

| O-RADS Score | Risk Category (IOTA Model) | Lexicon Descriptors | | Management | | |
|--------------|------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| | | | | Pre-menopausal | Post-menopausal | |
| 0 | Incomplete Evaluation | N/A | | Repeat study or alternative study | | |
| 1 | Normal Ovary | Follicle defined as a simple cyst ≤ 3cm | | None | N/A | |
| | | Corpus Luteum ≤ 3cm | | | | |
| 2 | Almost Certainly Benign [$<1\%$] | Simple cyst | ≤ 3cm | None | None | |
| | | | > 3cm to 5 cm | None | Refer to gynaecologist Follow up US every 16 weeks up to 1 year (3 US scans in 1 year) and CA-125 at each visit. | |
| | | | > 5cm but < 10cm | Follow up US in 12 weeks If persists refer to gynaecologist | | |
| | | Classic Benign Lesions | Typical hemorrhagic cyst | Reticular pattern: Fine thin intersecting lines Retracting clot: an avascular echogenic component with angular, straight, or concave margins | ≤ 5cm None | Refer to gynaecologist |
| | | | | | >5 cm but <10 cm Follow up US in 8–12 weeks If persists or enlarges, refer to gynaecologist | Refer to gynaecologist |
| | | | Typical dermoid cyst < 10 cm | <ul style="list-style-type: none">Hyperechoic component with acoustic shadowingHyperechoic lines and dots/floating echogenic spherical structures | Refer to gynaecologist/ Optional initial follow up US in 8–12 weeks based upon confidence in diagnosis. If persists, enlarges or changes in morphology refer to gynaecologist (if not already done). If not removed surgically, annual follow up US may be considered by gynaecologist | Refer to gynaecologist. If not removed surgically, annual follow up US may be considered by gynaecologist |
| | | | Typical endometrioma < 10 cm | Ground glass/homogeneous low-level echoes | | |
| | | | Simple paraovarian cyst/any size | Simple cyst separate from the ovary that typically moves independent of the ovary when pressure is applied by the transducer | Manage as per simple cyst ovarian criteria | Manage as per simple cyst ovarian criteria |
| | | | Typical peritoneal inclusion cyst/ any size | Follows the contour of the adjacent pelvic organs or peritoneum, does not exert mass effect and typically contains septations. The ovary is either at the margin or suspended within the lesion. | Refer to gynaecologist | Refer to gynaecologist |
| | | | Typical hydrosalpinx/ any size | <ul style="list-style-type: none">Incomplete septationTubularEndosalpingeal folds: short round projections around the inner wall of a fluid distended tubular structure | Refer to gynaecologist | Refer to gynaecologist |
| | | Non-simple unilocular cyst, smooth inner margin | ≤ 3cm | None | Refer to gynaecologist | |
| | | | > 3cm but <10cm | Follow up US in 8–12 weeks. If concerning/persists refer to gynaecologist | Refer to gynaecologist | |
| 3 | Low Risk malignancy [1-<10%] | Unilocular cyst ≥ 10cm (simple or non-simple) | | Refer to gynaecologist | | |
| | | Typical dermoid cysts, endometriomas, hemorrhagic cysts ≥ 10cm | | | | |
| | | Unilocular cyst, any size with irregular inner wall <3mm height | | | | |
| | | Multilocular cyst <10cm smooth inner wall, CS=1-3 | | | | |
| | | Solid smooth, any size, CS=1 | | | | |
| 4 | Intermediate Risk [10- <50%] | Multilocular cyst, no solid component | ≥10cm smooth inner wall, CS=1-3 | Refer to gynaecologist | | |
| | | | Any size, smooth inner wall, CS=4 | | | |
| | | | Any size, irregular inner wall and/or irregular septation, any colour score | | | |
| | | Unilocular cyst with solid component | Any size, 0-3 papillary projections, CS=any | | | |
| | | Multilocular cyst with solid component | Any size, CS=1-2 | | | |
| | | Solid | Smooth, any size, CS=2-3 | | | |
| 5 | High Risk [≥ 50%] | Unilocular cyst, any size, ≥ 4 papillary projections, CS=any | | Refer to gynaecologist | | |
| | | Multilocular cyst with solid component, any size, CS=3-4 | | | | |
| | | Solid smooth, any size, CS=4 | | | | |
| | | Solid irregular, any size, CS=any | | | | |
| | | Ascites and/or peritoneal nodule | | | | |