The following is an example of parts of a report template for a pelvic US exam incorporating O-RADS US v2022. One may copy and paste from this word document or use to create a dictation template with selection options. For multiple lesions, report from most to least concerning for each ovary. Duplicate inserts as needed.

**INSTRUCTIONS:**

1) **FINDINGS INSERT**
   a. For ovaries and lesions, report 3 dimensions; if priors, report average linear dimension \((L + H + W)/3\) for lesions.
   b. For lesion “Descriptors”, select hyperlink from the OBSERVATION DESCRIPTORS table. Copy text, click “Return to FINDINGS INSERT” edit, and paste.

2) **IMPRESSION INSERT**
   a. Select appropriate option: 1) Normal; 2) Ovary not seen 3) Observation.
   b. For lesion size, may summarize as single largest dimension.
   c. For management recommendations, select O-RADS score from the hyperlink table. Copy appropriate text, click “Return to IMPRESSION INSERT”, edit and paste.

3) **LEGEND with REFERENCE (optional)**
   a. Select an option without or with risk of malignancy (ROM) percentages.

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**FINDINGS INSERT:**

[Right / Left] Adnexa: Ovary: 

- Not seen. / No normal-appearing ovarian tissue separate from an adnexal lesion. / No ovarian or adnexal lesions. / Follicle(s) noted, O-RADS 1. / Corpus luteum noted, O-RADS 1. / Lesion descriptors as follows: Observation [#]:
  - Location: [Ovarian / Adnexal / Extraovarian]
  - Size: [# x # x #] cm; average linear dimension: [#] cm, previously [#] cm
  - Descriptors: []
  - O-RADS US: [0 / 1 / 2 / 3 / 4 / 5]

- Ascites: [None / [Small / Moderate / Large] volume]
- Peritoneal nodules: [None / Present]

**OBSERVATION DESCRIPTORS**

<table>
<thead>
<tr>
<th>Simple Cyst (premen &gt;3 cm or postmen any size)</th>
<th>Typical Hydrosalpinx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Hemorrhagic Cyst</td>
<td>Unilocular Non-simple Cyst or Bilocular Cyst WITHOUT Solid Component(s)</td>
</tr>
<tr>
<td>Typical Dermoid Cyst</td>
<td>Multilocular Cyst WITHOUT Solid Component(s)</td>
</tr>
<tr>
<td>Typical Endometrioma</td>
<td>Unilocular Cyst WITH Solid Component(s)</td>
</tr>
<tr>
<td>Typical Paraovarian Cyst</td>
<td>Bi- or Multilocular Cyst WITH Solid Component(s)</td>
</tr>
<tr>
<td>Typical Peritoneal Inclusion Cyst</td>
<td>Solid/Solid-appearing lesion</td>
</tr>
</tbody>
</table>

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Created 8/31/2023
IMPRESSION INSERT (choose 1)

Normal (recommendation optional)

Normal [right / left / bilateral] [ovary / ovaries] and adnexa, O-RADS US, 1. [No imaging or clinical follow-up is needed.]

Ovary not seen (O-RADS 0 uncommon)

[Right / left] ovary not seen but no adnexal lesions, O-RADS US [ : not applicable. / 0, incomplete due to technical factors. As the indication for this exam requires ovarian visualization, recommend [repeat US examination. / MRI evaluation.]]

Observation

[Right / Left] [ovarian / adnexal / extraovarian] [#:cm [follicle / corpus luteum / simple cyst / hemorrhagic cyst / dermoid cyst / endometrioma / paraovarian cyst / peritoneal inclusion cyst / hydrosalpinx / unilocular non-simple cyst without solid component(s) / bilocular cyst without solid component(s) / multilocular cyst without solid component(s) / unilocular cyst with solid components(s) / bilocular cyst with solid component(s) / multilocular cyst with solid component(s) / solid lesion/solid-appearing lesion], as described above. O-RADS US [ ]

<table>
<thead>
<tr>
<th>O-RADS 0</th>
<th>O-RADS 1</th>
<th>O-RADS 2</th>
<th>O-RADS 3</th>
<th>O-RADS 4</th>
<th>O-RADS 5</th>
</tr>
</thead>
</table>

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LEGEND with REFERENCE

O-RADS 0 – Incomplete evaluation due to technical factors
O-RADS 1 – Normal ovary
O-RADS 2 – Almost certainly benign
O-RADS 3 – Low risk
O-RADS 4 – Intermediate risk
O-RADS 5 – High risk


