

Cervix 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 safely performed for eGFR >30mL/min.*
- *Antiperistaltic medication (e.g. buscopan) is recommended.*

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) Small FOV 24 cm high resolution T2W sequence.*
- *Coronal T2W sequence, optional for small versus large FOV, but small FOV is preferred.*
- *Large FOV T2W image in coronal plane to include kidneys for hydronephrosis*
- *Fat saturated sequence for lower abdomen and pelvis.*
- *Axial T1W sequence for screening upper abdomen.*
- *Diffusion Weighted imaging, with b value 600 to 800, optional FOV, but preferably small FOV*
- *Dynamic post contrast screening is recommended in cases of uncertain diagnosis or equivocal parametrial extension. 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:

Morphology descriptors:

- Exophytic vs Endophytic
- Location : Anterior cervical lip / posterior cervical lip / circumferential
- Dimension :
- Percentage involvement of stroma ie >50% or <50%
- Signal intensity description : T2W, restricted diffusion, dynamic post contrast enhancement characteristics
- Circumferential cervical hypointense stromal ring : Whether intact or involved, focally or circumferentially

Locoregional extent :

- Uterine body involved or not – If yes, its extent of involvement.
- Associated hematometra / hydrometra
- Vaginal forniceal space : Maintained / Effaced / involved.
- Vagina : Anterior / posterior ; Upper two-thirds / upto inferior aspect
- Parametrium : Free / Stranding / Involved, seen as nodular enhancing soft tissue
If parametrium involved, its lateral extent.
- Hydroureter : Absent / Present, without / with hydronephrosis

- Bowel wall : Uninvolved / involved.
- Bladder wall : Uninvolved / Bullous edema / Involved.

Adenopathy :

- Size :
- Morphology :
- Site :
 - Locoregional nodal sites : Perivisceral, Internal iliac, External iliac and Common iliac sites
 - Metastatic nodal sites: Para-aortic (nodes below the renal hilum / above the renal hilum) and Inguinal nodes and other distant sites.

Uterus:

- Endometrial thickness
- Any other comment

Ovaries: Normal / Suspicious

Ascites: Present / Absent

Metastases:

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate finding.