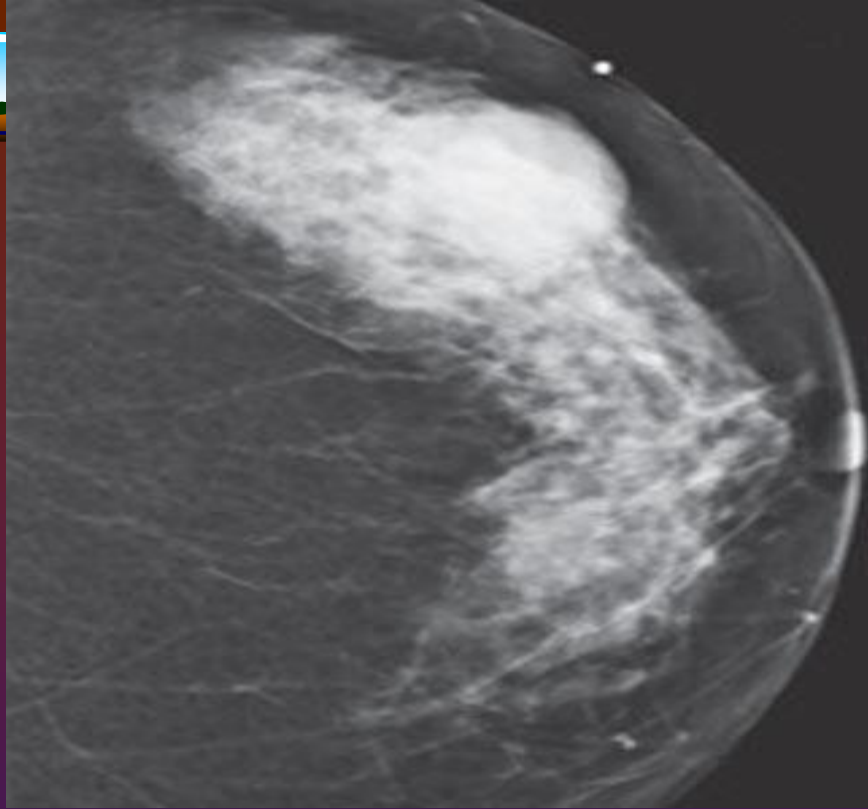


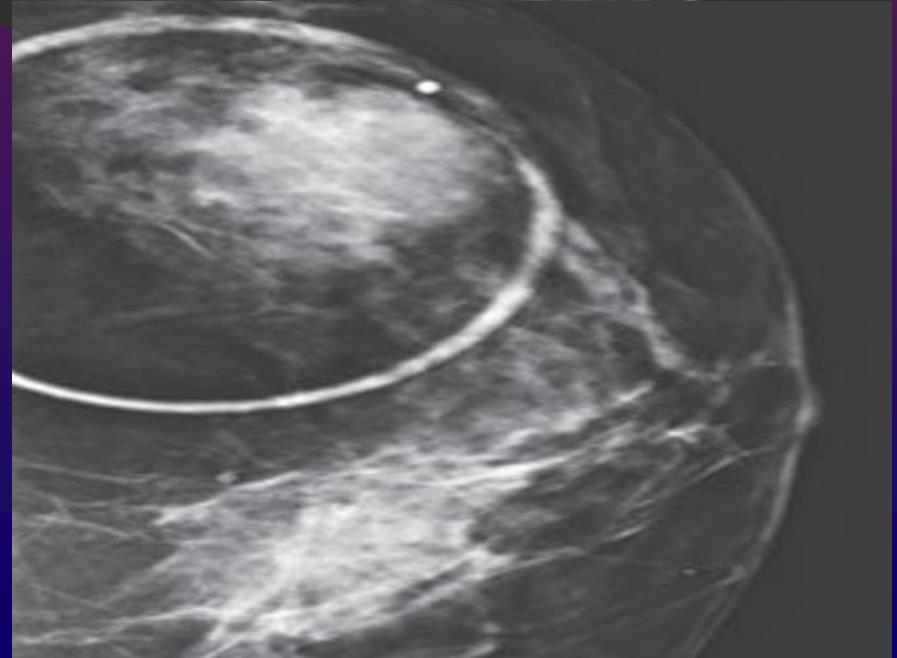
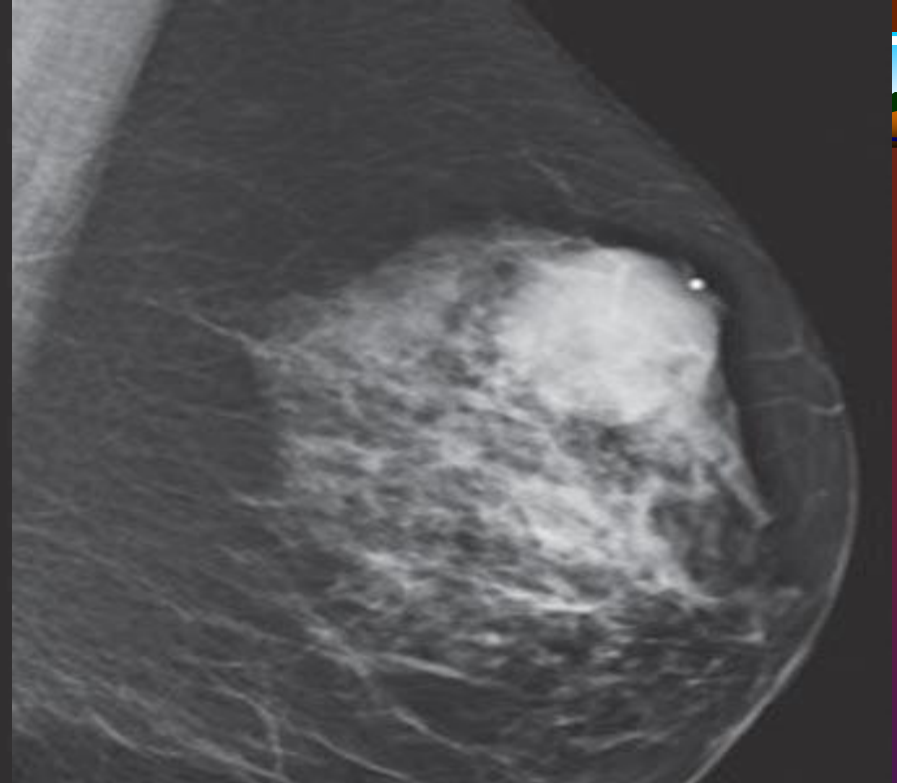
Cases