O-RADS 0 – Incomplete evaluation due to technical factors
O-RADS 1 – Normal ovary
O-RADS 2 – Almost certainly benign (<1% ROM)
O-RADS 3 – Low risk (1 - <10% ROM)
O-RADS 4 – Intermediate risk (10 - <50% ROM)
O-RADS 5 – High risk (≥ 50% ROM)


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**Simple Cyst – O-RADS 2 (<10 cm) or O-RADS 3 (≥10 cm)** (Choose one; may report as “simple cyst” without a complete description)

Simple cyst

Unilocular anechoic cyst, smooth inner walls

Return to FINDINGS INSERT

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**Typical Hemorrhagic Cyst – O-RADS 2 (<10 cm) or O-RADS 3 (≥10 cm)** (at least 1 * feature is required)

*NOTE: if LATE POSTMENOPAUSAL (≥5 yrs of menopause) RECATEGORY using other lexicon descriptors as hemorrhagic cysts should not occur.*

Unilocular avascular cyst, *internal reticular pattern, *retractile clot; features represent a typical hemorrhagic cyst

Return to FINDINGS INSERT

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**Typical Dermoid Cyst – O-RADS 2 (<10 cm) or O-RADS 3 (≥10 cm)** (at least 1 * feature is required)

Cystic lesion, [#] locule(s), no internal vascularity, *hyperechoic component(s) with shadowing, *hyperechoic lines and dots, *floating echogenic spherical structures; features represent a typical dermoid cyst

Return to FINDINGS INSERT
Typical Endometrioma – O-RADS 2 (<10cm) or O-RADS 3 (≥10 cm) (* = optional feature)

Cystic lesion, [#] locule(s), no internal vascularity, homogenous low-level echoes, smooth inner walls, *peripheral punctate echogenic foci; features represent a typical endometrioma

Return to FINDINGS INSERT

Typical Paraovarian Cyst – O-RADS 2 (* = optional feature)

Simple cyst separate from the ovary, *moves independent of the ovary with transducer pressure; features represent a typical paraovarian cyst

Return to FINDINGS INSERT

Typical Peritoneal Inclusion Cyst – O-RADS 2 (* = optional feature)

Fluid collection with ovary at margin/suspended within, conforms to adjacent pelvic organs, *internal septations representing adhesions; features represent a typical peritoneal inclusion cyst

Return to FINDINGS INSERT

Typical Hydrosalpinx – O-RADS 2 (* = optional feature)

Anechoic, fluid-filled tubular structure, *incomplete septations, *endosalpingeal folds; features represent a typical hydrosalpinx

Return to FINDINGS INSERT
Unilocular Non-simple Cyst or Bilocular Cyst WITHOUT Solid Component(s) (select lesion type; non-simple = internal echoes, incomplete septations, and/or irregular inner walls)

**Smooth inner walls – O-RADS 2 (<10 cm) or O-RADS 3 (≥10 cm)**

[Unilocular / Bilocular] cystic lesion without solid components, smooth inner walls, [anechoic / internal echoes], [incomplete septation(s)]

**Irregular inner walls – O-RADS 3**

[Unilocular / Bilocular] cystic lesion without solid components, irregular inner walls

Return to FINDINGS INSERT

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**Multilocular Cyst WITHOUT Solid Component(s) (select lesion type)**

**Smooth inner walls/septation(s) – O-RADS 3 (<10 cm & CS <4) or O-RADS 4 (>10 cm & CS <4; CS 4)**

Multilocular cystic lesion without solid components, smooth inner walls/septation(s), color score [1-3 (no to moderate flow) / 4 (very strong flow)]

**Irregular inner walls – O-RADS 4**

Multilocular cystic lesion without solid components, irregular inner walls/septation(s)

Return to FINDINGS INSERT

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**Unilocular Cyst WITH Solid Component(s) – O-RADS 4 (no pps or <4 pps) or O-RADS 5 (≥4 pps)**

Unilocular cystic lesion with [solid components not considered papillary projections / <4 papillary projections / 4 or more papillary projections]

Return to FINDINGS INSERT
Bi- or Multilocular WITH Solid Components – O-RADS 4 (CS 1-2) or O-RADS 5 (CS 3-4)

[Bilocular / Multilocular] cystic lesion with solid components, color score [1-2 (no-minimal flow) / 3-4 (moderate- very strong flow)]

Return to FINDINGS INSERT

Solid/Solid-appearing Lesion (select lesion type)

Smooth outer contour - O-RADS 3 (shadowing CS 1-3 or non-shadowing CS 1) or O-RADS 4 (non-shadowing CS 2-3)

[Solid / Solid-appearing] lesion, smooth outer contour, [shadowing / non-shadowing], color score [1 (no flow) / 2-3 (minimal to moderate) / 4 (very strong flow)]

Irregular outer contour – O-RADS 5

[Solid / Solid-appearing] lesion, irregular outer contour

Return to FINDINGS INSERT
O-RADS 0 Management

0, incomplete evaluation due to technical factors. Repeat US or MRI with O-RADS MRI score.

