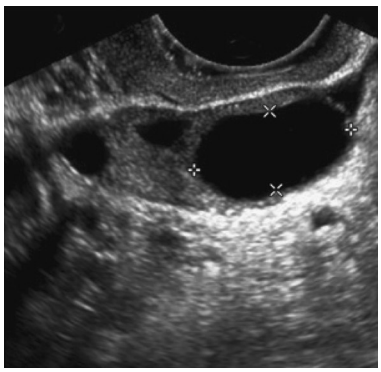
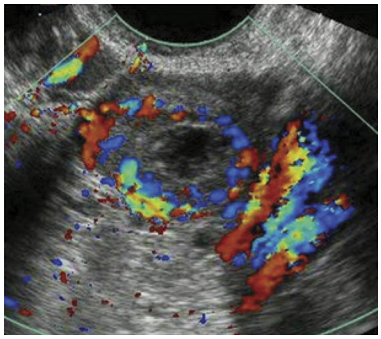
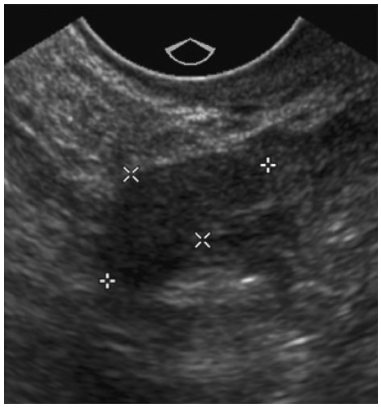
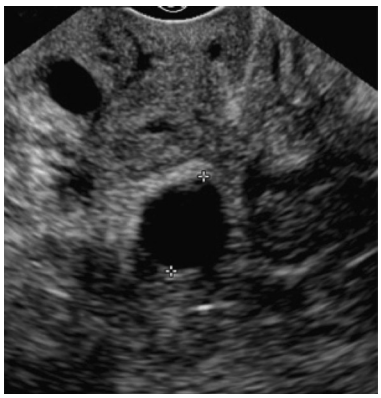
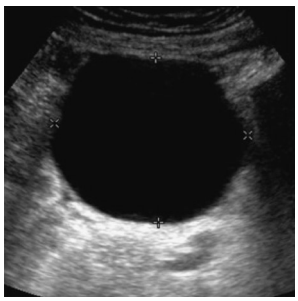
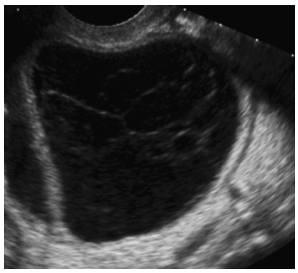
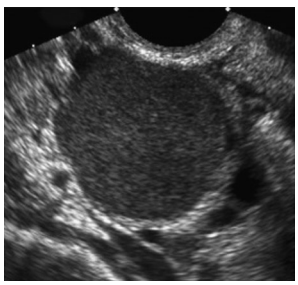
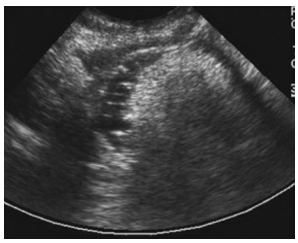
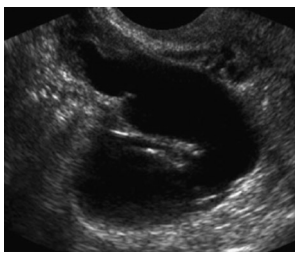
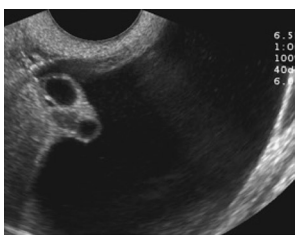
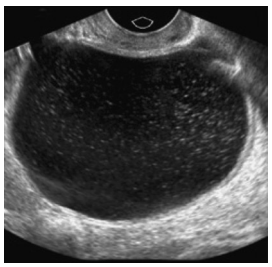
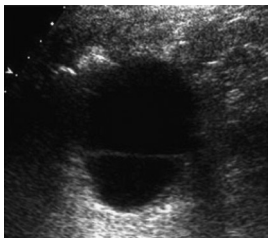
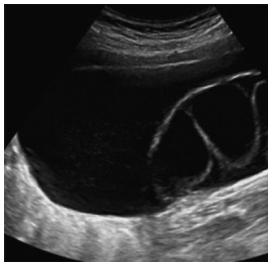
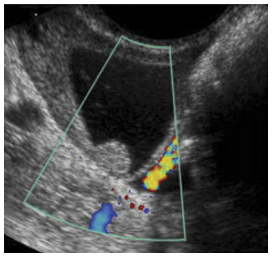
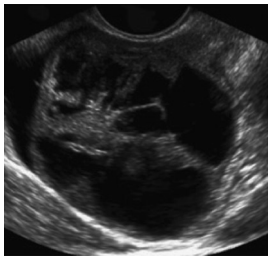
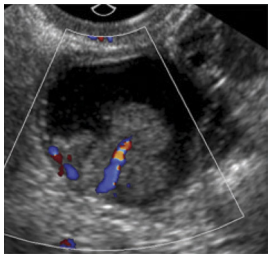
Normal Appearance		Follow-Up*	Comments
Normal ovary appearance: Reproductive age Follicles • Thin and smooth walls • Round or oval • Anechoic • Size ≤ 3 cm • No blood flow		Not needed	Developing follicles and dominant follicle ≤ 3 cm are normal findings
Normal ovary appearance: Reproductive age Corpus luteum • Diffusely thick wall • Peripheral blood flow • Size ≤ 3 cm • +/− internal echoes • +/− crenulated appearance		Not needed	Corpus luteum ≤ 3 cm is a normal finding
Normal ovary appearance: Postmenopausal • Small • Hemogenous		Not needed	Normal postmenopausal ovary is atrophic without follicles
Clinically inconsequential: Postmenopausal Simple cysts ≤ 1 cm • Thin wall • Anechoic • No flow		Not needed	Small simple cysts are common; cysts ≤ 1 cm are considered clinically unimportant