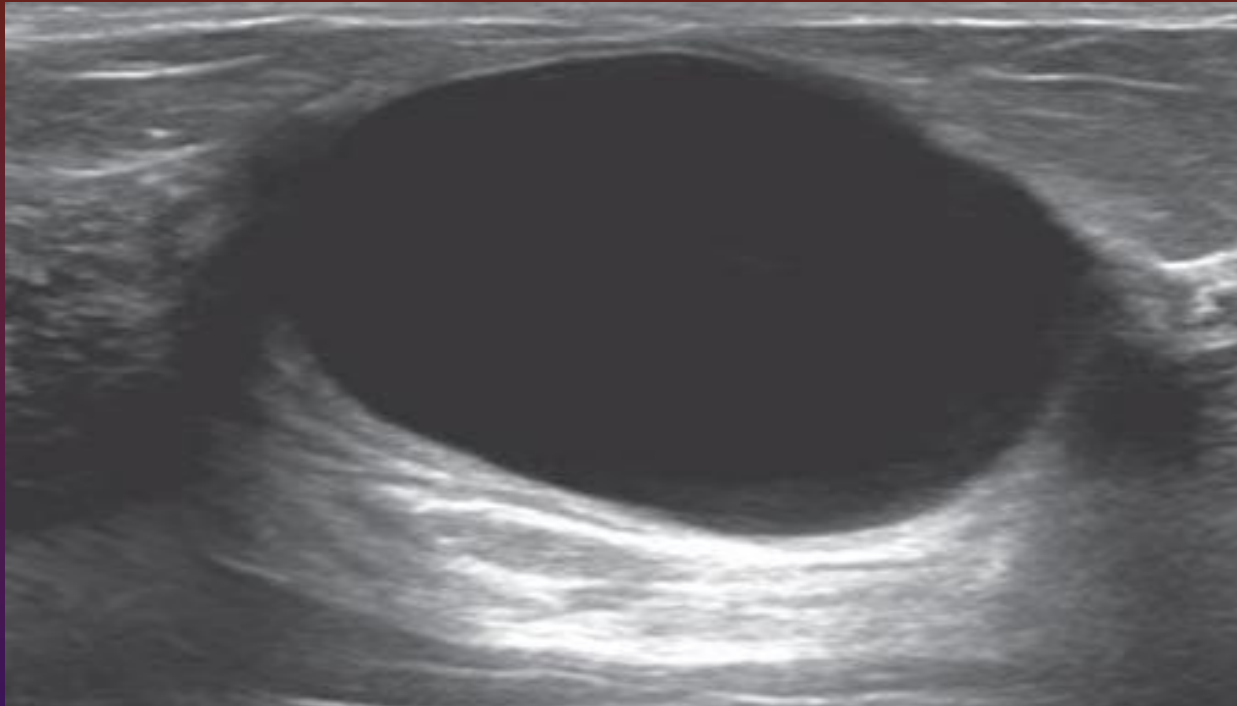
Dr Rasha Musleh
consultant radiologist



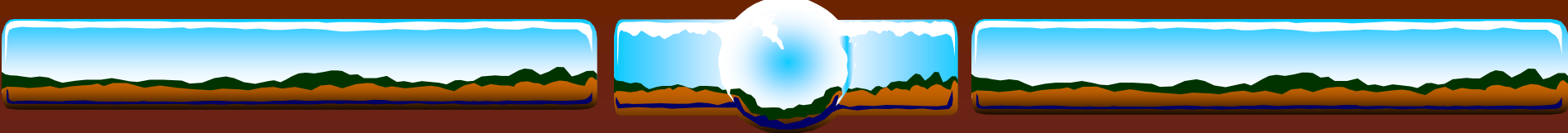
mammographic images show circumscribed oval mass in upper outer quadrant of left breast. Spot-compression craniocaudal image confirms circumscribed

margins.





Ultrasound image show 2.9×1.8 cm oval anechoic mass with increased through transmission and imperceptible wall, consistent with simple cyst..



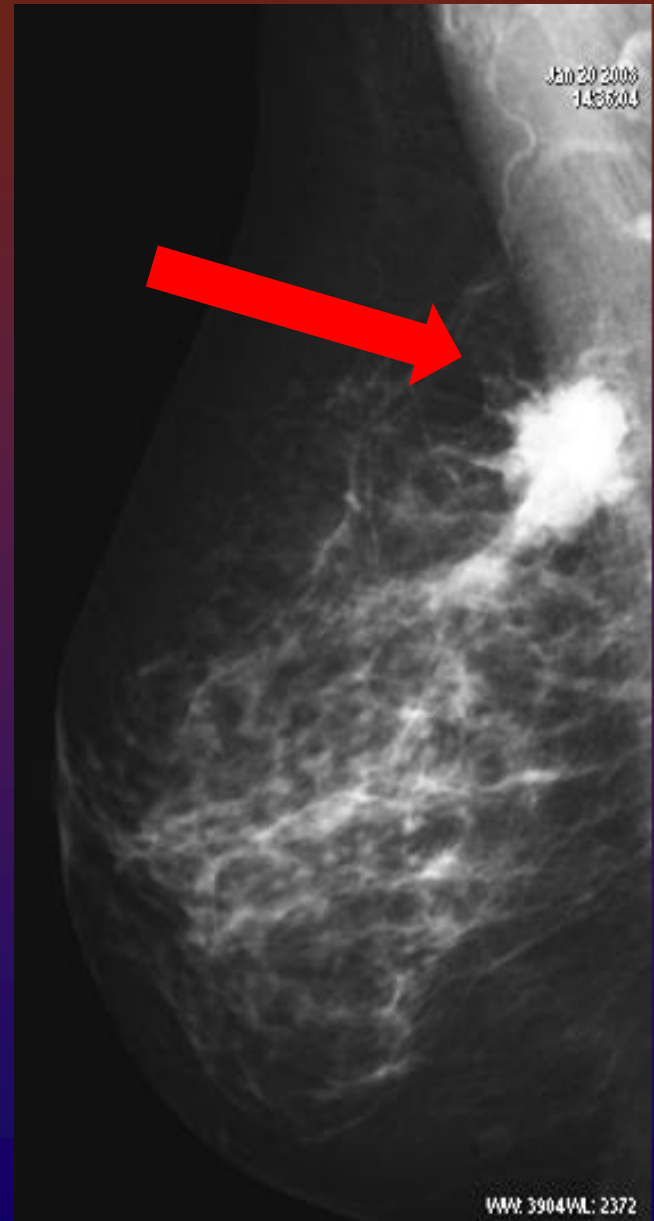
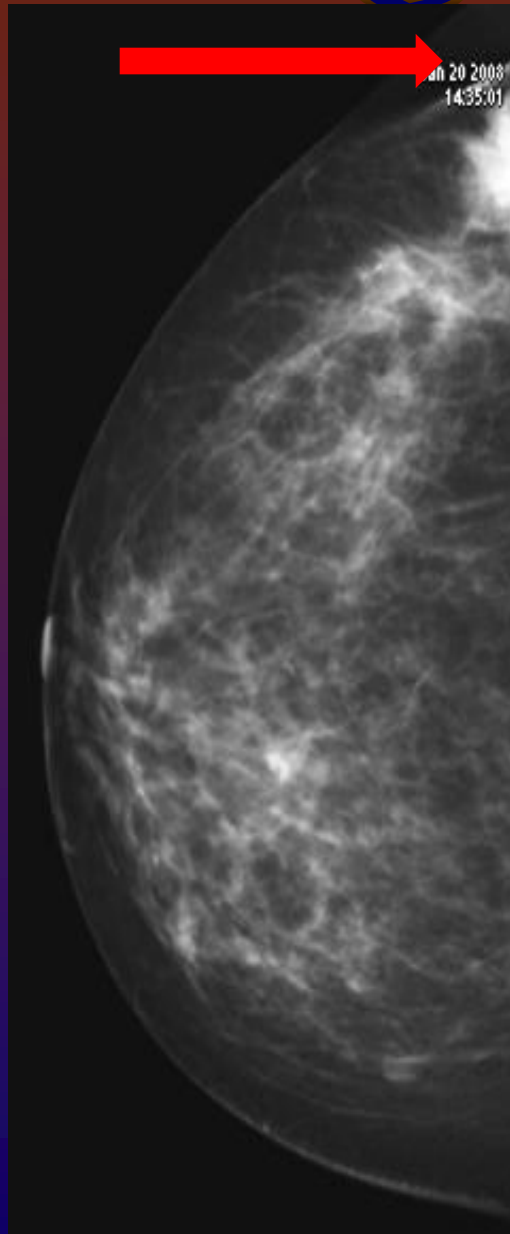
Case

