

**Vero Radiology Imaging Center**  
 a Cleveland Clinic Hospital  
 3725 11th Circle Vero Beach FL 32960 (772) 562-0163

Patient Name:	[REDACTED]	Sex:	F
DOB:	01/08/1935	Pl. Class:	OUTPATIENT
Admission No:	000984316862	Order No:	90016
Med. Rec. No:	000000572420	Pl NS/Room:	-
Corp ID:	E14044670489	Hosp SVC:	/ Clinic:
Ordering Dr:	WALTHER, MELISSA	Attending Dr:	
Comments:			
Diagnosis:	multiple diagnoses		

\*\*\*Final Report\*\*\*

**DATE OF EXAM: Oct 31 2025 11:13AM**

**VRU 0606 - MAM US BREAST COMPLETE LT / ACCESSION # 163284611**

**PROCEDURE REASON: multiple diagnoses**

\*\*\*\*\* Physician Interpretation \*\*\*\*\*

Cleveland Clinic  
 INDIAN RIVER HOSPITAL- VERO RADIOLOGY  
 3725 11TH CIRCLE  
 VERO BEACH, FL 32960  
 Phone: (772) 770-6831

#163284591 - MAM DIAG W TOMO BIL  
 #163284611 - MAM US BREAST COMPLETE LT

**HISTORY:**

90 year-old patient presents for diagnostic evaluation of personal breast cancer history. The patient has the following personal history of breast cancer: breast cancer in the left breast in 2022 and breast cancer in the left breast.

**COMPARISON STUDIES:**

The present examination has been compared to prior imaging studies dated 11/28/2022 (mammogram), 06/15/2023 (mammogram), 12/12/2023 (mammogram), 10/02/2024 (ultrasound) and 10/02/2024 (mammogram).

**MAMMOGRAM TECHNIQUE:**

The study was acquired using full field digital technology and interpreted from soft copy. Digital Breast Tomosynthesis (DBT) images were obtained and used to assist in the interpretation of this examination.

**MAMMOGRAM FINDINGS:**

The breasts are extremely dense, which lowers the sensitivity of mammography.

Finding 1: There is a cardiac device that obscures the underlying tissue in the left breast. Left lumpectomy site is grossly stable. There are stable calcifications seen in the left breast.

Finding 2: There is a focal asymmetry with associated calcifications in the right breast at 6 o'clock, 5 cm from the nipple. There are stable calcifications seen in the right breast.

**ULTRASOUND TECHNIQUE:**

Ultrasound of four quadrants, retroareolar region and axilla in the left breast using hand-held ultrasound technique was performed. Gray scale images of the real-time examination were reviewed.

**Vero Radiology Imaging Center**  
 a Cleveland Clinic Hospital  
 3725 11th Circle Vero Beach FL 32960 (772) 562-0163

Patient Name:	[REDACTED]	Sex:	F
DOB:	01/08/1935	Pt. Class:	OUTPATIENT
Admission No:	000984316862	Order No:	90016
Med. Rec. No:	000000572420	Pt NS/Room:	-
Corp ID:	E14044670489	Hosp SVC:	/ Clinic:
Ordering Dr:	WALTHER, MELISSA	Attending Dr:	
Comments:			
Diagnosis:	multiple diagnoses		

**ULTRASOUND FINDINGS:**

Finding 1: Ultrasound demonstrates a dilated duct measuring 0.7 cm at 10 o'clock, 8 cm from the nipple in the left breast.

**IMPRESSION:**

Finding 1: Dilated duct in the left breast at 10 o'clock, 8 cm from the nipple is probably benign. Follow-up with diagnostic ultrasound is recommended in 6 months.

Finding 2: The focal asymmetry in the right breast at 6 o'clock, 5 cm from the nipple requires additional evaluation. Diagnostic mammogram and ultrasound are recommended.

BI-RADS Category 0: Incomplete: Needs Additional Imaging Evaluation

REF#1271426,1271274.

Interpreting Radiologist: Caroline Kedem, M.D.  
 Electronically signed on: 11/01/2025

**American College of Radiology - Recommendations for Screening Mammogram**

1. For women of average risk yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
2. Asymptomatic women under age 40 who are at increased risk for breast cancer:
  - a. Woman with known mutation or genetic syndrome with increased breast cancer risk: yearly starting by age 30, but not before age 25.
  - b. Untested woman with a first-degree relative with known BRCA mutation: yearly starting by age 30, but not before age 25.
  - c. Woman with a 20% or greater lifetime risk for breast cancer based on breast cancer risk models: yearly starting by age 30, but not before age 25, or 10 years earlier than the age at which the youngest first-degree relative was diagnosed, whichever is later.
  - d. Woman with a history of chest (mantle) radiation received between the ages of 10 and 30: yearly starting 8 years after radiation therapy, but not before age 25.
  - e. Woman with biopsy-proven lobular neoplasia, atypical ductal hyperplasia (ADH), ductal carcinoma in-situ (DCIS), invasive breast cancer, or ovarian cancer: yearly from time of diagnosis, regardless of age.

Transcriptionist: MAGVIW  
 Transcribe Date/Time: Oct 31 2025 10:58A

Dictated by : CAROLINE KEDEM,