

**GUILFORD/MADISON RADIOLOGY**

**BREAST ULTRASOUND**

Date \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MRN # \_\_\_\_\_ REFERRING MD \_\_\_\_\_

Reason for exam \_\_\_\_\_

Prev. Biopsies/Tests/Family Hx \_\_\_\_\_

Radiation Treatments to Chest or Abdomen \_\_\_\_\_

(If a new nodule, please note)

**FINDINGS**

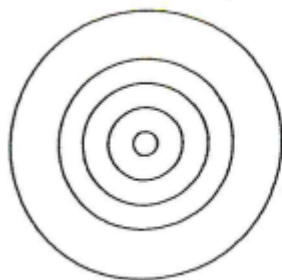
**RT BREAST**

Normal breast screen

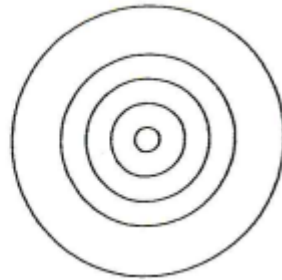
Prev/Other findings

- 1. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 2. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 3. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 4. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 5. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_

**RT**



**LT**



**LT BREAST**

Normal breast screen

Prev/Other findings

- 1. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 2. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 3. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 4. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_
- 5. \_\_\_\_\_ o'clock \_\_\_\_\_ cmfn \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Cyst  Comp Cyst  Hypoechoic \_\_\_\_\_