Palpable right breast mass

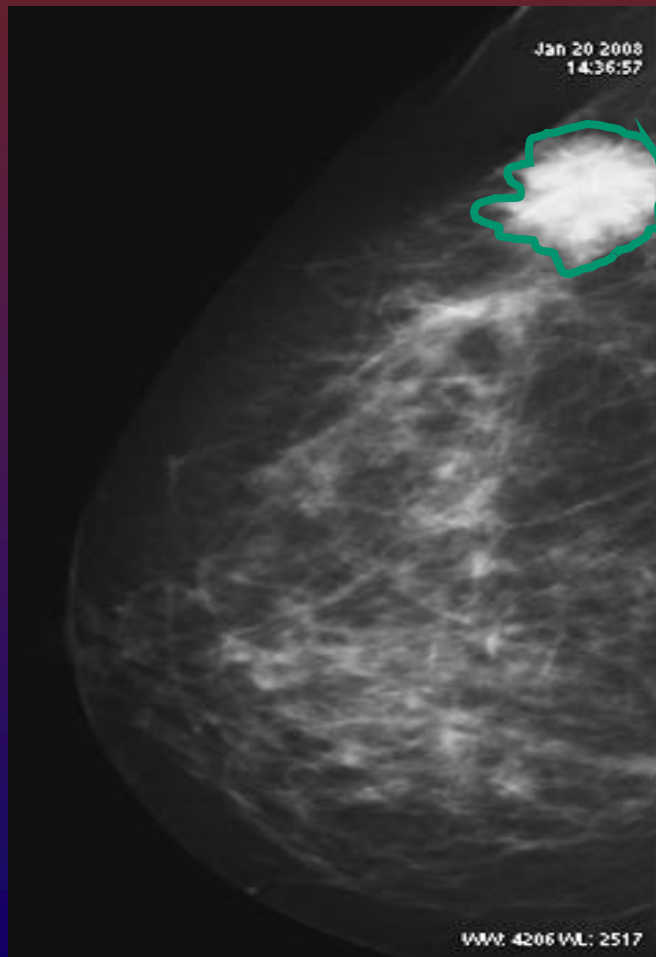
RCC view

R MLO view

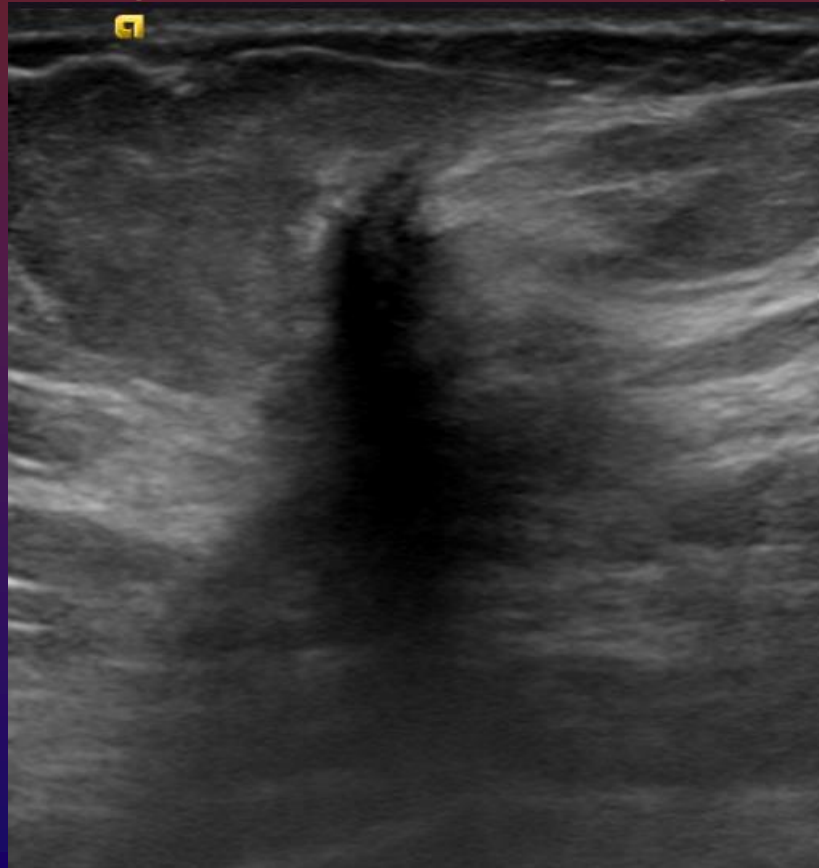
Cancer not
completely
visualized !on
this view

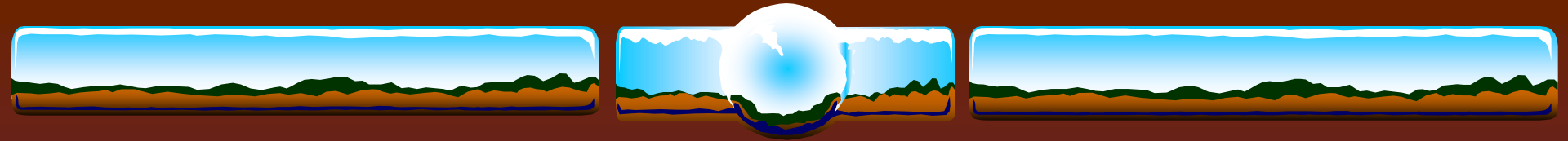


❖ Exaggerated CC view (XCCL)



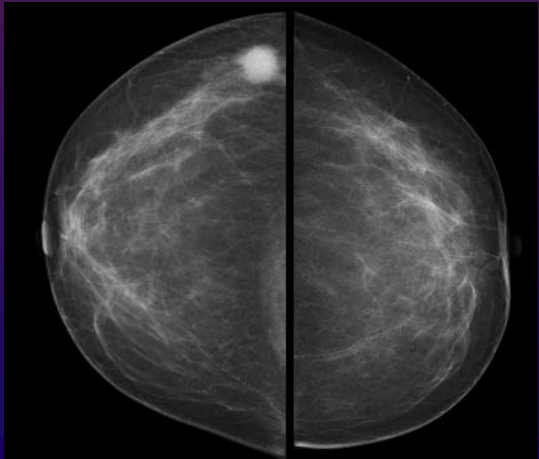
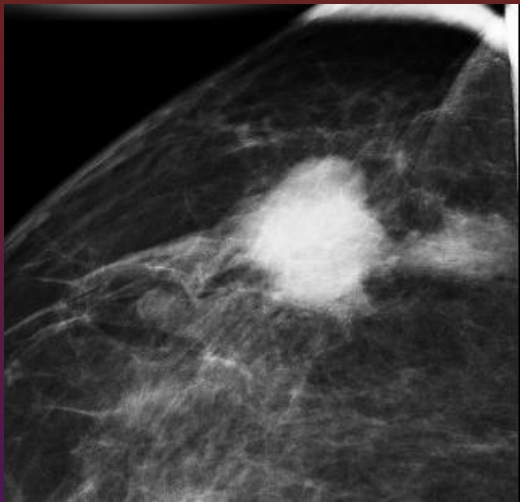
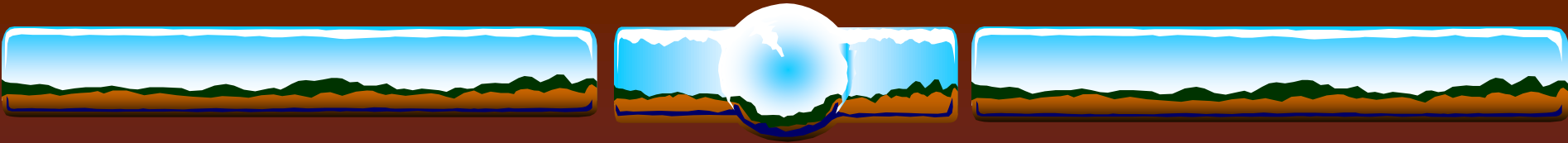
Irregular spiculated dense mass at upper outer deep right breast .irregular spiculated hypoechoic mass with posterior shadowing at oclock of right breast

