

A Beginning to stop the end!

REG. DATE

: 17/12/2016

SAMPLE DATE

: 17/12/2016

Lab No.

: 1317121035

PATIENT'S NAME REFERRED BY DR : MRS. SHAH JAGRUTI
: BHAT SHILPA .S.

AGE / SEX

· 31 Years / Female

CENTRE NAME

NA

X-RAY MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio caudal and oblique projections.

Both breasts reveal mixed fatty and fibroglandular parenchyma.

There is no obvious evidence of a focal spiculated mass lesion, retraction of tissues or clusters of microcalcification seen to suggest presence of malignancy.

Bilateral axillary lymphnodes noted.

Sonomammography done reveals mixed echogenic lesion measuring 44 x 22mm in left breast at 10 - 12 o`clock position. The lesion shows mobile internal echoes within it. Dilated ducts with debris within them noted in right breast. Few bilateral axillary lymphnodes noted, largest on right side measures 15mm and largest on left side measures 18mm. Echogenic hilum is preserved in these lymphnodes.

Impression:

Lesion in left breast as described - most likely abscess. Dilated ducts with debris within them in right breast - possibly ductal ectasia. Bilateral axillay lymphnodes - possibly reactionary.

Suggest: Clinico-pathological correlation.

(P.S. Please keep these films carefully and bring them on your next visit).

Though mammography is the single best method of screening breast cancer, it does not detect all breast cancers. The false negative rate of mammography is approximately 10%. It is important for you to do breast self examination on a continuing basis. If a lump is felt, consult your doctor.

Dr. Dipti Thorat Radiologist.

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Dr. NAAINNA BHURRAT RADIOLOGIST

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