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

Patient Name : Ms. USHA Visit No : CHA250039570

 Age/Gender
 : 38 Y/F
 Registration ON
 : 05/Mar/2025 10:54AM

 Lab No
 : 10136865
 Sample Collected ON
 : 05/Mar/2025 10:54AM

Referred By : Dr.KGMU Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 12:16PM

#### X-RAY MAMMOGRAPHY BOTH BREASTS

# ACR grading C heterogeneously dense breast parenchyma

## **RIGHT BREAST**

- Rest of right breast show heterogeneous 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.
- On USG Correlation: Few lactiferous ducts are prominent in right breast.

#### **LEFT BREAST**

- Rest of left breast show heterogeneous 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.
- On USG Correlation: A well defined simple cystic lesion of size approx 5 x 5mm at 12 'o' clock position is noted in left breast with few lactiferous ducts are prominent.

#### 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

\*\*\* End Of Report \*\*\*

