Défense nationale

## PROTECTED B

CFHS/SSFC

Patient:

Scan-Mammo Right

**Document Date: 2020-10-30** 

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#### ROUGE VALLEY HEALTH SYSTEM

Centenary Health Centre 2867 Ellesmere Road Scarborough, ON M1E 4B9 Phone: (416) 284-8131

RECEIVED NOV 0 3, 2020

#### DIAGNOSTIC IMAGING DEPARTMENT

Patient: DOB:

Account Number: Unit Number: Y0369082 Location: YBRC Status: REG CLI Health Card Number:

Ordering Physician: CARO GUZMAN, ALEXIS

Req #: 20-0088880

Family Physician: UNKNOWN Order Num Category/Procedure

Exam Date: 30/10/20 At: 1159

3010-0013 XMAM/Mammo Recall Uni +1 view \_BR

Right breast coned compression views and mediolateral view.

Previously noted architectural distortion in the right breast 12:00 retroareolar location compresses out. No responding sonographic abnormality on the ultrasound study of 27/10/2020.

Follow-up with bilateral screening mammography is recommended in one year

### BI-RADS CATEGORY: 2

- 1. Negative
- 2. Benign
- 3. Probably benign
- 4. Suspicious
- 5. Highly suggestive of malignancy
- 6. Known biopsy-proven malignancy
  0. Incomplete\*\*

\*\*If a follow up report is NOT received in 4 weeks please contact the hospital central booking office

CARO GUZMAN, ALEXIS HERNANDO 32 CH H SVCS C, 1 YUKON LANE TORONTO, ON M3K 0A1

Fax: (416)635-2720 Prov: CARAL Ordering Physician's copy

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National Défense Defence nationale

# **PROTECTED B**

CFHS/SSFC

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DIAGNOSTIC IMAGING DEPARTMENT

Phone: (416) 284-8131 --- continued ---

Patient:
DOB: Age:
Account #:
Req #: 20-0088880

Health Card #: Sex: F Unit #: Y0369082 Report #: 0211-0033

Reported by: YUN YEE CHOW MD, FRCPC Signed by: YUN YEE CHOW MD, FRCPC Report Status: Signed

CC: CARO GUZMAN, ALEXIS HERNANDO; UNKNOWN

Dictated Date/Time: 02/11/20 0914 Transcribed Date/Time: 02/11/20 0914 Transcriptionist: RVHPS Printed Date/Time: 02/11/20 0919 Report Number: 0211-0033

This report was created using a voice recognition system. If there are any concerns about content or accuracy, please fax to RVC Fax  $416\ 281-7359$ 

CARO GUŹMAN,ALEXIS HERNANDO 32 CH H SVCS C, 1 YUKON LANE TORONTO, ON M3K 0A1 Fax: (416)635-2720 Prov: CARAL Ordering Physician's copy

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**END OF DOCUMENT** 

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