

## 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 performed for eGFR >30mL/min.*
- *Antiperistaltic medication (e.g. IM buscopan) is not essential.*

***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) 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*
- *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 / posterior / circumferential
- Dimension in all three axes
- 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 in cm .
- 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, with distance from the lateral pelvic wall and medial wall of the obturator vessels.
- Hydroureter : Absent / Present, without / with hydronephrosis

#### **Extrauterine pelvic extent :**

- Bowel wall : Uninvolved / involved.
- Bladder wall : Uninvolved / pseudoinvolved (bullous edema) / Involved.

#### **Adenopathy :**

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

#### **Metastases :**

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate lesions seen.