







O-RADS Decision Tree - Complete Path Reference

This document lists **every possible path** through the O-RADS decision tree application, along with the resulting O-RADS score and management recommendations.

Table of Contents

1. [Quick Reference: O-RADS Score Summary](#)
 2. [Path 1: Normal Ovary / Physiologic Cyst](#)
 3. [Path 2: Incomplete Study](#)
 4. [Path 3: Simple Cyst \(Branch A\)](#)
 5. [Path 4: Classic Benign Lesions \(Branch B\)](#)
 6. [Path 5: Cystic Lesion Non-Classic \(Branch C\)](#)
 7. [Path 6: Solid Mass \(Branch D\)](#)
 8. [Path 7: Ascites / Peritoneal Nodules](#)
-

Quick Reference: O-RADS Score Summary

Score	Category	Risk	Color
0	Incomplete Evaluation	N/A	 Gray
1	Normal Ovary	N/A	 Green
2	Almost Certainly Benign	<1%	 Light Green
3	Low Risk	1–<10%	 Yellow
4	Intermediate Risk	10–<50%	 Orange
5	High Risk	≥50%	 Red

Path 1: Normal Ovary / Physiologic Cyst

Clicks: 1

```
ROOT → "Normal ovary / Physiologic cyst"
```

Result: O-RADS 1

Field	Value
Score	1
Category	Normal Ovary
Risk	N/A
Description	No ovarian lesion; physiologic cyst (follicle ≤ 3 cm or corpus luteum)
Management	None required
Imaging Follow-up	None
Clinical Follow-up	None
IMPRESSION	No ovarian lesion; physiologic cyst (follicle ≤ 3 cm or corpus luteum) (O-RADS 1): No further imaging follow-up.

Path 2: Incomplete Study

Clicks: 1

```
ROOT → "Incomplete study"
```

Result: O-RADS 0

Field	Value
Score	0
Category	Incomplete Evaluation
Risk	N/A
Description	Lesion features cannot be accurately characterized due to technical factors
Management	Repeat US study or MRI
Imaging Follow-up	Repeat ultrasound study or consider MRI
Clinical Follow-up	As clinically indicated
IMPRESSION	Lesion features cannot be accurately characterized due to technical factors (O-RADS 0): Repeat ultrasound study or consider MRI

Path 3: Simple Cyst (Branch A)

Path 3.1: Simple Cyst ≤ 3 cm, Premenopausal

Clicks: 3

ROOT → "Simple cyst" → " ≤ 3 cm" → "Premenopausal"

Result: O-RADS 1

Field	Value
Score	1
Category	Physiologic - Follicle
Risk	N/A
Description	Simple cyst ≤ 3 cm in premenopausal patient (follicle)
Management	None required
Imaging Follow-up	None
Clinical Follow-up	None
IMPRESSION	Simple cyst ≤ 3 cm in premenopausal patient (follicle) (O-RADS 1): No further imaging follow-up.

Path 3.2: Simple Cyst ≤ 3 cm, Postmenopausal

Clicks: 3

ROOT \rightarrow "Simple cyst" \rightarrow " ≤ 3 cm" \rightarrow "Postmenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Simple cyst ≤ 3 cm in postmenopausal patient
Management	Routine follow-up
Imaging Follow-up	None
Clinical Follow-up	None
IMPRESSION	Simple cyst ≤ 3 cm in postmenopausal patient (O-RADS 2): No further imaging follow-up.

Path 3.3: Simple Cyst >3 cm to 5 cm, Premenopausal

Clicks: 3

ROOT → "Simple cyst" → ">3 cm to 5 cm" → "Premenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Simple cyst >3cm to 5cm
Management	Imaging surveillance if postmenopausal
Imaging Follow-up	None
Clinical Follow-up	None
IMPRESSION	Simple cyst >3cm to 5cm (O-RADS 2): No further imaging follow-up.