Summary of recommendations for management of asymptomatic ovarian and other adnexal cysts. * = Follow-up recommendations are for US, unless otherwise indicated. ** = Some practices may choose a threshold size slightly higher than 1 cm before recommending yearly follow-up. Practices may choose to decrease the frequency of follow-up once stability or decrease in size has been confirmed.

Cysts with benign characteristics		Follow-Up*	Comments
Simple cysts (includes ovarian and extraovarian cysts) • Round or oval • Anechoic • Smooth, thin walls • No solid component or septation • Posterior acoustic enhancement • No internal flow		Reproductive age: ≤ 5 cm: Not needed > 5 & ≤ 7 cm: Yearly Postmenopausal (PM): > 1 & ≤ 7 cm: Yearly** Any age:> 7 cm: Further imaging (e.g., MRI) or surgical evaluation	Simple cysts, regardless of age of patient, are almost certainly benign For cysts ≤ 3 cm in women of reproductive age, it is at deiscretion of interpreting physician wether to describe them in imaging report
Hermorrhagic cyst • Reticular pattern of internal echoes • +/− Solid appearing area with concave margins • No internal flow		Reproductive age: ≤ 5 cm: Not needed > 5 cm: 6–12 week follow-up to ensure resolution Early PM: Any size: Follow-up to ensure resolution Late PM: Consider surgical evaluation	Use Doppler to ensure no solid elements For cysts ≤ 4 cm in women of reproductive age, it is at the discretion of interpreting physician wether to describe them in imaging report
Endometrioma • Homogeneous low level internal echoes • No solid component • +/− Tiny echogenic foci in wall		Any age: Initial follow-up 6–12 weeks, then if not surgically removed, follow-up yearly	
Dermoid • Focal or diffuse hyperechoic component • Hyperechoic lines and dots • Area of acoustic shadowing • No internal flow		Any age: If not surgically removed, follow-up yearly to ensure stability	
Hydrosalpinx • Tubular shaped cystic mass • +/− Short round projections "beads on a string" • +/− Waist sign (i.e. indentations on opposite sides). • +/− Seen separate from the ovary		Any age: As clinically indicated	
Peritoneal inclusion cyst • Follow the contour of adjacent pelvic organs • Ovary at the edge of the mass or suspended within the mass • +/− Septations		Any age: As clinically indicated	

Cysts with indeterminate, but probably benign, characteristics		Follow-Up*	Comments
Findings suggestive of, but not classic for, hemorrhagic cyst, endometrioma or dermoid		Reproductive age: 6–12 week follow-up to ensure resolution. If the lesion is unchanged, then hemorrhagic cyst us 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. Postmenopausal: Consider surgical evaluation	
Thin-walled cyst with single thin septation or focal calcification in the wall of a cyst		Follow-up based on size and menopause 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 cystadenifibroma
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	