

Endometrial malignancy Synoptic Reporting CT - 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. If it is >30 but less than 45 mL/min, contrast may be given with prophylactic measures like hydration*

Contrast Agent :

Oral : 750 to 1000 ml of oral positive contrast agent for delineating bowel loops, starting at approximately 2 hours prior to the procedure.

Intravenous : At the time of scan, approximately 80 to 120 ml of non-ionic contrast is injected at the rate of 2 ml/sec. Iso-osmolar contrast agent used if eGFR is on the lower side.

Scan area : *Dome of diaphragm to perineum*

Usually for multidetector CT, the section collimation is 2.5 mm, the table speed is 12.5 mm per rotation, and the reconstructed section width is 3–5 mm. Section thickness : 5mm. Isotropic multiplanar post processing reconstruction at 1 mm interval.

INTERPRETATION

Uterine lesion :

- Endometrial cavity : Collapsed / distended
- If endometrial cavity is distended : Fluid / Hematometra / enhancing soft tissue
- Contour of uterine serosal surface : Bossellated, in continuity with disease/ smooth regular
- Comment on cervical involved (if lesion is well appreciated)
- Size : Dimension in all three axes (if lesion is well appreciated)

Locoregional involvement :

- Vaginal wall involvement : Uninvolved / Involved (If involved , Upper two-thirds / whole
- Parametrial involvement : Fat stranding / definite nodular soft tissue enhancement
If involved, then :
- Extent of involvement : Medial / Lateral / Reaching to the lateral pelvic wall
- Distance from lateral pelvic wall and medial wall of the obturator vessels
- Hydroureter : Absent / Present (With / without hydronephrosis)
- Renal function : Symmetric uptake / Decreased parenchymal contrast uptake

Extrauterine extension :

- Bowel wall involvement
- Bladder wall involvement

Adenopathy :

- Size in short axes dimension
- Shape : Round / ovoid / reniform with fatty hilum
- Morphology : Homogenous / Heterogenous enhancement with internal necrosis
- Locoregional nodal sites : Perivisceral, Internal iliac, External iliac, Common iliac sites
- Extended regional nodes : Para-aortic nodes
- Metastatic nodal sites: Inguinal nodes and other distant sites.

Ovaries : Normal / bulky / abnormal

Ascites : Present / Absent

Pleural effusion : Present / Absent

Peritoneum:

Omentum :

Other viscera : Liver, gall bladder, spleen, pancreas, adrenals and lung base

Metastases :

- Bone metastases
- Visceral metastases

Any other incidental benign appearing or indeterminate lesions seen.