Return to IMPRESSION INSERT

O-RADS 1 Management *(recommendation is optional)*

1, normal ovary. [No imaging or clinical follow-up is needed.]

Return to IMPRESSION INSERT

O-RADS 3 Management *(see lesion type; surveillance parameters are optional)*

NOTE: If *unexplained ascites or peritoneal nodules*, upgrade to O-RADS 5.

*Cystic lesions*

3, low risk. If not surgically excised, consider US follow-up within 6 months. [On follow-up, if stable, repeat US at 12 and 24 months from initial exam, then as clinically indicated.] Clinical management by gynecology.

*Solid lesions*

3, low risk. [If not surgically excised, consider US follow-up within 6 months. / Recommend further evaluation by an US specialist or MRI with O-RADS MRI score.] [On follow-up, if stable, repeat US at 12 and 24 months from initial exam, then as clinically indicated.] Clinical management by gynecology.

Return to IMPRESSION INSERT
O-RADS 2 Management (see lesion type; surveillance parameters are optional)

Simple Cyst

Premenopausal >3 cm but ≤5 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Premenopausal > 5 cm but <10 cm or Postmenopausal >3 cm but <10 cm

2, almost certainly benign. Recommend US follow-up in 12 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If stable or increased (more than 10-15% average linear dimension), but remains simple, repeat US at 24 months from initial exam, then per gynecology.]

Unilocular Smooth Non-simple Cyst or Bilocular Smooth Cyst

Premenopausal ≤3 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Postmenopausal ≤3 cm

2 almost certainly benign. Recommend US follow-up in 12 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If increased (more than 10-15% average linear dimension), repeat US at 12 months. If stable, repeat US at 24 months from initial exam, then per gynecology.]

>3 cm but <10 cm

2, almost certainly benign. Recommend US follow-up in 6 months or sooner as clinically indicated. [If decreased in size on follow-up (more than 10-15% average linear dimension), no further imaging is needed. If increased (more than 10-15% average linear dimension), repeat US at 12 months. If stable, repeat US at 24 months from initial exam, then per gynecology.]

Typical Hemorrhagic Cyst

Premenopausal ≤5 cm

2, almost certainly benign. No imaging or clinical follow-up is needed.

Premenopausal >5 cm but <10 cm

2, almost certainly benign. Recommend US follow-up in 2-3 months or sooner as clinically indicated. Clinical management per gynecology as indicated.
Early postmenopausal <10 cm

2, almost certainly benign. Recommend US follow-up in 2-3 months, referral to US specialist if available, or MRI with O-RADS MRI score. Clinical management per gynecology as indicated.

Typical Dermoid Cyst

≤3 cm

2, almost certainly benign. May consider follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.]

>3 but <10 cm

2 almost certainly benign. If not surgically excised, recommend follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Typical Endometrioma

Premenopausal <10 cm

2, almost certainly benign. If not surgically excised, recommend follow-up US in 12 months. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Postmenopausal <10 cm and initial exam

2, almost certainly benign. To confirm the diagnosis, recommend follow-up US in 2-3 months, referral to an US specialist, or MRI with MRI O-RADS score. Once confirmed, if not excised, recommend follow-up US in 12 months from the initial exam. [If stable on follow-up, consider repeat US at 24 months from initial exam, then per gynecology.] Clinical management per gynecology.

Typical paraovarian cyst, peritoneal exclusion cyst or hydrosalpinx

2, almost certainly benign. No imaging follow-up is needed. Clinical management per gynecology as needed.

Return to IMPRESSION INSERT
O-RADS 4 Management

**NOTE:** If *unexplained* ascites or peritoneal nodules, upgrade to O-RADS 5.

4, intermediate risk. Recommend further evaluation by an US specialist if available, MRI with O-RADS MRI score, or per gyn-oncologist protocol. Clinical management by gynecology with gyn-oncologist consultation or solely by gyn-oncologist.

**Return to IMPRESSION INSERT**

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O-RADS 5 Management

5, high risk. Recommend referral to gyn-oncologist for imaging recommendations and clinical management. If further characterization is needed, recommend MRI with O-RADS MRI score. For staging, contrast-enhanced CT may be considered.

**Return to IMPRESSION INSERT**