

Patient Name	: Ms.SHWETA YADAV	Visit No	: CHA250043906
Age/Gender	: 29 Y/F	Registration ON	: 11/Mar/2025 01:37PM
Lab No	: 10141201	Sample Collected ON	: 11/Mar/2025 01:37PM
Referred By	: Dr.NEHA MAINI GUPTA**	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 02:28PM

HIGH RESOLUTION ULTRASOUND STUDY OF BOTH BREASTS
Study performed with 10.0MHz high frequency linear probe.

- **Right breast** The breast architecture on right side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- **Left breast Fibroglandular parenchyma appears heteroechoic in echotexture predominantly at 12-1 o' clock position – s/o Fibroadenosis changes (BIRADS – II Category).** Rest of the breast architecture on left side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- No abnormal calcification is identified in either breast.
- Subareolar region appears normal. No abnormal ductal dilatation is seen.
- Axillary tail is normal. No obvious axillary lymphadenopathy is seen.

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

CHARAK



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X-RAY MAMMOGRAPHY REPORT BOTH BREASTS

ACR grading C heterogeneously dense breast parenchyma

- There is no evidence of any abnormal rounded radio-opaque shadow in the both breasts parenchyma.
- **Both breasts show heterogeneously dense fibro-fatty parenchyma.**
- There are no micro calcification is seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes are 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.

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*** End Of Report ***



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