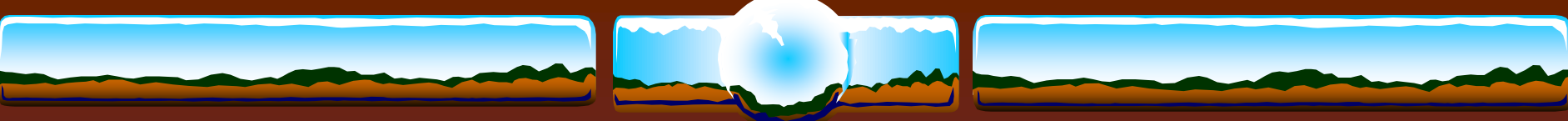




Case

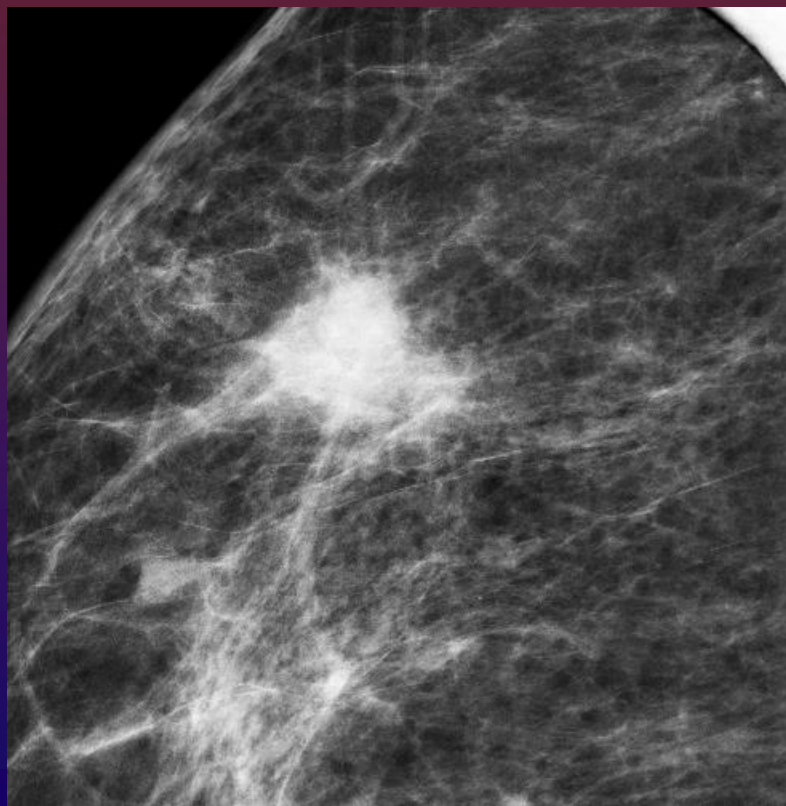
- ❖ Screening patient she had multiple previous images with likely benign right breast mass .
- ❖ Her last report labeled as BIRADS 2



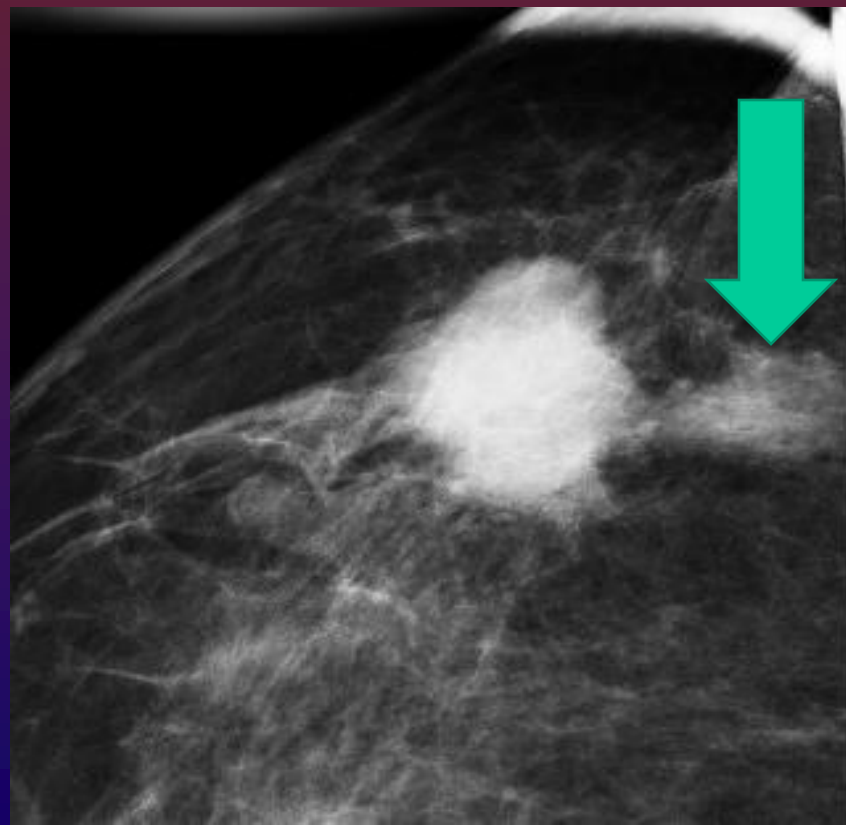


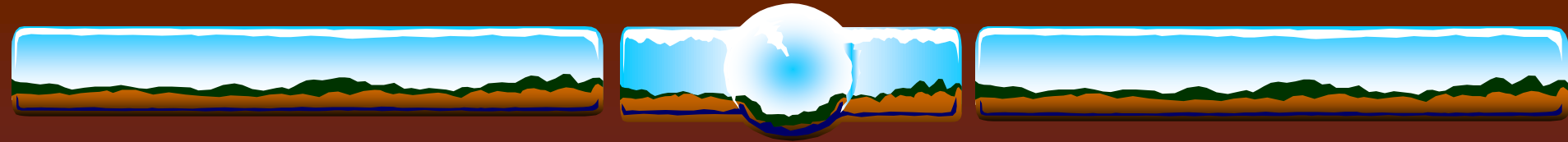
Increase size of irregular mass and now with
posterior extension

