Patient Name	: Ms.MANJU SHARMA	Visit No	: CHA250033970
Age/Gender	: 49 Y/F	Registration ON	: 25/Feb/2025 12:31PM
Lab No	**: 10131266**	Sample Collected ON	: 25/Feb/2025 12:31PM
Referred By	: Dr.KGMU (ONCO)	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 02:52PM

X-RAY MAMMOGRAPHY BOTH BREASTS

ACR grading C heterogeneously dense breast parenchyma

RIGHT BREAST

- There is no evidence of any abnormal rounded radio-opaque shadow in the right breast parenchyma.
- **Right breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

LEFT BREAST
 F.U.C of CA left breast (post chemotherapy status) showing : -
- **Metallic implants are noted in upper quadrant of left breast.**
- **Left breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
    ON USG CORRELATION :
- **An ill defined irregular heteroechoic predominantly hypoechoic lesion measuring approx. 22 x 24 x 16 mm is noted at 1 o' clock position - Neoplastic etiology (BIRADS VI category).**
- **Few lymphnodes are noted in left axilla, largest of size 10 x 5 mm.**

Note:
- Sensitivity of mammography is decreased in breast have dense parenchyma.
- Screening of mammography is advisable for all women above the age of 40 years.
- Sonomammography (ultrasound) is helpful for accurate diagnosis of disease of breast epically in dens breast. Detailed Sonomammography is advisable if clinically indicated.

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

*** End Of Report ***