Path 3.4: Simple Cyst >3 cm to 5 cm, Postmenopausal

Clicks: 3

ROOT → "Simple cyst" → ">3 cm to 5 cm" → "Postmenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Simple cyst >3cm to 5cm
Management	Imaging surveillance if postmenopausal
Imaging Follow-up	Follow-up US in 12 months
Clinical Follow-up	None
IMPRESSION	Simple cyst >3cm to 5cm (O-RADS 2): Follow-up US in 12 months

Path 3.5: Simple Cyst >5 cm but <10 cm

Clicks: 2

```
ROOT → "Simple cyst" → ">5 cm but <10 cm"
```

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Simple cyst >5cm but <10cm
Management	Imaging surveillance
Imaging Follow-up	Follow-up US in 12 months
Clinical Follow-up	As clinically indicated
IMPRESSION	Simple cyst >5cm but <10cm (O-RADS 2): Follow-up US in 12 months

Path 3.6: Simple Cyst ≥ 10 cm

Clicks: 2

```
ROOT → "Simple cyst" → "≥10 cm"
```

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk
Risk	1–<10%
Description	Simple cyst $\geq 10\text{cm}$
Management	Gynecologist consultation; consider follow-up imaging
Imaging Follow-up	Consider follow-up US within 6 months if not surgically excised
Clinical Follow-up	Gynecologist
IMPRESSION	Simple cyst $\geq 10\text{cm}$ (O-RADS 3): Consider follow-up US within 6 months if not surgically excised

Path 4: Classic Benign Lesions (Branch B)

Path 4.1: Hemorrhagic Cyst

Path 4.1.1: Hemorrhagic Cyst, Premenopausal, $\leq 5\text{ cm}$

Clicks: 4

ROOT \rightarrow "Classic benign lesion" \rightarrow "Hemorrhagic cyst" \rightarrow "Premenopausal" \rightarrow " $\leq 5\text{ cm}$ "

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Hemorrhagic Cyst
Risk	<1%
Description	Hemorrhagic cyst ≤ 5 cm, premenopausal
Management	None required
Imaging Follow-up	None
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Hemorrhagic cyst ≤ 5 cm, premenopausal (O-RADS 2): No further imaging follow-up.

Path 4.1.2: Hemorrhagic Cyst, Premenopausal, >5 cm but <10 cm

Clicks: 4

ROOT → "Classic benign lesion" → "Hemorrhagic cyst" → "Premenopausal" → ">5 cm but <10 cm"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Hemorrhagic Cyst
Risk	<1%
Description	Hemorrhagic cyst >5cm but <10cm, premenopausal
Management	Short-term follow-up to confirm resolution
Imaging Follow-up	Follow-up US in 2-3 months
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Hemorrhagic cyst >5cm but <10cm, premenopausal (O-RADS 2): Follow-up US in 2-3 months

Path 4.1.3: Hemorrhagic Cyst, Premenopausal, ≥ 10 cm

Clicks: 4

ROOT → "Classic benign lesion" → "Hemorrhagic cyst" → "Premenopausal" → " ≥ 10 cm"

Result: O-RADS 3

Field	Value
Score	3
Category	Typical Hemorrhagic Cyst (Large)
Risk	1–<10%
Description	Hemorrhagic cyst ≥ 10 cm
Management	Gynecologist consultation
Imaging Follow-up	Follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Hemorrhagic cyst ≥ 10 cm (O-RADS 3): Follow-up US within 6 months if not excised

Path 4.1.4: Hemorrhagic Cyst, Early Postmenopausal

Clicks: 3

ROOT → "Classic benign lesion" → "Hemorrhagic cyst" → "Early postmenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Hemorrhagic Cyst
Risk	<1%
Description	Hemorrhagic cyst <10cm, early postmenopausal
Management	Confirm diagnosis; may need additional imaging
Imaging Follow-up	Follow-up US in 2-3 months, or US specialist, or MRI
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Hemorrhagic cyst <10cm, early postmenopausal (O-RADS 2): Follow-up US in 2-3 months, or US specialist, or MRI

Path 4.1.5: Hemorrhagic Cyst, Late Postmenopausal

Clicks: 3

ROOT → "Classic benign lesion" → "Hemorrhagic cyst" → "Late postmenopausal"

