



YARRA Radiology

Patient Name	EDWARDS, ASTRID	Accession	00010536US
Patient D.O.B.	06/08/1985	Description	US BREASTS - BILATERAL (OA300)
Patient ID	CHD700Z	Study Date/Time	25/09/2023 14:02
Referring Physician	SPOTTISWOOD, MARYANN	Modality	PR,US

AMENDED REPORT

Original Report reported by DR AFSHIN AGAHI

BILATERAL BREAST ULTRASOUND

Clinical history:

A 3 o' clock left breast lump beside the nipple area, right breast small lump, superficial ? LN 11 o' clock 3-4cm from right nipple. Both feels benign clinically.

Findings:

Systematic evaluation of both breasts performed.

Scattered anechoic and hypoechoic cystic structures throughout the right breast with the largest at 6o' clock position at retroareolar region with an internal septation with no internal vascularity with no suspicious features most likely represent a simple and minimally complex cyst (BI-RADS 2).

Hypoechoic lesions within the left breast at 1o' clock position 2cm from the nipple with maximum dimension of 15mm, at 2o' clock position 4cm from the nipple with maximum dimension of 7mm, at 3o' clock position 1cm from the nipple with maximum dimension of 15mm, at 5o' clock position at retroareolar region with maximum dimension of 14mm, and at 11o' clock position 4cm from the nipple with maximum dimension of 6mm with no internal calcification and some internal vascularity of the larger lesions most likely represent fibroadenomata.

No further cystic or solid lesion throughout either of the breasts detected.

No evidence of concerning axillary lymphadenopathy identified on either side.

Opinion:

Hypoechoic lesions within the left breast at 1o' clock position 2cm from the nipple, at 2o' clock position 4cm from the nipple, at 3o' clock position 1cm from the nipple, at 5o' clock position retroareolar region, and at 11o' clock position 4cm from the nipple require further evaluation with core biopsy/FNA for further evaluation. These most likely represent a benign lesions such as a fibroadenomata. A neoplastic process cannot be entirely dismissed.

Multiple anechoic and hyperechoic cystic structures throughout the right breast most likely represent a simple and minimally complex cysts.

No evidence of concerning axillary lymphadenopathy detected on either side.

Please note that if patient is clinically symptomatic, further surgical opinion is prudent despite the imaging findings.

Amended Report

Hypoechoic nodule within the right breast at 9 o'clock position 1cm from the nipple with echogenic hilum and vascular pedicle thought to represent an intramammary lymph node (BI-RADS 2). Follow up ultrasound may be helpful to assess stability, if clinically concern.

Radiologist: Dr A. Agahi