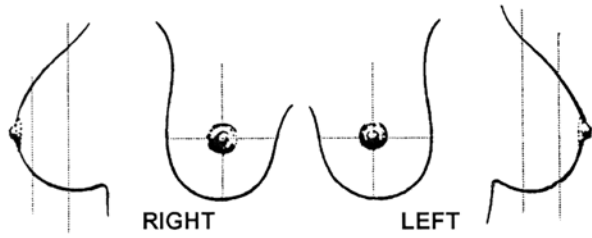


Indication for exam:  Screening (asymptomatic)  
 Additional evaluation of recent exam

Diagnostic (symptomatic)  
 Short interval follow-up

Tech \_\_\_\_\_



**Technologist Remarks:**

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Views: Bilateral  R  L  CC  MLO  LM  ML  Spot Comp  Mag  Push/pull Other: \_\_\_\_\_  
 Dictation involved **Tissue Density:**  Very dense  Heterogeneously dense  Scattered fibroglandular  Fatty

There \_\_\_\_\_ cm \_\_\_\_\_ density  
 is a are multiple benign-appearing suspicious high equal low radiolucent  
 \_\_\_\_\_ nodule mass density architectural distortion  
 round oval lobulated irregular reniform  
 with \_\_\_\_\_ margins  
 well-defined circumscribed microlobulated ill-defined indistinct obscured spiculated  
 in the \_\_\_\_\_ breast(s) \_\_\_\_\_:00 \_\_\_\_\_ position \_\_\_\_\_  
 right left both subareolar anterior posterior middle central axillary tail which is/are stable.

There \_\_\_\_\_  
 is a are benign-appearing suspicious scattered regional clustered  
 \_\_\_\_\_ calcification(s)  
 round linear vascular coarse rod-like heterogeneous punctate amorphous milk-of-calcium indistinct branching  
 in the \_\_\_\_\_ breast(s) \_\_\_\_\_:00 \_\_\_\_\_ position \_\_\_\_\_  
 right left both subareolar anterior posterior middle central axillary tail which is/are stable.

**Other Comments:**

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- No discrete abnormality
- No change from previous
- Prior studies unavailable
- Focal asymmetric density \_\_\_\_\_
- Asymmetric breast tissue
- Breast implants are intact

Prior Studies: From \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; from \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

Impression	Recommendation
<input type="checkbox"/> Negative	<input type="checkbox"/> F/U mamm in ____ yr ____ mo <input type="checkbox"/> at age 40 <input type="checkbox"/> per ACS guidelines <input type="checkbox"/> back on schedule
<input type="checkbox"/> Benign finding(s)	<input type="checkbox"/> Special view(s): <input type="checkbox"/> R <input type="checkbox"/> L Spot Compression Mag CC MLO LM ML Cleopatra
<input type="checkbox"/> Probably benign finding	<input type="checkbox"/> Clinical correlation with attention to _____
<input type="checkbox"/> Suspicious abnormality	<input type="checkbox"/> Ultrasound <input type="checkbox"/> R <input type="checkbox"/> L _____
<input type="checkbox"/> Highly suspicious	<input type="checkbox"/> Repeat Film(s) _____
<input type="checkbox"/> Incomplete-needs additional evaluation	<input type="checkbox"/> Cyst aspiration _____
	<input type="checkbox"/> Surgical consult _____
	<input type="checkbox"/> Other _____

Read \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: JA GA BA RB GB CC RC KDK  
 FL HN PP RP GS MS RS JW