### C-RADS™ Categorization and Management Recommendations for Colonic Findings

<table>
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<tr>
<th>Category</th>
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| C0       | Inadequate Study/Awaiting Prior Comparisons | - inadequate prep: cannot exclude lesions ≥ 10mm owing to presence of fluid/feces  
- inadequate insufflation: one or more colonic segments collapsed on both views  
- awaiting prior colon studies for comparison |
| C1       | Normal Colon or Benign Lesion: Continue Routine Screening¹ | - no visible abnormalities of the colon  
- no polyp ≥ 6mm  
- lipoma or inverted diverticulum  
- nonneoplastic findings – e.g., colonic diverticula |
| C2       | Intermediate Polyp or Indeterminate Finding: Surveillance or Colonoscopy Recommended² | - intermediate polyp 6-9 mm, < 3 in number  
- indeterminate findings, cannot exclude polyp ≥ 6 mm in technically adequate exam |
| C3       | Polyp, Possibly Advanced Adenoma: Follow-up Colonoscopy Recommended³ | - polyp ≥ 10 mm  
- ≥ 3 polyps, each 6-9 mm |
| C4       | Colonic Mass, Likely Malignant: Surgical Consultation Recommended³ | - lesion compromises bowel lumen, demonstrates extracolonic invasion |

**Prep = Preparation**  
¹: Every 5-10 years.  
²: Evidence suggests surveillance can be delayed at least 3 years, subject to individual patient circumstance.  
³: Communicate to referring physician as per accepted guidelines for communication, such as ACR Practice Guideline for Communication: Diagnostic Radiology. Subject to local practice, endoscopic biopsy may be indicated.

### C-RADS™ Categorization and Management Recommendations for Extracolonic Findings

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<tbody>
<tr>
<td>E0</td>
<td>Limited Exam. Compromised by artifact; evaluation of extracolonic soft tissues is severely limited.</td>
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| E1       | Normal Exam or Anatomic Variant. No extracolonic abnormalities visible.  
- Anatomic Variant: eg, retroaortic left renal vein |
| E2       | Clinically Unimportant Finding. No work-up indicated. Examples:  
- Liver, Kidney: simple cysts  
- Gallbladder: cholelithiasis without cholecystitis  
- Vertebra: hemangioma |
| E3       | Likely Unimportant Finding, Incompletely Characterized. Subject to local practice and patient preference, work-up may be indicated. Examples:  
- Kidney: minimally complex or homogeneously hyperattenuating cyst |
| E4       | Potentially Important Finding. Communicate to referring physician as per accepted practice guidelines.  
- Kidney: solid renal mass  
- Lymphadenopathy  
- Vascular: aortic aneurysm  
- Lung: non-uniformly calcified parenchymal nodule ≥1 cm |