Bosniak Classification of Renal Cysts [https://youtu.be/j9EWUybvbOk]

I
- wall: well defined. smooth outer contour. thickness < 2 mm. can enhance.
- content: simple fluid (-9 to 20 HU on CT) (signal identical to CSF on MRI)
- no septations. no calcification. no solid component.
- no follow-up needed

II
- wall: well defined. smooth outer contour. thickness < 2 mm. can enhance.
- septa: 1-3 in number. < 2 mm in thickness. may enhance.
- calcification: if nodular ⟶ get MRI (it may mask nodular component)
  other forms of calcification are not worrisome
- non-contrast-CT: homogenous. hyperdense (> 70 HU)
  content: simple fluid (-9 to 20 HU on CT) (signal identical to CSF on MRI) + septations
- MRI: high T1 signal (2.5 times greater than renal parenchymal signal)
- contrast-CT: > 20 HU baseline, but no enhancement.
- homogenous mass too small to characterize (< 1 cm)
- no follow-up

IIf
- wall: smooth. minimally thick (3mm)
- septa: any septation > 3mm in thickness OR ≥ 4 in number but thin (< 2mm)
- MR: cystic mass w̄ internal heterogenous high T1 signal.
- follow-up at 6 mo. then yearly for 5 years.

III
- intermediate probability for malignancy ⟶ uro consult.
- wall / septations: enhancing & thick (> 4mm)
- convex protrusion a/w the wall or septations. enhancing. obtuse margins to wall / septa ⊕

IV
- high probability of malignancy ⟶ must be resected.
- enhancing nodule. protrusion w̄ acute angle to wall / septa OR obtuse angle w̄ height ≥ 4mm.