Ground Truth: The size and shape of the cervix are normal, with a patchy abnormal signal on the anterior wall of the cervix, with unclear boundaries, measuring approximately 12mm in length, showing slightly high signal on T2WI and isointense on T1WI, with significant enhancement on the contrast scan; no obvious abnormalities are seen in the vagina. A cystic lesion is observed on the posterior wall of the cervix, measuring approximately 8mm × 4mm, with clear boundaries, showing high signal on T2WI and no enhancement. The size and shape of the uterus are normal, with no abnormal signal lesions in the myometrium. A cystic lesion is seen in the right adnexal area, measuring approximately 19mm × 14mm, with clear boundaries, and enhancement of the cyst wall on the contrast scan. The left ovary is normal in size and shape, with no abnormal signal lesions. The bladder is well distended, with clear boundaries, and no obvious abnormal signals or enhancement. The rectum appears normal. Several small lymph nodes are seen adjacent to the bilateral iliac vessels, the largest measuring approximately 6mm in short diameter, with clear boundaries, homogeneous signal, and isolated distribution. No abnormal signal lesions or enhancement are noted in the pelvic bones. Abnormal signal focus in the anterior wall of the cervix, consistent with cervical cancer. Nabothian cyst of the cervix. Cystic lesion in the right adnexal area, follicle? Small amount of fluid in the pelvic floor. Small lymph nodes adjacent to the bilateral iliac vessels, considering the possibility of reactive lymph nodes, follow-up is recommended.

Ours: The cervix shows no significant enlargement, with patchy abnormal signal foci observed on the anterior lip, with unclear boundaries, measuring approximately 12mm×9mm. On T1WI, it presents as isointense, while on T2WI, it shows slightly high signal intensity. On fat-suppressed enhanced scans, there is moderate enhancement, though the enhancement is uneven; the anterior and posterior vaginal fornices and vaginal structures remain clear, with no significant abnormal thickening of the wall, and the pericervical fat space is clear. The uterine body shows no enlargement, with nodular abnormal signal foci observed on the anterior wall and left lateral wall, with clear boundaries, measuring approximately 10mm×9mm and 17mm×14mm, respectively. On T1WI, it presents as isointense, while on T2WI, it shows low signal intensity, with moderate uneven enhancement on fat-suppressed scans. The bladder is well distended with clear borders, and no significant abnormal signals or enhancement are observed. No clear abnormalities are seen in the rectum. A small amount of fluid is noted in the pelvic floor. No significant enlarged lymph nodes are observed in the bilateral iliac vessels or groin area. No abnormal signal foci or enhancement are seen in the pelvic bones. Cervical abnormal signal focus, consistent with cervical cancer. Anterior wall and left lateral wall nodules of the uterine body, consider uterine fibroids.

Baseline: The endometrium is significantly thickened, with the thickest part approximately 28mm, showing isointense T1 and slightly hyperintense T2 signals, with high signal on DWI and low signal on the ADC map; the enhancement scan shows the lesion with low signal compared to the myometrium, and the subendometrial line is incomplete. There is a local interruption of the continuity of the uterine junction zone with unclear boundaries, and the myometrial infiltration depth is less than 1/2. A small round lesion with isointense T1 and short T2 signals is observed on the posterior wall of the uterus, measuring about 11mm in diameter, with no significant enhancement on the enhancement scan. The cervix shows several round abnormal signal foci of varying sizes, with long T1 and long T2 signals, and no enhancement on the enhancement scan. No abnormal signal is seen in the vagina. The right ovary shows several round abnormal signal foci.