

Working Lexicon Categories, Terms & Definitions			
Category	Term	Definition	Comments
1	Major Categories		
1a	Physiologic Category (consistent with normal ovarian physiology)		
	Follicle	Simple cyst ≤ 3 cm in premenopausal group	
	Corpus luteum (CL)	Thick walled cyst ≤ 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.
1b	Lesion Category (not consistent with normal physiology)		
	Unilocular, no solid component	Cystic lesion that contains a single compartment. May contain ≥ 1 incomplete septum, wall irregularity < 3 mm height or internal echoes.	Simple cyst is a subset of unilocular cyst with a smooth, thin wall, acoustic enhancement and no internal elements
	Unilocular cyst with solid component(s)	As above but includes solid component(s) ≥ 3 mm in height.	
	Multilocular cyst, no solid elements	Cystic lesion with more than one compartment (at least one complete septum) but no solid component(s) ≥ 3 mm in height.	
	Multilocular cyst with solid component(s)	As above but includes ≥ 1 solid component(s) ≥ 3 mm in height.	
	Solid (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 planes.	Purely solid (100%) is a subset of a solid lesion consisting of a lesion with no cystic component.
2	Size		
	Maximum diameter	Maximum diameter of a lesion in any plane.	
	Maximum diameters	Largest 3 diameters in 2 perpendicular planes. One of these will be the maximum diameter of the lesion.	An optional volume may be obtained from these diameters.
	Maximum diameter of the largest solid component	Maximum diameter of the largest solid component in any plane.	
3	Solid or Solid-Appearing Lesions		
3a	External contour		
	Smooth	Regular outer margin	

	Irregular (Not Smooth)	Non-uniform outer margin	A lobulated outer margin is considered irregular.
3b	Internal contents		
	Hypoechoic/ isoechoic/ hyperechoic	Decreased/similar/increased echogenicity when compared to the internal reference of normal ovarian stroma.	Hypoechoic solid lesions typically represent fibromas or pedunculated/broad ligament fibroids.
	Calcification(s)	High-level echogenic component with associated acoustic shadowing within the solid appearing portion of the lesion.	
	Acoustic shadowing	Artifact produced by attenuated echoes behind a sound absorbing structure.	Descriptor is commonly associated with calcification(s) or fibromatous type lesion.
4	Cystic Lesions		
4a	Inner Margin or Walls		
	Smooth	Regular, uniform inner margin	
	Irregular (not smooth)	Irregular, non-uniform inner margin. May include wall irregularities due to incomplete septations, solid components < 3mm height or papillary projections (solid components ≥ 3mm in height)	
	Calcification(s)	High-level echogenicity within wall which is curvilinear or plaque-like and may demonstrate associated acoustic shadowing	
4b	Internal Content, Cystic Component		
	Anechoic fluid	No internal echoes or structures of any kind	Using appropriate technical gain settings
	Hyperechoic components	Area of increased echogenicity with respect to normal ovarian parenchyma without acoustic shadowing	Descriptor associated with dermoid or hemorrhagic lesions
	Scattered low-level echoes	Scattered or heterogeneously dispersed echoes within a cyst	Descriptor typical of mucinous material within a cyst
	Fluid/fluid level	Nondependent portion that is relatively hypoechoic with respect to the dependent portion with horizontal delineation	Typically related to evolving blood clots with supernatant relatively hypoechoic to the contracted clot material
		Nondependent portion that is relatively echogenic to the dependent portion with horizontal delineation	Fat-fluid level with the nondependent fat containing material that appears relatively echogenic
Endometrioma Descriptor	Ground glass or homogeneous low-level echoes	Homogeneously evenly dispersed echoes within a cyst	
Dermoid Descriptors	Echogenic component with acoustic shadowing	Attenuation of the acoustic beam distal to a hyperechoic component	

	Hyperechoic lines and dots	Bright linear echoes and foci representing linear echoes seen en face	Represents sections through hair within the liquefied component.
	Floating echogenic spherical structures	Non-dependent echogenic spheres that may be associated with posterior acoustic shadowing and have been called dermoid balls	Descriptor highly characteristic of dermoid lesion, albeit uncommon
Hemorrhagic cyst descriptors	Reticular pattern	Fine thin intersecting lines representing fibrin strands that should not be confused with septations	
	Retractile clot	Avascular echogenic component with angular, straight, or concave margins	
Septations	Complete	Strand of tissue extending across the cyst cavity from one internal wall to another in all scanning planes	
	Incomplete	Strand tissue not completely extending from one internal wall to another in all planes	
4c	Solid or Solid/Appearing Component		
	Papillary projection or nodule	Solid component whose height ≥ 3 mm, arises from the cyst wall or septation and protrudes into the cyst cavity.	Number of papillary projections should be included
Outer contour	Smooth	The contour of the solid component within a cyst demonstrates no irregularities	
	Irregular (not smooth)	The contour of the solid component or of any internal cystic area within the solid component demonstrates irregularities	
5	Vascularity		
	Circumferential color Doppler Wall Flow	Color Doppler flow is restricted to the wall and includes the majority of the circumference of the wall	Descriptor typically associated with corpus luteum
	Internal Color Doppler flow	Color Doppler flow is detected internally within a solid component/mural nodule or in a septation of the lesion with or without peripheral (wall) flow.	
	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 ²
6	General and Extra-Ovarian Findings		

Cysts	Peritoneal inclusion cyst	Cyst with no mass effect conforming to contours of pelvic structures, typically contains fine septations. The ovary is either at the margin or suspended within the lesion.	
	Paraovarian cyst	Simple cyst exists separate from ovary and moves independent of the ovary	Alternate term para-tubal cyst
Fallopian Tube Descriptors (abnormal)	Incomplete Septation	Non-continuous tissue is seen extending across the cystic cavity due to the wall of the distended fallopian tube folded upon itself	
	Tubular	Substantially longer in one dimension than in the two perpendicular dimensions.	
	Endosalpingeal folds	Short round projections around the inner wall of a fluid distended tubular structure	
Fluid Descriptors	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	
	Anechoic	Simple fluid	
	Fluid containing internal echoes	Not simple fluid	
Other	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	
	Adenopathy	Lymph nodes measured in short axis	

