



Patient:

Scan-US Lt Breast

Document Date: 2023-11-06

To:

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2023-11-06 17:24:24 EST

(780)450-9551

From: MIC Medical Imaging

2023-11-06 Mon 15:24

Medical Imaging Consultants (780)450-9551

ID: #355167 Page 1 of 2



DR. ALAN ZHU  
Cfb - Edmonton  
Po Box 10500 Stn Forces  
Edmonton, AB T5J4J5

Phone: (780)973-4011  
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Exam Date: 06 Nov 2023  
Exam #: [REDACTED]  
Location: Hys Medical Centre

**BILATERAL DIAGNOSTIC MAMMOGRAPHY WITH TOMOSYNTHESIS, ULTRASOUND LEFT BREAST**

**ADDENDUM REPORT (Original report to follow)**

Through a quality assurance check an error was identified in this report.

The error is in the 2nd sentence of the 3rd paragraph. 'breast,' replaced with 'carcinoma'

The sentence should read "1 maternal cousin with breast carcinoma at age 42."

Electronically Signed: Dr. S. Appavoo, FRCPC 11/6/2023 3:15 PM MST

**ORIGINAL REPORT**

**History:**

Bilateral mammogram + 6 month FU Lt breast u/s.

**PRIOR:** Breast imaging studies dating back to November 15, 2022.

**FAMILY HISTORY:** Mother with breast carcinoma at age 55. 1 maternal cousin with breast breast, at age 42. IBIS lifetime risk calculation of >25%.

**BILATERAL MAMMOGRAM WITH TOMOSYNTHESIS:**

Density: ACR Category D: The breasts are extremely dense, which lowers the sensitivity of mammography.

No concerning mass, architectural distortion or suspicious microcalcifications.

**BREAST ULTRASOUND:**

Again noted, there is a well-defined ovoid parallel nonshadowing nonvascular mass at the 3:00 position of the left breast, 5 cm from the nipple. This currently measures 1.1 x 0.7 x 0.4 cm, unchanged allowing for slight interscan measurement differences.

No suspicious morphologic findings are noted.

**IMPRESSION:**

Stable benign-appearing mass at the 3:00 position of the left breast. This is likely a benign

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Patient: [REDACTED] Gender: Female

fibroadenoma. A final follow-up bilateral mammogram and targeted left breast ultrasound examination will be booked for one year from now. If the findings maintained stability for 2 full years, no further specific imaging follow-up is required unless there is adverse clinical change.

Given the strong family history and elevated lifetime risk of breast carcinoma, this patient should be offered high risk screening protocol, including annual mammography staggered at 6 months with annual MRI screening.

Recommendation: Follow-up mammogram and ultrasound in 1 year.

BI-RADS 3

Electronically Signed: Dr. S. Appavoo, FRCPC 11/6/2023 2:36 PM MST



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(780)450-9551

From: MIC Medical Imaging

2023-11-06 Mon 14:45

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Phone: (780)973-4011  
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Exam Date: 06 Nov 2023  
Exam #: [REDACTED]  
Location: Hys Medical Centre

**BILATERAL DIAGNOSTIC MAMMOGRAPHY WITH TOMOSYNTHESIS, ULTRASOUND LEFT BREAST**

**History:**

Bilateral mammogram + 6 month FU Lt breast u/s.

**PRIOR:** Breast imaging studies dating back to November 15, 2022.

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No concerning mass, architectural distortion or suspicious microcalcifications.

**BREAST ULTRASOUND:**

Again noted, there is a well-defined ovoid parallel nonshadowing nonvascular mass at the 3:00 position of the left breast, 5 cm from the nipple. This currently measures 1.1 x 0.7 x 0.4 cm, unchanged allowing for slight interscan measurement differences.

No suspicious morphologic findings are noted.

**IMPRESSION:**

Stable benign-appearing mass at the 3:00 position of the left breast. This is likely a benign fibroadenoma. A final follow-up bilateral mammogram and targeted left breast ultrasound examination will be booked for one year from now. If the findings maintained stability for 2 full years, no further specific imaging follow-up is required unless there is adverse clinical change.

Given the strong family history and elevated lifetime risk of breast carcinoma, this patient should be offered high risk screening protocol, including annual mammography staggered at 6 months with annual MRI screening.

**Recommendation:** Follow-up mammogram and ultrasound in 1 year.

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Patient: [REDACTED] Gender: Female

Electronically Signed: Dr. S. Appavoo, FRCPC 11/6/2023 2:36 PM MST

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