6 Nov 2012

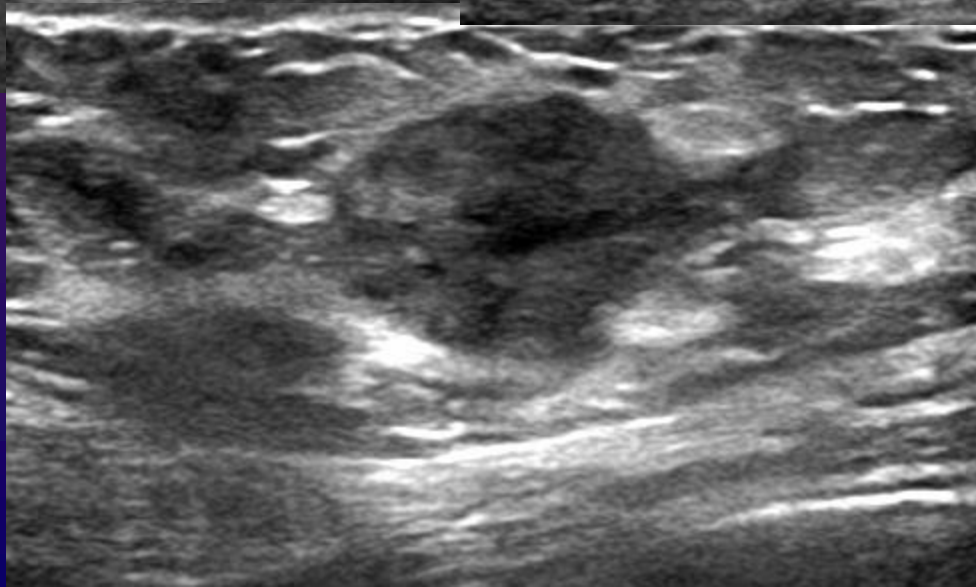
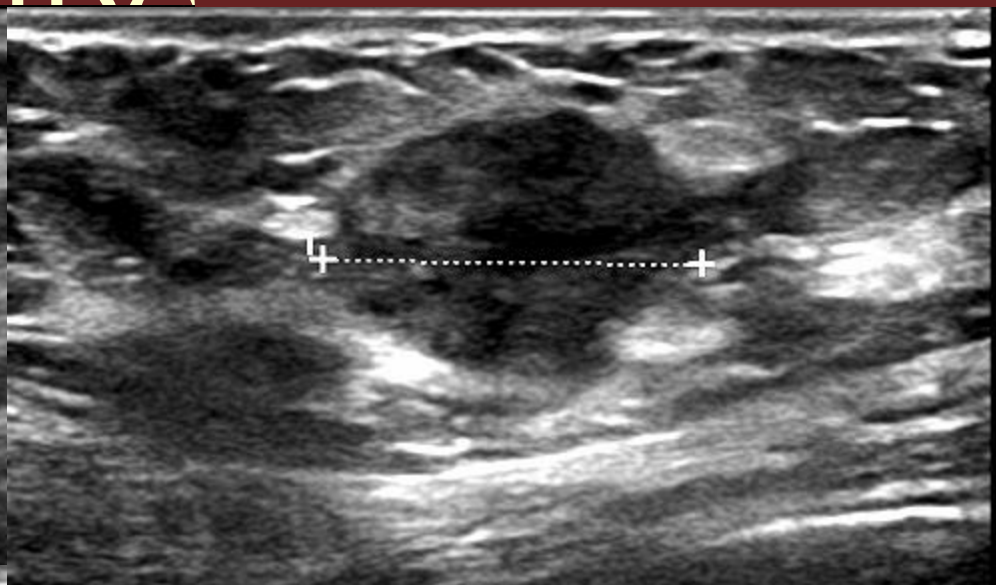
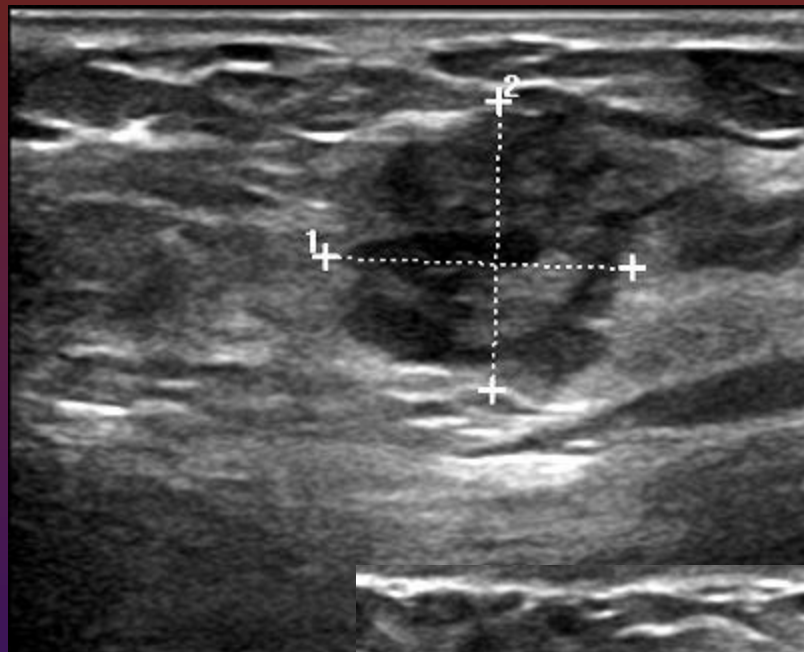