Result: O-RADS 3

Field	Value
Score	3
Category	Atypical - Recategorize
Risk	1–<10%
Description	Should not occur in late postmenopausal; recategorize using other lexicon descriptors
Management	Recategorize lesion using cystic lesion descriptors
Imaging Follow-up	Reassess with other lexicon descriptors
Clinical Follow-up	Gynecologist consultation recommended
IMPRESSION	Should not occur in late postmenopausal; recategorize using other lexicon descriptors (O-RADS 3): Reassess with other lexicon descriptors

Path 4.2: Dermoid Cyst

Path 4.2.1: Dermoid Cyst ≤3 cm

Clicks: 3

ROOT → "Classic benign lesion" → "Dermoid cyst" → "≤3 cm"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Dermoid Cyst
Risk	<1%
Description	Dermoid cyst ≤ 3 cm
Management	May consider surveillance
Imaging Follow-up	May consider follow-up US in 12 months
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Dermoid cyst ≤ 3 cm (O-RADS 2): May consider follow-up US in 12 months

Path 4.2.2: Dermoid Cyst >3 cm but <10 cm

Clicks: 3

ROOT → "Classic benign lesion" → "Dermoid cyst" → ">3 cm but <10 cm"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Dermoid Cyst
Risk	<1%
Description	Dermoid cyst >3cm but <10cm
Management	Surveillance or surgical excision
Imaging Follow-up	Follow-up US in 12 months if not surgically excised
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Dermoid cyst >3cm but <10cm (O-RADS 2): Follow-up US in 12 months if not surgically excised

Path 4.2.3: Dermoid Cyst ≥ 10 cm

Clicks: 3

ROOT → "Classic benign lesion" → "Dermoid cyst" → " ≥ 10 cm"

Result: O-RADS 3

Field	Value
Score	3
Category	Typical Dermoid Cyst
Risk	1–<10%
Description	Dermoid cyst ≥ 10 cm
Management	Gynecologist consultation; consider surgery or close follow-up
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Dermoid cyst ≥ 10 cm (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 4.3: Endometrioma

Path 4.3.1: Endometrioma <10 cm, Premenopausal

Clicks: 4

ROOT → "Classic benign lesion" → "Endometrioma" → "<10 cm" → "Premenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Endometrioma
Risk	<1%
Description	Endometrioma <10cm, premenopausal
Management	Surveillance or surgical excision
Imaging Follow-up	Follow-up US in 12 months if not surgically excised
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Endometrioma <10cm, premenopausal (O-RADS 2): Follow-up US in 12 months if not surgically excised

Path 4.3.2: Endometrioma <10 cm, Postmenopausal

Clicks: 4

ROOT → "Classic benign lesion" → "Endometrioma" → "<10 cm" → "Postmenopausal"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Endometrioma
Risk	<1%
Description	Endometrioma <10cm, postmenopausal (initial)
Management	Confirm diagnosis, then surveillance
Imaging Follow-up	Follow-up US in 2-3 months (or specialist/MRI), then 12 months if not excised
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Endometrioma <10cm, postmenopausal (initial) (O-RADS 2): Follow-up US in 2-3 months (or specialist/MRI), then 12 months if not excised

Path 4.3.3: Endometrioma ≥ 10 cm

Clicks: 3

ROOT → "Classic benign lesion" → "Endometrioma" → " ≥ 10 cm"

Result: O-RADS 3

Field	Value
Score	3
Category	Typical Endometrioma
Risk	1–<10%
Description	Endometrioma $\geq 10\text{cm}$
Management	Gynecologist consultation; consider surgery
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Endometrioma $\geq 10\text{cm}$ (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 4.4: Paraovarian Cyst

Clicks: 2

ROOT → "Classic benign lesion" → "Paraovarian cyst"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Paraovarian Cyst
Risk	<1%
Description	Simple cyst separate from the ovary
Management	None required (extraovarian)
Imaging Follow-up	None
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Simple cyst separate from the ovary (O-RADS 2): No further imaging follow-up.

