

## Synoptic Reporting Formats

**Date of study:** xx-xx-xxxx

**Clinical Profile:** Brief clinical history and examination details, and indication for study.

**Previous imaging, if any:** In case of follow-up scans (imaging modality, pre- or postoperative/radiotherapy/chemoradiotherapy, date of study)

### Procedure Details

Spiral contrast-enhanced computed tomography from the skull base to the thoracic inlet acquired in 1 mm slice thickness post 40 s delay following intravenous (IV) injection of 80 ml 300mg/ml low osmolar iodinated contrast at 3 mL/s.

Or,

Multiplanar magnetic resonance imaging (MRI) acquired from the skull base to the thoracic inlet in 3 mm slice thickness, along with postcontrast imaging following IV gadodiamide 0.1 mmol/kg. Sequences acquired—Axial and coronal T2, Coronal short tau inversion recovery, Precontrast T1 (axial and coronal/three-dimensional [3D]), postcontrast T1 and T1-FS (axial and coronal/3D), T2- sagittal (optional), magnetic resonance angiography (optional), diffusion-weighted imaging (optional).

### Report

#### (Checklist for Ca Maxillary Sinus)

*Laterality*—Right/Left

*Subsite of origin, if discernible*—Maxillary antrum, anterior/posterior/medial wall of sinus, near ostium

Dimensions: in three orthogonal planes.

Trapped secretions, if any:

Extensions:

*Anterior*—Anterior wall, infraorbital nerve, premaxillary fat, skin of cheek.

*Posterior*—Posterolateral wall, retroantral fat, pterygoid plates, pterygomaxillary fissure, pterygopalatine fossa, infratemporal fossa, Vidian canal, nasopharynx.

*Superior*—Frontal/ sphenoid/ethmoid sinus, cribriform plate

*Inferior*—Hard palate, oropharynx

*Medial*—Middle meatus

*Intra-orbital*—Lamina papyracea/ floor of orbit, orbital fat, extraocular muscles, intraconal fat, orbit apex, orbital fissures

*Intracranial*—Skull base bone including clivus, extradural space, dura, brain parenchyma

#### (Checklist for Ca Ethmoid Sinus)

*Laterality*—Right/left

Subsite of origin, if discernible and subsites involved— anterior/ middle/ posterior

Dimensions: in three orthogonal planes

Trapped secretions, if any:

Extensions:

*Anterior*—Nasal ala, skin of cheek

*Posterior*—Sphenoid sinus, clivus, sphenopalatine foramen, pterygoid plates, pterygomaxillary fissure, infratemporal fossa, nasopharynx

*Medial*—Nasal septum, contralateral ethmoid sinus

*Lateral*—Maxillary sinus

*Superior*—Cribriform plate, frontal sinus

*Inferior*—Hard palate, oropharynx

*Intra-orbital*—Lamina papyracea/ floor of orbit, orbital fat, extra-ocular muscles, intraconal fat, orbit apex, orbital fissures

*Intracranial*—Skull base bone including clivus, extradural space, dura, brain parenchyma

**Perineural spread:** Expanded cranial nerve foramina on computed tomography or thickened enhancing cranial nerve on magnetic resonance imaging.

#### Regional Nodal Status

*Abnormal nodes*—Ipsilateral/ contralateral, number, size, levels, features, extranodal extension (ENE)

If extranodal extension (ENE) present

*Arc of contact with carotid artery*— < 180/ 180-270/ ≥ 270  
*IJV status*—Invaded/compressed, any bland/ tumor thrombus

Relationship with sternocleidomastoid and strap muscles

*Suspicious nodes*—Ipsilateral/ contralateral, size, levels, features

*Benign appearing nodes*—Ipsilateral/ contralateral, levels, size

#### Impression

Tumor of likely origin \_\_\_\_\_ with extensions and nodal status as detailed.