall or a septations. Irregular inner wall: focal wall thickening < 3 mm in height. **Color Score:** 1 = no flow; 2 = minimal; 3 = moderate; 4 = very strong flow (subjective). **External Contour:** Not smooth = lobulated or irregular. **Ascites:** Fluid extends beyond pouch of Douglas or cul-de-sac and above uterine fundus when anteverted/anteflexed, and anterior/superior to uterus when retroverted/retroflexed.

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