Path 4.5: Peritoneal Inclusion Cyst

Clicks: 2

ROOT → "Classic benign lesion" → "Peritoneal inclusion cyst"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Peritoneal Inclusion Cyst
Risk	<1%
Description	Fluid collection with ovary at margin or suspended within, conforming to adjacent organs
Management	None required (extraovarian)
Imaging Follow-up	None
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Fluid collection with ovary at margin or suspended within, conforming to adjacent organs (O-RADS 2): No further imaging follow-up.

Path 4.6: Hydrosalpinx

Clicks: 2

ROOT → "Classic benign lesion" → "Hydrosalpinx"

Result: O-RADS 2

Field	Value
Score	2
Category	Typical Hydrosalpinx
Risk	<1%
Description	Anechoic, fluid-filled tubular structure (extraovarian)
Management	None required (extraovarian)
Imaging Follow-up	None
Clinical Follow-up	Gynecologist as needed
IMPRESSION	Anechoic, fluid-filled tubular structure (extraovarian) (O-RADS 2): No further imaging follow-up.

Path 5: Cystic Lesion Non-Classic (Branch C)

Path 5.1: With Solid Component(s)

Path 5.1.1: Unilocular with Solid, <4 Papillary Projections

Clicks: 4

```
ROOT → "Cystic lesion (non-classic)" → "Yes – solid component(s) present" → "Unilocular" → "<4 papillary projections (or non-pp solid)"
```

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Solid Component
Risk	10–<50%
Description	Unilocular cyst with <4 papillary projections or non-pp solid component
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Unilocular cyst with <4 papillary projections or non-pp solid component (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 5.1.2: Unilocular with Solid, ≥4 Papillary Projections

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "Yes – solid component(s) present" → "Unilocular" → "≥4 papillary projections"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Multiple Papillary Projections
Risk	≥50%
Description	Unilocular cyst with ≥4 papillary projections
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Unilocular cyst with ≥4 papillary projections (O-RADS 5): Per gyn-oncologist protocol

Path 5.1.3: Bi/Multilocular with Solid, CS 1-2

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "Yes – solid component(s) present" → "Bilocular or Multilocular" → "CS 1-2 (no/minimal flow)"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Solid Component
Risk	10–<50%
Description	Bilocular cyst with solid component(s), CS 1-2
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Bilocular cyst with solid component(s), CS 1-2 (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 5.1.4: Bi/Multilocular with Solid, CS 3-4

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "Yes – solid component(s) present" → "Bilocular or Multilocular" → "CS 3–4 (moderate/strong flow)"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Vascular Solid Component
Risk	≥50%
Description	Bilocular cyst with solid component(s) and CS 3
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Bilocular cyst with solid component(s) and CS 3 (O-RADS 5): Per gyn-oncologist protocol

Path 5.2: Without Solid Component - Unilocular

Path 5.2.1: Unilocular, Smooth, <10 cm

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Unilocular" → "Smooth" → "<10 cm"

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Unilocular smooth non-simple cyst <10cm
Management	Surveillance based on size
Imaging Follow-up	Follow-up US in 6-12 months based on size
Clinical Follow-up	None
IMPRESSION	Unilocular smooth non-simple cyst <10cm (O-RADS 2): Follow-up US in 6-12 months based on size

Path 5.2.2: Unilocular, Smooth, ≥ 10 cm

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Unilocular" → "Smooth" → " ≥ 10 cm"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Large Unilocular
Risk	1–<10%
Description	Unilocular smooth cyst $\geq 10\text{cm}$
Management	Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Unilocular smooth cyst $\geq 10\text{cm}$ (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 5.2.3: Unilocular, Irregular

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Unilocular" → "Irregular"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Irregular Unilocular
Risk	1–<10%
Description	Unilocular cyst with irregular inner wall (no solid component)
Management	Consider US specialist or MRI; Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Unilocular cyst with irregular inner wall (no solid component) (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 5.3: Without Solid Component - Bilocular

Path 5.3.1: Bilocular, Smooth, <10 cm

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Bilocular" → "Smooth" → "<10 cm"

