

Template report for adnexal lesions

Descriptor	Choices <i>PLEASE DELETE THIS COLUMN ONCE OPTION CHOSEN</i>	Option chosen
Location: SITE	<i>Right, left, other (POD)</i>	
Location: relation to ovary	<i>Intraovarian, adnexal (ovary cannot be seen separately), extraovarian</i>	
Size	<i>3 planes (cm)</i>	
DESCRIPTORS	<i>Uni or multiloculated or solid</i>	
wall	<i>Thick/thin smooth/nodular</i>	
Solid/papillary components	<i>Yes/no, include Size and number</i>	
Doppler flow	<i>Score see below</i>	
Internal content	<i>Anechoic, lacelike/reticular, low level</i>	
Acoustic shadowing or enhancement		
Ascites	<i>small/moderate/large volume</i>	

Conclusion (*please delete as appropriate*)

1. Physiological lesion, no further follow up
2. Classic benign features of x (as per table).
3. Only B features, therefore considered benign, consider gynaecology referral
4. Only M features, considered malignant and needs urgent referral to gynaecology under 2 week wait
5. No B or M features or a mixture of both, and requires urgent referral to gynaecology under 2 week wait.

BELOW IS FOR INFORMATION ONLY

IOTA guidelines

B Features	M features
Unilocular	Irregular solid tumour
Presence of solid components, largest <7mm	Presence of ascites
Presence of acoustic shadows	At least 4 papillary structures
Smooth, multilocular largest diameter <10mm	Irregular multiloculated structure >10cm
No blood flow (score 1)	Avid colour flow (score 4)

Doppler Flow

Score	Descriptor
1	No flow
2	Minimal
3	Moderate
4	Very strong

### Classic Benign Lesions

Haemorrhagic cyst	Reticular pattern, retractile clot
Dermoid cyst	Mixed echogenicity mass, hyperechoic component with acoustic shadowing, hyperchoic lines and dots, floating echogenic spherical structures
Endometrioma	Homogeneous low level echoes
Hydrosalpinx	Tubular, fluid-filled/anechoic endosalpingeal folds, incomplete septae