

- ▶ Advanced 1.5T & 3T Wide Bore MRI ▶ Whole Body Cardiac 128 Slice CT
- ▶ PET CT Scan ▶ MRI Elastography ▶ MRI Cardiac ▶ MRI Breast
- ▶ Digital Mammography ▶ USG, Color Doppler, 3D-4D Sonography ▶ 2D-Echo, Stress test
- ▶ ECG ▶ B.M.D. ▶ EMG ▶ NCV ▶ EEG ▶ Digital X-Ray ▶ OPG ▶ Cephalogram
- ▶ PFT ▶ Pathology ▶ Urodynamic Study ▶ Uroflowmetry ▶ Full body Health Check-up

4/5/6 Gaurav Garden Complex, Mira Bhayandar Road, Next to Karnataka Bank, Opp. Old Petrol Pump, Mira Road East, Thane - 401107.  
 Tel.: 022 69071000 • Mob.: 9029529506 • Email: pulseimaging15@gmail.com • Website: www.pulsediagnostic.in

<b>NAME</b>	<b>Mrs. Susanna Joseph</b>	<b>DATE</b>	<b>24/06/2022</b>
<b>USG NO.</b>	<b>MAMOJUN2401/2022</b>	<b>AGE</b>	<b>43 Yrs</b>
<b>REF. BY.</b>	<b>Dr. Aditi Agarwal</b>	<b>SEX</b>	<b>Female</b>

## **BILATERAL XRAY MAMMOGRAPHY**

### **Mammography Findings:**

Both breast reveal heterogeneous dense parenchyma, which limits mammographic evaluation.

A high density mass with spiculated margins is noted at inferior and central aspect of right breast. It shows internal calcification.

No obvious axillary lymph node is detected

## **BILATERAL BREAST SONOGRAPHY**

**TECHNIQUE:** Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

Breast tissue shows predominantly fibro-glandular parenchyma.

An ill-defined hypoechoic mass with internal calcific foci, measuring 34 x 23 mm is noted at 5-6 o'clock position in the right breast. It has spiculated margins. It shows minimal vascularity on color and is hard on elastography.

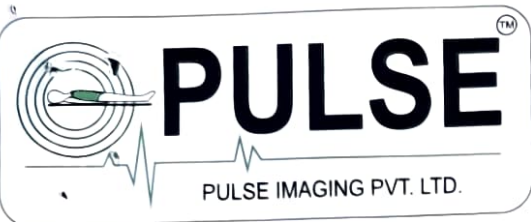
Similar morphology mass measuring 11 x 8 mm is noted at 9-10 o'clock position.

Few (atleast 4 ) fairly well-defined hypoechoic masses are seen adjacent to the above mentioned mass at 5-6 o'clock position.

Position	size
6 o'clock	10 x 8.3 mm
7 o'clock	11.8 x 7.0 , 9.7 x 4.9 mm & 6 x 4 mm

Few well-defined solid hypoechoic homogenous nodules with well circumscribed margins are as follows:

Position	size
12 o'clock	4.9 x 3 mm
9 o'clock	9.3 x 4.7 mm & 5.6 x 2.4 mm



- ▶ Advanced 1.5T & 3T Wide Bore MRI ▶ Whole Body Cardiac 128 Slice CT
- ▶ PET CT Scan ▶ MRI Elastography ▶ MRI Cardiac ▶ MRI Breast
- ▶ Digital Mammography ▶ USG, Color Doppler, 3D-4D Sonography ▶ 2D-Echo, Stress test
- ▶ ECG ▶ B.M.D. ▶ EMG ▶ NCV ▶ EEG ▶ Digital X-Ray ▶ OPG ▶ Cephalogram
- ▶ PFT ▶ Pathology ▶ Urodynamic Study ▶ Uroflowmetry ▶ Full body Health Check-up

4/5/6 Gaurav Garden Complex, Mira Bhayandar Road, Next to Karnataka Bank, Opp. Old Petrol Pump, Mira Road East, Thane - 401107.  
Tel.: 022 69071000 • Mob.: 9029529506 • Email: pulseimaging15@gmail.com • Website: www.pulsediagnostic.in

A well-defined solid hypoechoic homogenous mass with lobulated margins measuring 27 x 10 mm is noted at 5 o'clock position in the left breast. It does not reveal any vascularity on color doppler.

Similar morphology masses are as follows :

Position	size
3 o'clock (well circumscribed margins)	12 x 6 mm & 9.2 x 5.0 mm
6 o'clock (lobulated margins)	15 x 6.8 mm

Few prominent ducts are noted in the left retroareolar region. No evidence of internal solid component or vascularity on color doppler is noted.

Nipple and subareolar region appears normal.

Retro mammary region appears normal.

Few (atleast 4) enlarged lymphnodes with loss of normal morphology are noted in the right axilla, largest measuring 28 x 21 mm.

Few lymphnodes with normal morphology are noted in the left axilla, largest measuring 26 x 14 mm

**IMPRESSION:**

- Ill-defined hypoechoic masses with spiculated margins in the right breast as mentioned has features suggestive of malignancy (BIRADS 5).
- Hypoechoic masses adjacent to the spiculated mass at 5-6 o'clock position as mentioned (BIRADS 4a).
- Lobulated masses in the left breast as mentioned has benign features (BIRADS 3) – fibroadenomas likely.
- Well-defined nodules in the both breast as mentioned has benign features (BIRADS 3) – fibroadenomas likely.
- Right axillary lymphnodes with loss of normal morphology.
- Left axillary lymphnodes with normal morphology.

**Suggest: Histopathological correlation.**

**Dr. Alok Singhai** Consultant Radiologist    **Dr. Sharad Kumar** Consultant Radiologist    **Dr. Ketan Kakadiya** Consultant Radiologist    **Dr. Nidhi Tyagi** Consultant Radiologist

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.