Result: O-RADS 2

Field	Value
Score	2
Category	Almost Certainly Benign
Risk	<1%
Description	Bilocular smooth cyst <10cm
Management	Surveillance
Imaging Follow-up	Follow-up US in 6 months
Clinical Follow-up	None
IMPRESSION	Bilocular smooth cyst <10cm (O-RADS 2): Follow-up US in 6 months

Path 5.3.2: Bilocular, Smooth, ≥ 10 cm

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Bilocular" → "Smooth" → " ≥ 10 cm"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Large Bilocular
Risk	1–<10%
Description	Bilocular smooth cyst ≥ 10 cm
Management	Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Bilocular smooth cyst ≥ 10 cm (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 5.3.3: Bilocular, Irregular

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Bilocular" → "Irregular"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Irregular Bilocular
Risk	10–<50%
Description	Bilocular cyst with irregular inner wall/septation
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Bilocular cyst with irregular inner wall/septation (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 5.4: Without Solid Component - Multilocular

Path 5.4.1: Multilocular, Smooth, <10 cm, CS <4

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Multilocular" → "Smooth" → "<10 cm and CS <4"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Multilocular
Risk	1–<10%
Description	Multilocular smooth cyst <10cm, CS <4
Management	Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Multilocular smooth cyst <10cm, CS <4 (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 5.4.2: Multilocular, Smooth, ≥ 10 cm, CS <4

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Multilocular" → "Smooth" → " ≥ 10 cm and CS <4"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Large Multilocular
Risk	10–<50%
Description	Multilocular smooth cyst $\geq 10\text{cm}$, CS <4
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Multilocular smooth cyst $\geq 10\text{cm}$, CS <4 (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 5.4.3: Multilocular, Smooth, Any Size, CS 4

Clicks: 5

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Multilocular" → "Smooth" → "Any size with CS 4"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Highly Vascular Multilocular
Risk	10–<50%
Description	Multilocular smooth cyst with CS 4
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Multilocular smooth cyst with CS 4 (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 5.4.4: Multilocular, Irregular

Clicks: 4

ROOT → "Cystic lesion (non-classic)" → "No – no solid component" → "Multilocular" → "Irregular"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Irregular Multilocular
Risk	10–<50%
Description	Multilocular cyst with irregular inner wall/septations
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Multilocular cyst with irregular inner wall/septations (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 6: Solid Mass (Branch D)

Path 6.1: Irregular Contour

Clicks: 2

ROOT → "Solid mass" → "Irregular"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Irregular Solid
Risk	≥50%
Description	Solid lesion with irregular contour
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Solid lesion with irregular contour (O-RADS 5): Per gyn-oncologist protocol

Path 6.2: Smooth Contour with Shadowing

Path 6.2.1: Smooth, Shadowing, CS 1

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "Yes – broad/diffuse shadowing" → "CS 1 (no flow)"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Avascular Solid
Risk	1–<10%
Description	Solid smooth lesion with CS 1 (no flow), ± shadowing
Management	Consider US specialist or MRI; Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised; may consider US specialist or MRI
Clinical Follow-up	Gynecologist
IMPRESSION	Solid smooth lesion with CS 1 (no flow), ± shadowing (O-RADS 3): Consider follow-up US within 6 months if not excised; may consider US specialist or MRI

Path 6.2.2: Smooth, Shadowing, CS 2-3

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "Yes – broad/diffuse shadowing" → "CS 2–3 (minimal/moderate flow)"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Shadowing Solid
Risk	1–<10%
Description	Solid smooth lesion with shadowing and CS 2
Management	Consider US specialist or MRI; Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised
Clinical Follow-up	Gynecologist
IMPRESSION	Solid smooth lesion with shadowing and CS 2 (O-RADS 3): Consider follow-up US within 6 months if not excised

Path 6.2.3: Smooth, Shadowing, CS 4

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "Yes – broad/diffuse shadowing" → "CS 4 (very strong flow)"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Highly Vascular Solid
Risk	≥50%
Description	Solid smooth lesion with CS 4 (very strong flow)
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Solid smooth lesion with CS 4 (very strong flow) (O-RADS 5): Per gyn-oncologist protocol

