



Patient:

Scan-Mammogram Bilateral US Rt Breast

Document Date: 2019-05-08

RECEIVED 05/08/2019 15:27  
Sent 05/08/2019 15:35:24, Page - 2

Name: [REDACTED]  
Phys: Dacres, Linda  
DOB: [REDACTED] Age: [REDACTED] Sex: F  
Acct: [REDACTED] Loc: ZD.RAD.D  
Exam Date: 08/05/2019 Status: REG CLI  
Radiology No: 00152224  
Unit No: Z0239761

094

EXAM#	TYPE/EXAM	RESULT
002948094	MAMMO/MAMMO BIL SIGNS & SYMPTOM	
002948095	US/BREAST RIGHT(US)	

QUINTE HEALTHCARE DIAGNOSTIC IMAGING

Patient Telephone Number: (418)456-6773

BREAST ASSESSMENT-BILATERAL MAMMOGRAM AND RIGHT BREAST/AXILLA  
ULTRASOUND

CLINICAL INDICATION:

y/oF. Lesion noted under right breast since 2015-16; waxes and  
waners in size; wonders about ripple an implant? Nontender and mobile.

COMPARISON:

None.

FINDINGS:

At the time of imaging, patient notes intermittent lump/ripple 6-7  
o'clock right breast, can not feel today.

Breast density: Scattered areas of fibroglandular density (25-50%  
fibroglandular tissue).

Bilateral mammogram performed including implant displaced views. No  
concerning breast mass, architectural torsion or calcification. No  
mammographic abnormality in the region of clinical concern (inferior  
right breast). Follow-up ultrasound the region of clinical concern  
demonstrates no concerning abnormality. In the region patient  
indicates, there is slight focal undulation/ripple (2-3 mm) of the  
implant contour, potentially this could be the palpable abnormality.  
Entire breast ultrasound demonstrates no sonographic features of  
implant rupture.

On mammogram in the right axilla incidental note is made of a region  
of localized coarse calcifications spanning 2.2 x 1.6 cm. Targeted  
ultrasound demonstrates this probably corresponds to a 2.0 x 1.1 x 0.5  
cm lymph node with thin cortex and echogenic foci more positioned  
towards the hilum, in keeping with lymph node calcification. Overall  
appearance is favored benign. This could reflect sequela of prior  
remote nonspecific granulomatous disease, potentially related to prior  
tattooing (right arm tattoo noted), and it is difficult to exclude the  
possibility of silicone accumulation due to occult gel bleed type  
implant leak (although this would not be typical ultrasound appearance

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Signed Report

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for silicone within a lymph node).

Findings discussed directly with the patient.

INTERPRETATION:

No evidence of breast malignancy.

Clinical follow-up suggested, with repeat imaging only if clinically required.

Right Breast: BIRADS 2 - Benign.

Left Breast: BIRADS 1 - Negative.

Report ID: 651199

Dictated Date and Time: 08/05/2019 15:07

*This report was created using a voice recognition system.  
If there are any concerns about content or accuracy,  
please Fax to 613-969-5561.*

\*\* REPORT SIGNED IN OTHER VENDOR SYSTEM 08/05/2019 \*\*  
Reported By: Sasha Bhan, M.D. Radiology

CC: Dacres, Linda; Base Hospital (FAX USE ONLY)

Technologist: RDMCKCLA1, MRT(R)

Technologist: RDMULKIM1, MRT(R), RDMS

Transcribed Date/Time: 08/05/2019 (1515)

Transcriptionist: MSBHASAS1

Printed Date/Time: 08/05/2019 (1515)

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Signed Report



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DIAGNOSTIC IMAGING: BREAST IMAGING



cancer care  
ontario  
action cancer  
ontario

Ordering Physician Name  
LINDA D'ACRES, NP-PMC  
Ordering Physician  
CWO 8502147 MDH 723047-76  
Copy to:

Pregnant: ☐ Yes ☒ No

LMP: March 9, 2019.



Routine ☐ Urgent ☐

PLEASE BRING THIS REQUISITION AND YOUR HEALTHCARD

Please call the Diagnostic Booking Office T: 613-969-7400 ext 2494 or 2949  
OR Fax Completed Requisition F: 613-969-5561  
If calling from the Bancroft area call 613-332-2825 ext. 2494 or ext. 2949

PLEASE CHOOSE ONE OF THE FOLLOWING:

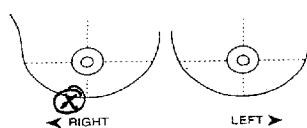
- ☐ ROUTINE **NON OBSP** SCREENING MAMMOGRAM (please have the PATIENT CALL the booking office for appointment)
- ☐ SURVEILLANCE SCREENING MAMMOGRAM (previous cancer)
- ☐ RADIOLOGIST RECOMMENDED IMAGING FOLLOW UP (Please indicate below):  
☐ MAMMO RECOMMENDED  
OR  
☐ ULTRASOUND RECOMMENDED  
FOLLOW UP DUE DATE: \_\_\_\_\_
- ☒ ABNORMAL CLINICAL BREAST EXAM (new lump, thickening, nipple discharge, etc)

Previous Mammogram	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Where	When
Previous Breast Ultrasound	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Where	When

Clinical History:

4.0 Q Lesion noted under R breast since 2015-16; waxed + waned in size; wonder about ripple in implant? Non-tender + mobile

Breast implants since 2



All abnormal QHC mammograms will be referred by the consulting radiologist to the  
QHC/OBSP Breast Assessment Program

DEPARTMENTAL USE ONLY:	NOTES:
Date Requisition Received: Booking Date: _____ Time: _____ Site: <input type="radio"/> BGH <input type="radio"/> TMH <input type="radio"/> PEC	

Patient Instructions

Do not use deodorant, talcum powder or cream on your breasts or underarms on the day of your appointment. Dress comfortably in a two piece outfit since you will be asked to undress above the waist for the test. Please do not be alarmed if additional films or ultrasound is necessary at the time of your visit, or you are called back for additional views or imaging.

QHC # 058230 Jan 2015)

May 8 12:30  
TmH

END OF DOCUMENT