2 Apr 2014

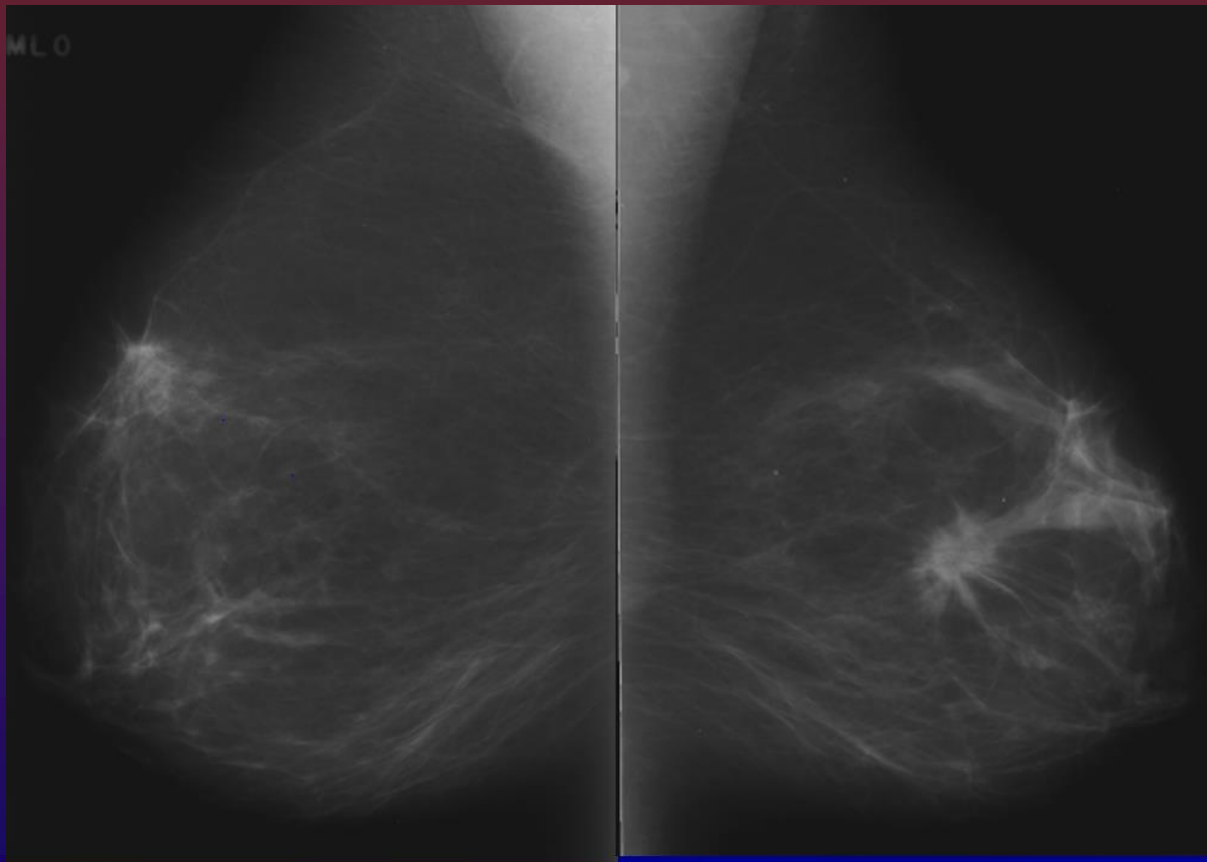


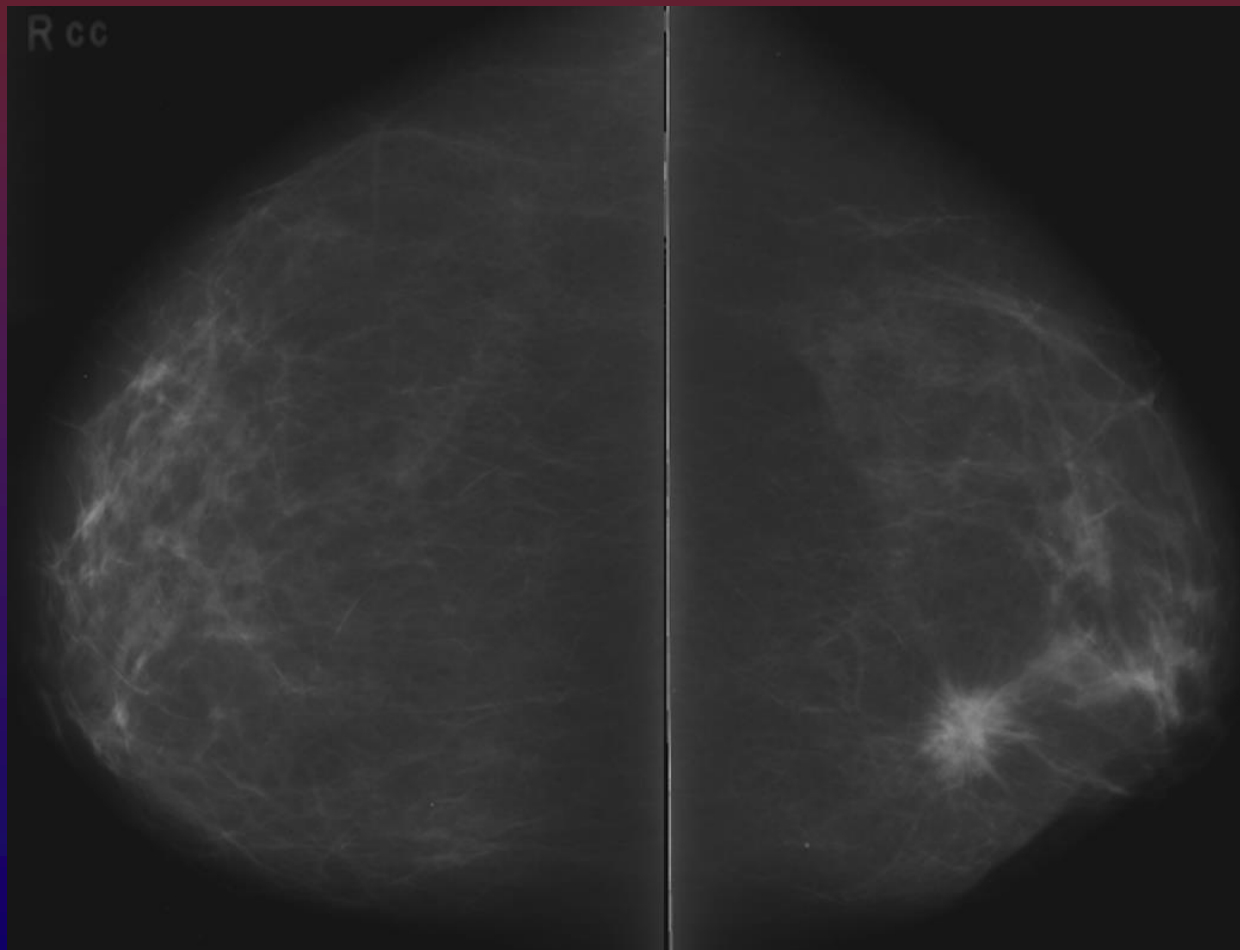
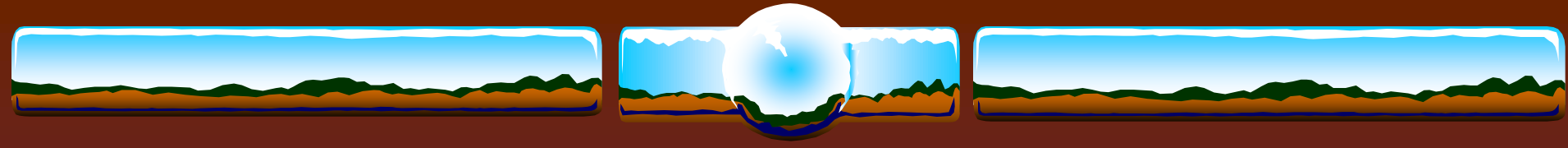


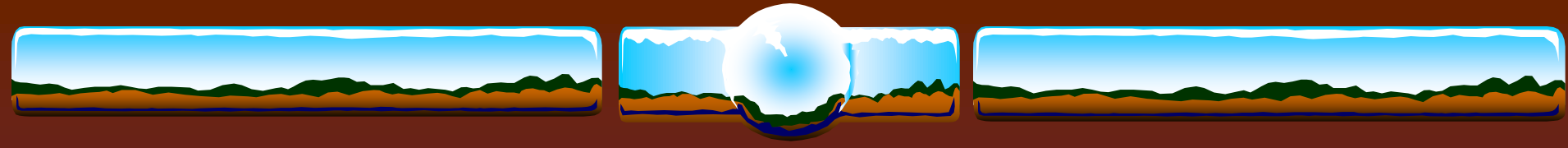
IDC



Screening patient





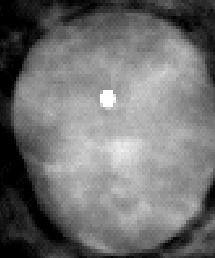


❖ Irregular spiculated dense mass at lower inner left breast .

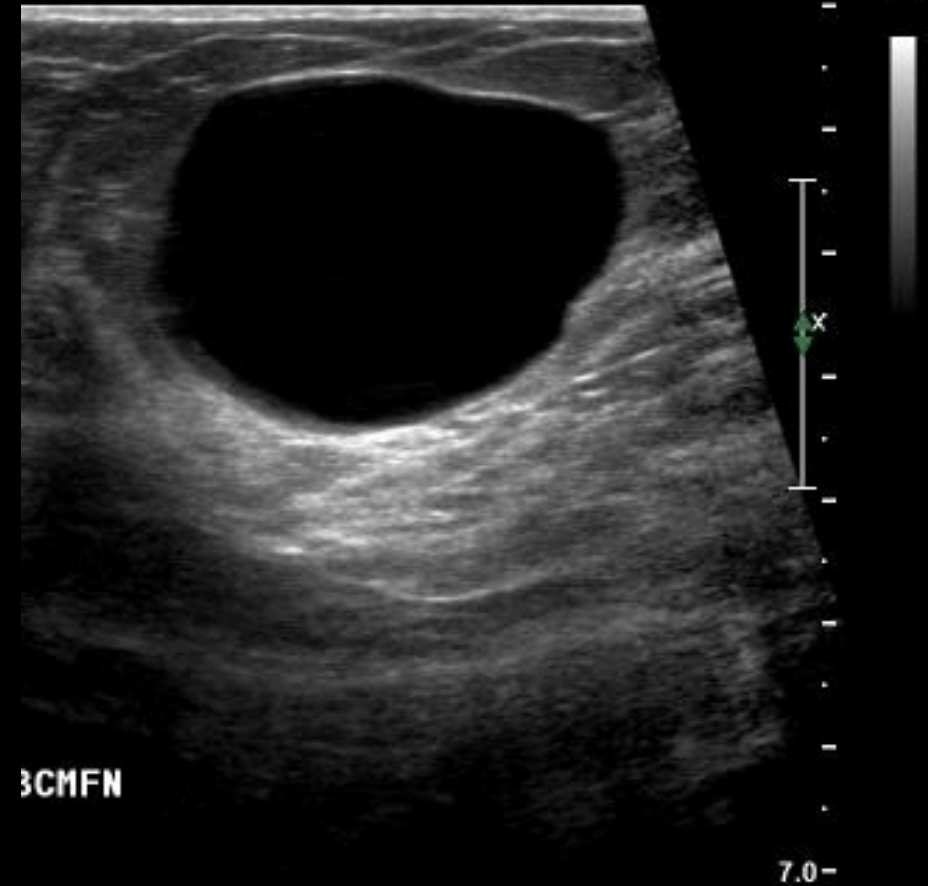
DOB: Apr 23 1948 Age: 058Y F
Id: 001641461
Exam: Aug 17 2006, 11:17:45

R

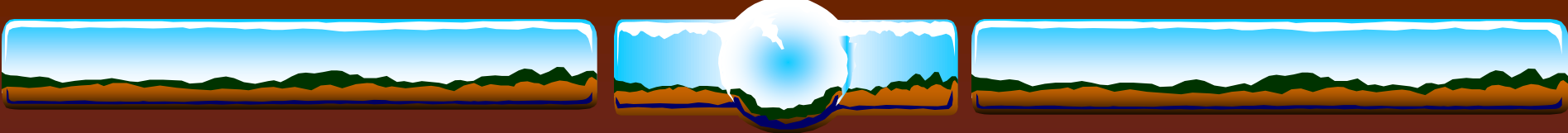
CC



Premium View v1.0 processing applied



Simple cyst



Simple Cyst

- ❖ Asymptomatic- No further work-up
- ❖ If internal echoes complicated cyst.
- ❖ Enlargement in itself is not an indication for intervention.

