

## Radiology Checklist for Breast Imaging Done for Breast Mass

Comment: The workup of a palpable breast lesion may consist of first doing an ultrasound study (for younger women, approximately age 40 or less) or a mammogram (for older women), followed by the other modality with MR done for trouble-shooting difficult cases. The issue is typically whether the imaging modality can reliably characterize the lesion as unequivocally (or nearly unequivocally) benign, or whether biopsy will be necessary. Additional lesions and lymphadenopathy should also specifically be sought.

<b>BREAST PARENCHYMA</b>	
Mass.	Breast cancer, fibrocystic disease, fibroadenoma, breast abscess, Paget disease, fat necrosis, mastitis, infected sebaceous cyst, intraductal papilloma, phyllodes tumor
Asymmetry.	Breast cancer, fibrocystic disease, Paget disease, fat necrosis, mastitis.
Malignant calcifications	Breast cancer.
Architectural distortion.	Breast cancer, fibrocystic disease, scarring.
Dilated duct(s) upstream from obstructing lesion.	Breast cancer, intraductal papilloma.
Mass, benign calcifications.	Fibroadenoma
Multiloculated hypoechoic avascular lesion with acoustic enhancement on US.	Breast abscess
Mass, peripherally calcified, centrally fat-density lesions.	Fat necrosis
Dilated ducts; rod shaped calcifications.	Ductal ectasia
<b>BREAST SKIN</b>	
Skin thickening, skin retraction.	Breast cancer, Paget disease, mastitis, scarring.
Subcutaneous skin lesion.	Infected sebaceous cyst
<b>AXILLARY TISSUE</b>	
Isolated mass	Breast cancer of the axillary tail; isolated lymph node metastasis.
Multiple masses/lymphadenopathy	Multiple metastases; reactive, inflamed lymph nodes.

## **DICTATION TEMPLATE WITH PROMPTS FOR MAMMOGRAPHY**

### **PERFORMED FOR BREAST MASS**

BILATERAL FULL FIELD DIGITAL DIAGNOSTIC MAMMOGRAM

CLINICAL INFORMATION: [Diagnostic mammogram performed for breast pain].

COMPARISON STUDIES: []

TECHNIQUE: []

BREAST COMPOSITION: []

#### **FINDINGS:**

Parenchyma: [Mass (breast cancer, fibrocystic breast, fibroadenoma, breast abscess, Paget disease, fat necrosis, mastitis, infected sebaceous cyst, intraductal papilloma, phyllodes tumor).

Asymmetry (breast cancer, fibrocystic disease, Paget disease, fat necrosis, mastitis). Malignant calcifications (breast cancer). Architectural distortion (breast cancer, fibrocystic disease, scarring). Dilated duct or ducts (breast cancer, ductal ectasia, papilloma). Rod shaped calcifications (ductal ectasia). Peripherally calcified, central fat-density lesion (fat necrosis).

Skin: [Skin thickening (breast cancer, Paget disease, mastitis). Skin retraction (breast cancer, scar). Subcutaneous skin lesion (infected sebaceous cyst).

Axillary tissue: [Mass (primary axillary tail tumor, lymphadenopathy from metastases or inflammation). Multiple masses (lymphadenopathy from metastases or inflammation).]

IMPRESSION:

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**DICTATION TEMPLATE WITH PROMPTS FOR BREAST ULTRASOUND**  
**PERFORMED FOR BREAST MASS**

**BREAST ULTRASOUND**

CLINICAL INFORMATION: []

COMPARISON STUDIES: []

TECHNICAL INFORMATION: []

**FINDINGS:**

Parenchyma: [Mass (breast cancer, fibrocystic breast, fibroadenoma, breast abscess, Paget disease, fat necrosis, mastitis, infected sebaceous cyst, intraductal papilloma, phyllodes tumor). Asymmetry (breast cancer, fibrocystic disease, Paget disease, fat necrosis, mastitis. Dilated duct or ducts (breast cancer, ductal ectasia, papilloma). Peripherally calcified, central fat-density lesion (fat necrosis). Multiloculated, hypoechoic avascular lesion with acoustic enhancement (abscess).]

Skin: [Skin thickening (breast cancer, Paget disease, mastitis). Skin retraction (breast cancer, scar). Subcutaneous skin lesion (infected sebaceous cyst).

Axillary tissue: [Mass (primary axillary tail tumor, lymphadenopathy from metastases or inflammation). Multiple masses (lymphadenopathy from metastases or inflammation).]

IMPRESSION: []