



## O-RADS Key Ultrasound Lexicon Terms for Risk Assessment

Category	Term	Definition	Comments
<b>1</b>	<b>Major Categories</b>		
	<b>Physiologic Category</b> (consistent with normal ovarian physiology)		
	Follicle	Simple cyst $\leq$ 3 cm in premenopausal group	
	Corpus luteum (CL)	Thick walled cyst $\leq$ 3 cm that may have crenulated inner margins, internal echoes and intense peripheral color Doppler flow	CL can sometimes appear as a hypoechoic region in the ovary with peripheral vascularity without a characteristic cystic component
	<b>Lesion Category</b> ( <b>not</b> consistent with normal physiology)		
	Unilocular, no solid component	Cystic lesion that contains a single compartment. May contain $\geq$ 1 incomplete septum, wall irregularity $<$ 3mm height or internal echoes	<b>*Simple cyst is a subset of unilocular cyst with a smooth, thin wall, acoustic enhancement and no internal elements, thus anechoic</b>
	Unilocular cyst with solid component(s)	As above but includes solid component(s) $\geq$ 3mm in height	
	Multilocular cyst, no solid elements	Cystic lesion with more than one compartment (at least one complete septum) but no solid component(s) $\geq$ 3mm in height	
	Multilocular cyst with solid component(s)	As above but includes $\geq$ 1 solid component(s) $\geq$ 3 mm in height	
	Solid or solid appearing (greater than or equal to 80%)	Lesion with echogenicity suggestive of tissue without characteristics of a cyst. Lesion is at least 80% solid when assessed in orthogonal 2-dimensional plane	
<b>2</b>	<b>Size</b>		
	Maximum diameter	Maximum diameter of a lesion in any plane	
<b>3</b>	<b>Solid or Solid-Appearing Lesions</b>		
	<b>External contour</b>		
	Smooth	Regular outer margin	
	Irregular (Not Smooth)	Non-uniform outer margin	A lobulated outer margin is considered irregular
	<b>Internal contents</b>		
	Acoustic shadowing	Artifact produced by attenuated echoes behind a sound absorbing structure	Descriptor is commonly associated with calcification(s) or fibromatous type lesion
<b>4</b>	<b>Cystic Lesions</b>		
	<b>Inner Margin or Walls Including Solid Component</b>		
	Papillary projection or nodule	Solid component whose height $\geq$ 3 mm, arises from the cyst wall or septation and protrudes into the cyst cavity	Number of papillary projections should be included
	Smooth	Regular, uniform inner margin that may include inner margin of a solid component that is not a papillary projection	
	Irregular (not smooth)	Irregular, non-uniform inner margin. May include wall irregularities due to incomplete septations, solid components $<$ 3mm height, papillary projections, the contour of the solid component or the margin of any internal cystic area within the solid component	



Internal Content, Cystic Component			
	Anechoic fluid	No internal echoes or structures of any kind	
	Hyperechoic components	Area of increased echogenicity with respect to normal ovarian parenchyma without acoustic shadowing	Descriptor associated with dermoid cysts or hemorrhagic lesions
<b>“Classic” Benign Descriptors- See Table 4 definitions</b> <ul style="list-style-type: none"> <li>○ Hemorrhagic cyst</li> <li>○ Dermoid cyst</li> <li>○ Endometrioma</li> </ul>			
5	Vascularity		
	Color score 1-4	Overall subjective assessment of color Doppler flow within the entire lesion (wall and/or internal component)  Color Score = 1 No flow  Color Score = 2 Minimal Flow  Color Score = 3 Moderate flow  Color Score = 4 Very Strong Flow	IOTA Group criteria using vendor recommended settings  Spectral Doppler may be needed to distinguish vascular flow from artifact
6	General and Extra-Ovarian Findings		
<b>“Classic” Benign Descriptors- See Table 4 definitions</b> <ul style="list-style-type: none"> <li>○ Paraovarian cyst</li> <li>○ Peritoneal inclusion cyst</li> <li>○ Fallopian tube (fluid distended)</li> </ul>			
<b>Fluid Descriptors</b>	Cul-de-sac fluid	Confined to pouch of Douglas as defined by remaining below uterine fundus or between uterus and bladder when uterus retroverted/retroflexed	
	Ascites	Fluid extending above uterine fundus beyond the pouch of Douglas or cul-de-sac when anteverted/anteflexed, and anterior/superior to uterus when retroverted/retroflexed	
<b>Other</b>	Peritoneal thickening or nodules	Nodularity or diffuse thickening of the peritoneal lining(s) or along the bowel serosal surface or peritoneum associated with peritoneal carcinomatosis	