Path 6.3: Smooth Contour without Shadowing

Path 6.3.1: Smooth, No Shadowing, CS 1

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "No shadowing" → "CS 1 (no flow)"

Result: O-RADS 3

Field	Value
Score	3
Category	Low Risk - Avascular Solid
Risk	1–<10%
Description	Solid smooth lesion with CS 1 (no flow), ± shadowing
Management	Consider US specialist or MRI; Gynecologist consultation
Imaging Follow-up	Consider follow-up US within 6 months if not excised; may consider US specialist or MRI
Clinical Follow-up	Gynecologist
IMPRESSION	Solid smooth lesion with CS 1 (no flow), ± shadowing (O-RADS 3): Consider follow-up US within 6 months if not excised; may consider US specialist or MRI

Path 6.3.2: Smooth, No Shadowing, CS 2-3

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "No shadowing" → "CS 2-3 (minimal/moderate flow)"

Result: O-RADS 4

Field	Value
Score	4
Category	Intermediate Risk - Vascular Solid
Risk	10–<50%
Description	Solid smooth lesion, non-shadowing, CS 2
Management	US specialist, MRI, or per gyn-oncologist protocol
Imaging Follow-up	Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist
Clinical Follow-up	Gynecologist with gyn-oncologist consultation
IMPRESSION	Solid smooth lesion, non-shadowing, CS 2 (O-RADS 4): Options: US specialist, MRI with O-RADS MRI score, or per gyn-oncologist

Path 6.3.3: Smooth, No Shadowing, CS 4

Clicks: 4

ROOT → "Solid mass" → "Smooth" → "No shadowing" → "CS 4 (very strong flow)"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Highly Vascular Solid
Risk	≥50%
Description	Solid smooth lesion with CS 4 (very strong flow)
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Solid smooth lesion with CS 4 (very strong flow) (O-RADS 5): Per gyn-oncologist protocol

Path 7: Ascites / Peritoneal Nodules

Clicks: 1

ROOT → "Ascites / Peritoneal nodules"

Result: O-RADS 5

Field	Value
Score	5
Category	High Risk - Ascites/Peritoneal Nodules
Risk	≥50%
Description	Ascites and/or peritoneal nodules (not due to other etiologies)
Management	Refer to gynecologic oncologist
Imaging Follow-up	Per gyn-oncologist protocol
Clinical Follow-up	Gyn-oncologist
IMPRESSION	Ascites and/or peritoneal nodules (not due to other etiologies) (O-RADS 5): Per gyn-oncologist protocol

Summary Statistics

Total Unique Paths: 41

Branch	Number of Paths
Normal/Incomplete/Ascites	3
Simple Cyst	6
Classic Benign	14
Cystic Non-Classic	12
Solid Mass	7

Results by O-RADS Score

Score	Count	Percentage
O-RADS 0	1	2.4%
O-RADS 1	2	4.9%
O-RADS 2	16	39.0%
O-RADS 3	12	29.3%
O-RADS 4	6	14.6%
O-RADS 5	4	9.8%

Click Depth Distribution

Clicks	Count
1	3
2	6
3	9
4	16
5	7

Glossary

Term	Definition
CS	Color Score - degree of intralesional vascularity (1=none, 2=minimal, 3=moderate, 4=very strong)
Solid component	Protrudes ≥ 3 mm into cyst lumen from wall/septation
Papillary projection	Solid component surrounded by fluid on 3 sides
Unilocular	Single locule (no complete septa)
Bilocular	2 locules (1 complete septation)
Multilocular	≥ 3 locules (≥ 2 complete septations)
Smooth	Uniform/even inner margin
Irregular	Non-uniform inner margin; focal wall thickening < 3 mm
Shadowing	Broad or diffuse hypoechogenicity posterior to lesion
Postmenopausal	≥ 1 year amenorrhea (or age > 50 if uncertain)
Early postmenopausal	< 5 years postmenopausal (or age 50-55)
Late postmenopausal	≥ 5 years postmenopausal (or age ≥ 55)

Generated from O-RADS US v2022 (ACR, November 2022)