000397751

AGH Breast Center PGH

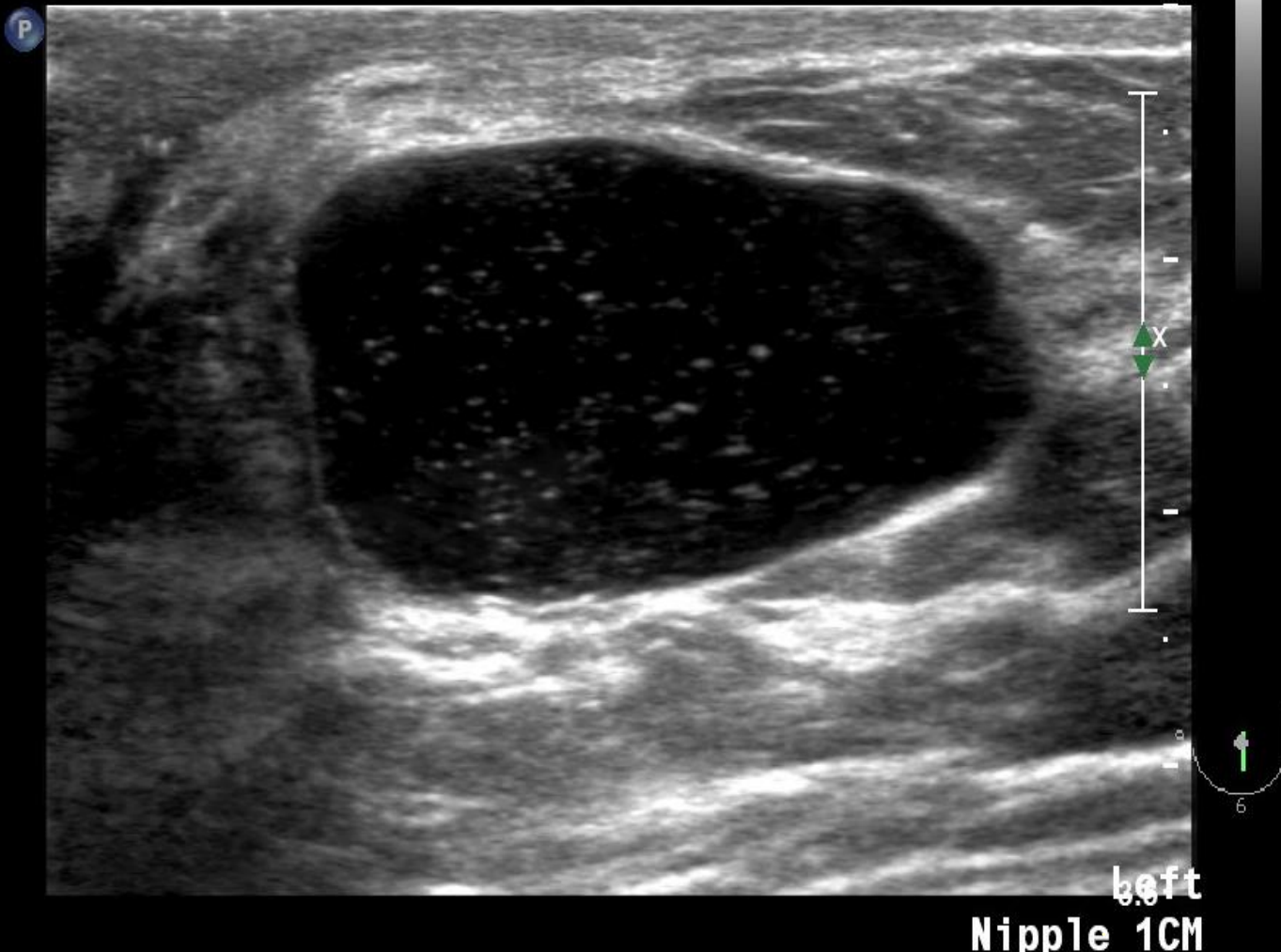
L12-5/SmPrtBst 1

2/2/20

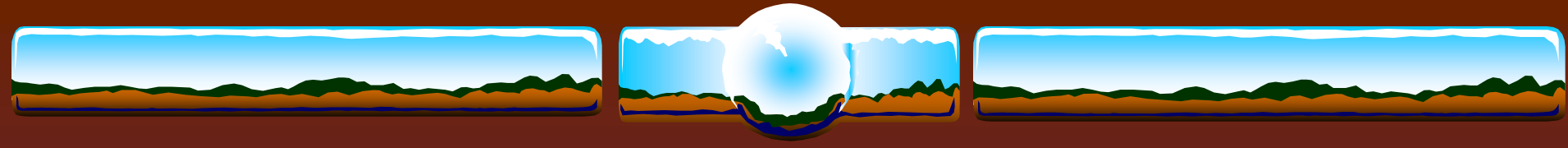
2:03:48 P

AGC

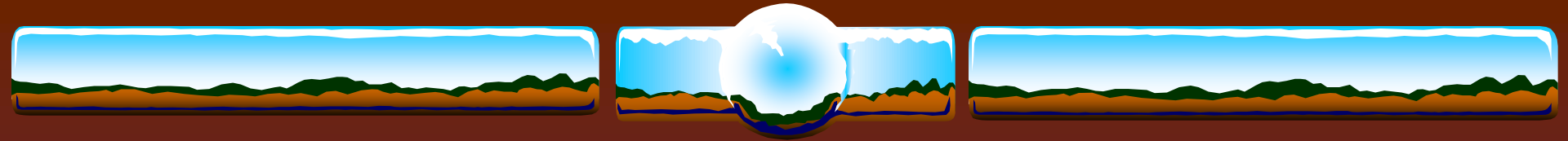
M3516



complicated cyst with internal echoes

