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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. SIMLA Visit No : CHA250035454

 Age/Gender
 : 55 Y/F
 Registration ON
 : 27/Feb/2025 12:53PM

 Lab No
 : 10132750
 Sample Collected ON
 : 27/Feb/2025 12:53PM

Referred By : Dr.LIMRA MEDICAL CENTRE Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 02:18PM

X-RAY MAMMOGRAPHY BOTH BREASTS

ACR grading B homogeneously dense breast parenchyma

RIGHT BREAST

- Heterogeneous opacity is noted in subareolar region.
- Rest of right breast show homogeneous fibro-fatty parenchyma.
- There are no micro-calcifications seen.
- Mild retraction of nipple seen.
- Diffuse skin thickening is seen.
- On USG Correlation: An ill defined irregular heteroechoic predominantly hypoechoic lesion measuring approx 22 x 19 x 19 mm is noted at 6 'o' clock position. On CDFI minimal vascularity is noted within the lesion -? Neoplastic etiology (BIRADS V category).
- Multiple lymphnodes are variable sizes are noted in right axilla, largest measuring approx 18 x 12mm. Diffuse skin thickening with edematous changes in all quadrants (Adv: Histopathological Correlation).

LEFT BREAST

- There is no evidence of any abnormal rounded radio-opaque shadow in the breast parenchyma.
- Rest of left breast show homogeneous 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.

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: Gausiya

