

Patient Name	: Ms.RENU RASTOGI	Visit No	: CHA250045726
Age/Gender	: 40 Y/F	Registration ON	: 15/Mar/2025 11:52AM
Lab No	: 10143021	Sample Collected ON	: 15/Mar/2025 11:52AM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 15/Mar/2025 12:37PM

X-RAY MAMMOGRAPHY BOTH BREASTS

ACR grading C heterogeneously dense breast parenchyma which may obscure masses

RIGHT BREAST

- 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: Multiple dilated lactiferous ducts are noted, largest measuring approx 6.6mm – Ductal ectasia.**

LEFT BREAST

- 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: Multiple dilated lactiferous ducts are noted, largest measuring approx 4mm – Ductal ectasia.**

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 ***

