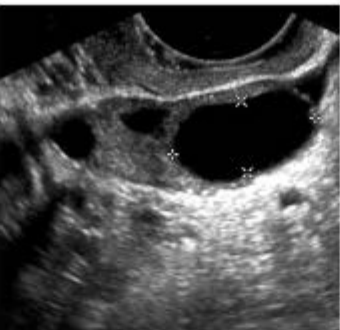
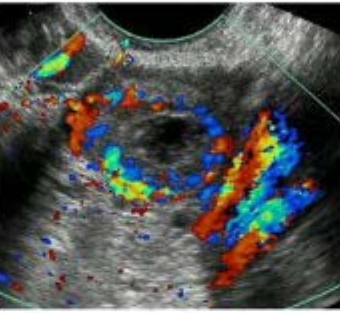



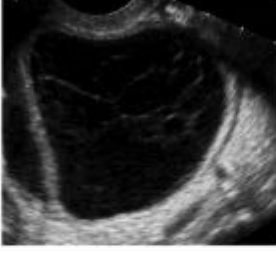
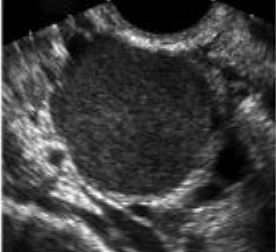


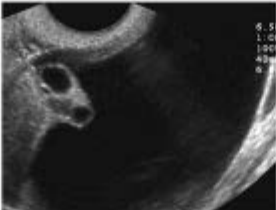

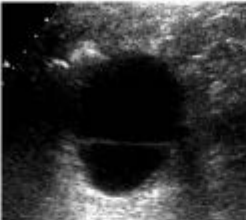



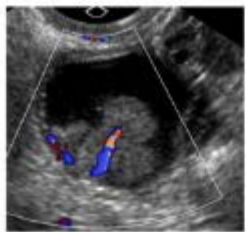


Normal Appearance		Follow-up*	Comments
<p>Normal ovary appearance: Reproductive age Follicles</p> <ul style="list-style-type: none"> • Thin and smooth walls • Round or oval • Anechoic • Size \leq 3 cm • No blood flow 		Not needed	Developing follicles and dominant follicle \leq 3 cm are normal findings
<p>Normal ovary appearance: Reproductive age Corpus luteum</p> <ul style="list-style-type: none"> • Diffusely thick wall • Peripheral blood flow • Size \leq 3 cm • +/- internal echoes • +/- crenulated appearance 		Not needed	Corpus luteum \leq 3 cm is a normal finding
<p>Normal ovary appearance: Postmenopausal</p> <ul style="list-style-type: none"> • Small • Homogenous 		Not needed	Normal postmenopausal ovary is atrophic without follicles
<p>Clinically inconsequential: Postmenopausal Simple cyst \leq 1 cm</p> <ul style="list-style-type: none"> • Thin wall • Anechoic • No flow 		Not needed	Small simple cysts are common; cysts \leq 1 cm are considered clinically unimportant

Cysts with benign characteristics		Follow-up*	Comments
<p>Simple cysts (includes ovarian and extraovarian cysts)</p> <ul style="list-style-type: none"> • Round or oval • Anechoic • Smooth, thin walls • No solid component or septation • Posterior acoustic enhancement • No internal flow 		<p>Reproductive age: ≤ 5 cm: Not needed > 5 & ≤ 7 cm: Yearly</p> <p>Postmenopausal (PM): > 1 & ≤ 7 cm: Yearly**</p> <p>Any age: > 7 cm: Further imaging (e.g., MRI) or surgical evaluation</p>	<p>Simple cysts, regardless of age of patient, are almost certainly benign</p> <p>For cysts ≤ 3 cm in women of reproductive age, it is at discretion of interpreting physician whether to describe them in imaging report</p>
<p>Hemorrhagic cyst</p> <ul style="list-style-type: none"> • Reticular pattern of internal echoes • +/- Solid appearing area with concave margins • No internal flow 		<p>Reproductive age: ≤ 5 cm: Not needed > 5 cm: 6-12 week follow-up to ensure resolution</p> <p>Early PM: Any size: Follow-up to ensure resolution</p> <p>Late PM: Consider surgical evaluation</p>	<p>Use Doppler to ensure no solid elements</p> <p>For cysts ≤ 3 cm in women of reproductive age, it is at the discretion of interpreting physician whether to describe them in imaging report</p>
<p>Endometrioma</p> <ul style="list-style-type: none"> • Homogeneous low level internal echoes • No solid component • +/- Tiny echogenic foci in wall 		<p>Any age: Initial follow-up 6-12 weeks, then if not surgically removed, follow-up yearly</p>	
<p>Dermoid</p> <ul style="list-style-type: none"> • Focal or diffuse hyperechoic component • Hyperechoic lines and dots • Area of acoustic shadowing • No internal flow 		<p>Any age: If not surgically removed, follow-up yearly to ensure stability</p>	
<p>Hydrosalpinx</p> <ul style="list-style-type: none"> • Tubular shaped cystic mass • +/- Short round projections "beads on a string" • +/- Waist sign (i.e. indentations on opposite sides). • +/- Seen separate from the ovary 		<p>Any age: As clinically indicated</p>	
<p>Peritoneal inclusion cyst</p> <ul style="list-style-type: none"> • Follow the contour of adjacent pelvic organs • Ovary at the edge of the mass or suspended within the mass • +/- Septations 		<p>Any age: As clinically indicated</p>	

Cysts with indeterminate, but probably benign, characteristics	Follow-up*	Comments	
Findings suggestive of, but not classic for, hemorrhagic cyst, endometrioma or dermoid		<p>Reproductive age: 6-12 week follow-up to ensure resolution. If the lesion is unchanged, then hemorrhagic cyst is unlikely, and continued follow-up with either ultrasound or MRI should then be considered. If these studies do not confirm an endometrioma or dermoid, then surgical evaluation should be considered.</p> <p>Postmenopausal: Consider surgical evaluation</p>	
Thin-walled cyst with single thin septation or focal calcification in the wall of a cyst		Follow-up based on size and menopausal status, same as simple cyst described above	
Multiple thin septations (< 3 mm)		Consider surgical evaluation	Multiple septations suggest a neoplasm, but if thin, the neoplasm is likely benign
Nodule (non-hyperechoic) without flow		Consider surgical evaluation or MRI	Solid nodule suggests neoplasm, but if no flow (and not echogenic as would be seen in a dermoid) this is likely a benign lesion such as a cystadenofibroma
Cysts with characteristics worrisome for malignancy	Follow-up*	Comments	
Thick (> 3 mm) irregular septations		Any age: Consider surgical evaluation	
Nodule with blood flow		Any age: Consider surgical evaluation	