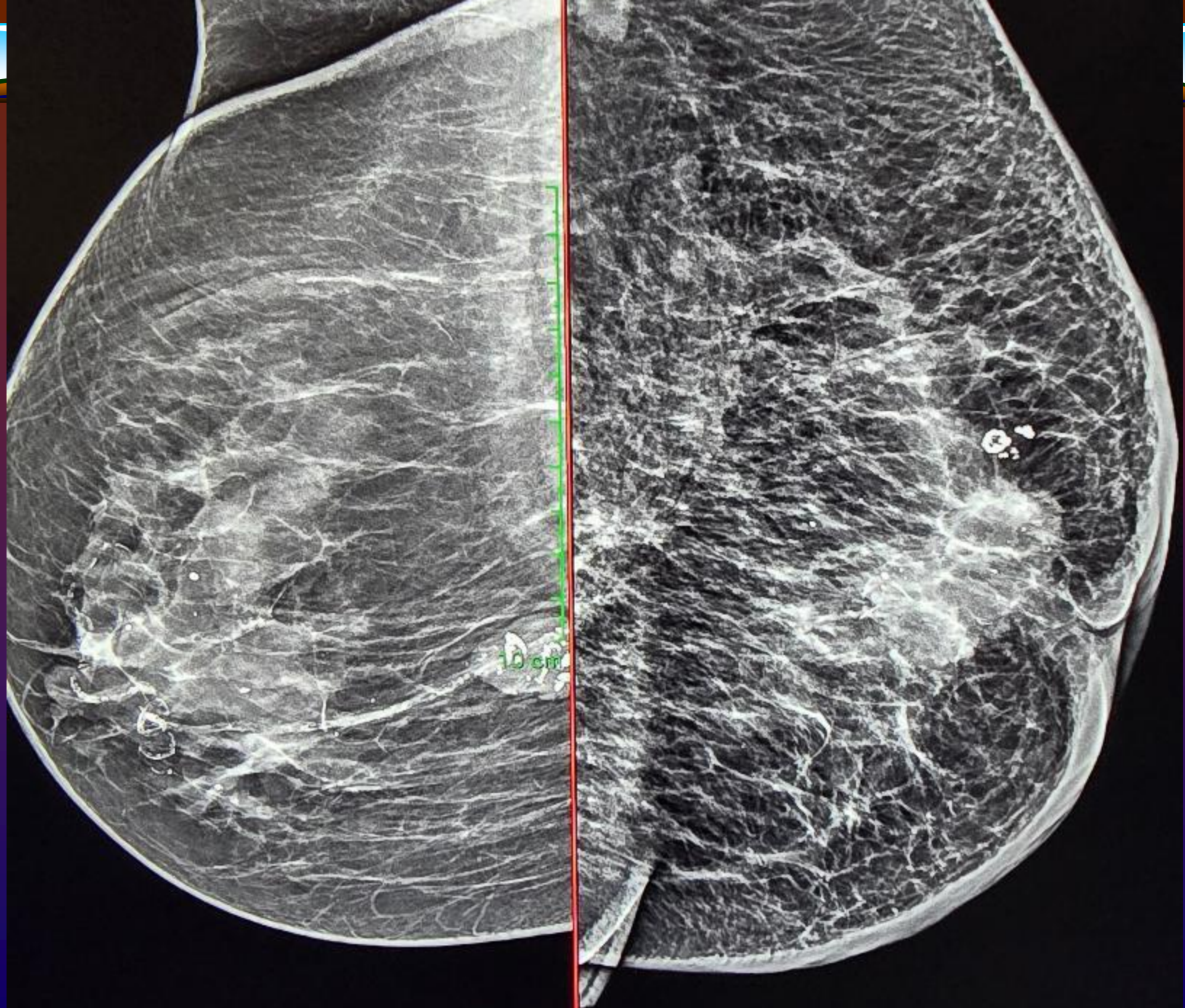


Screening

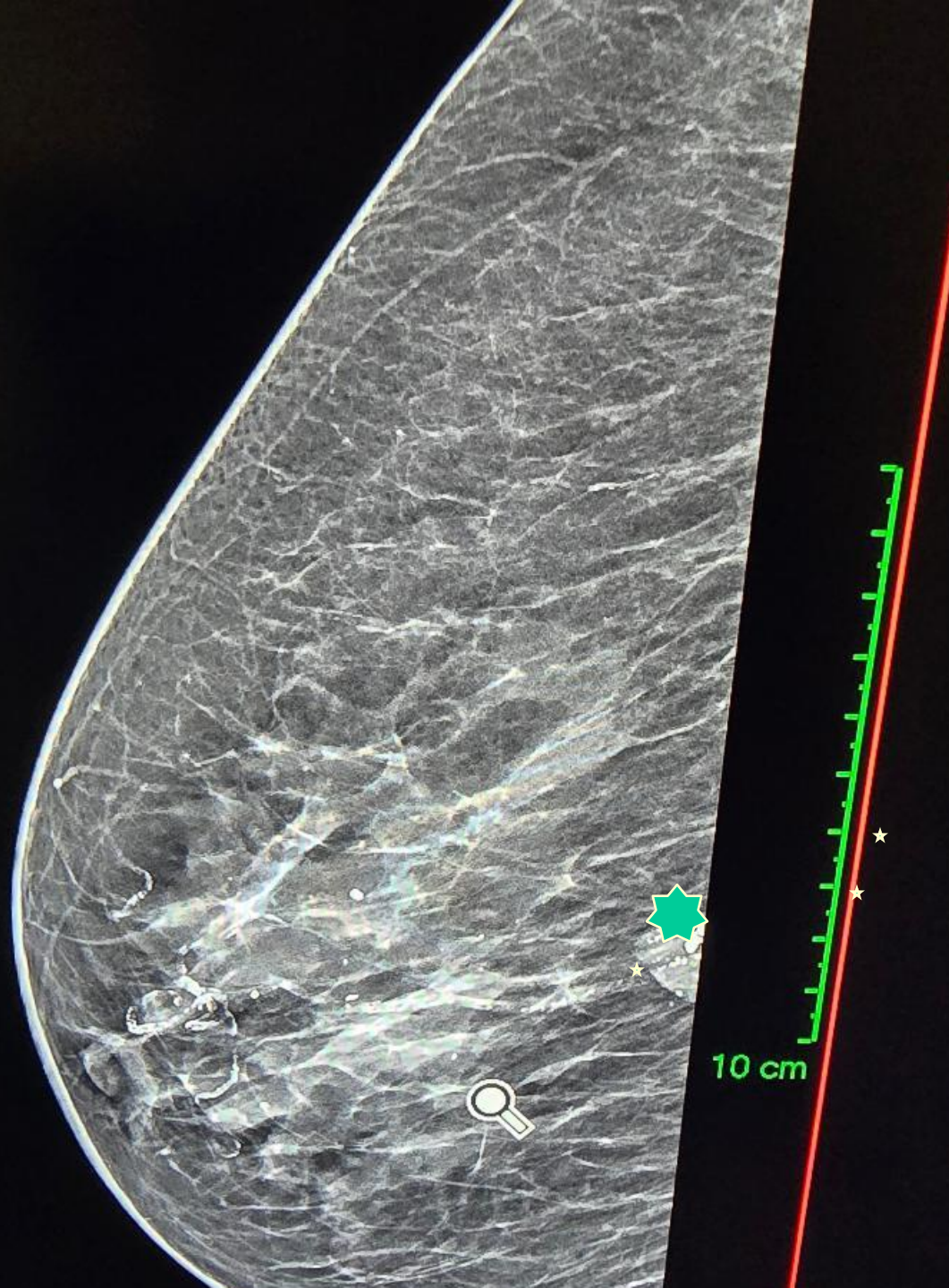


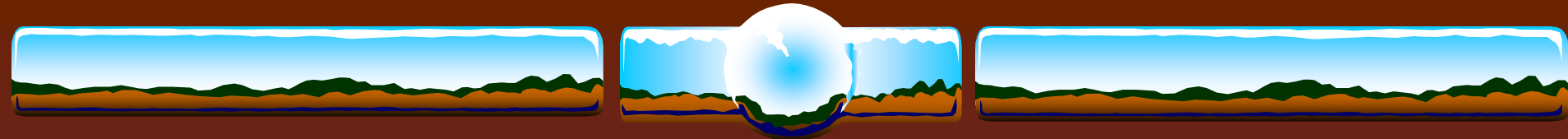
Nipple retraction and palpable mass



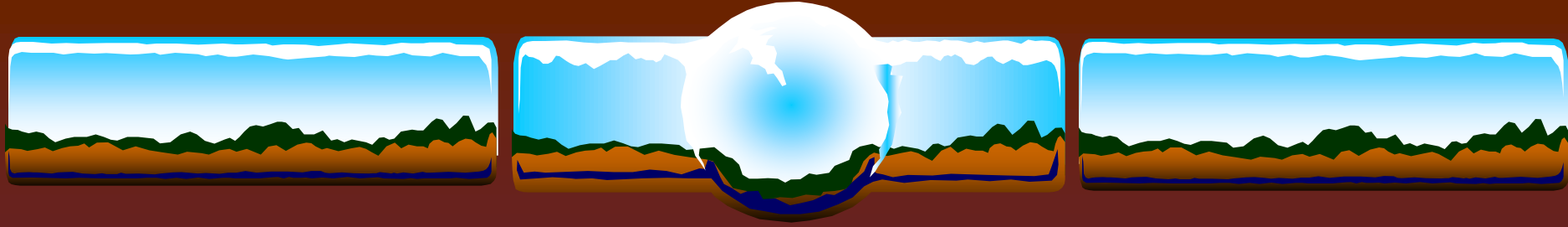


<212>

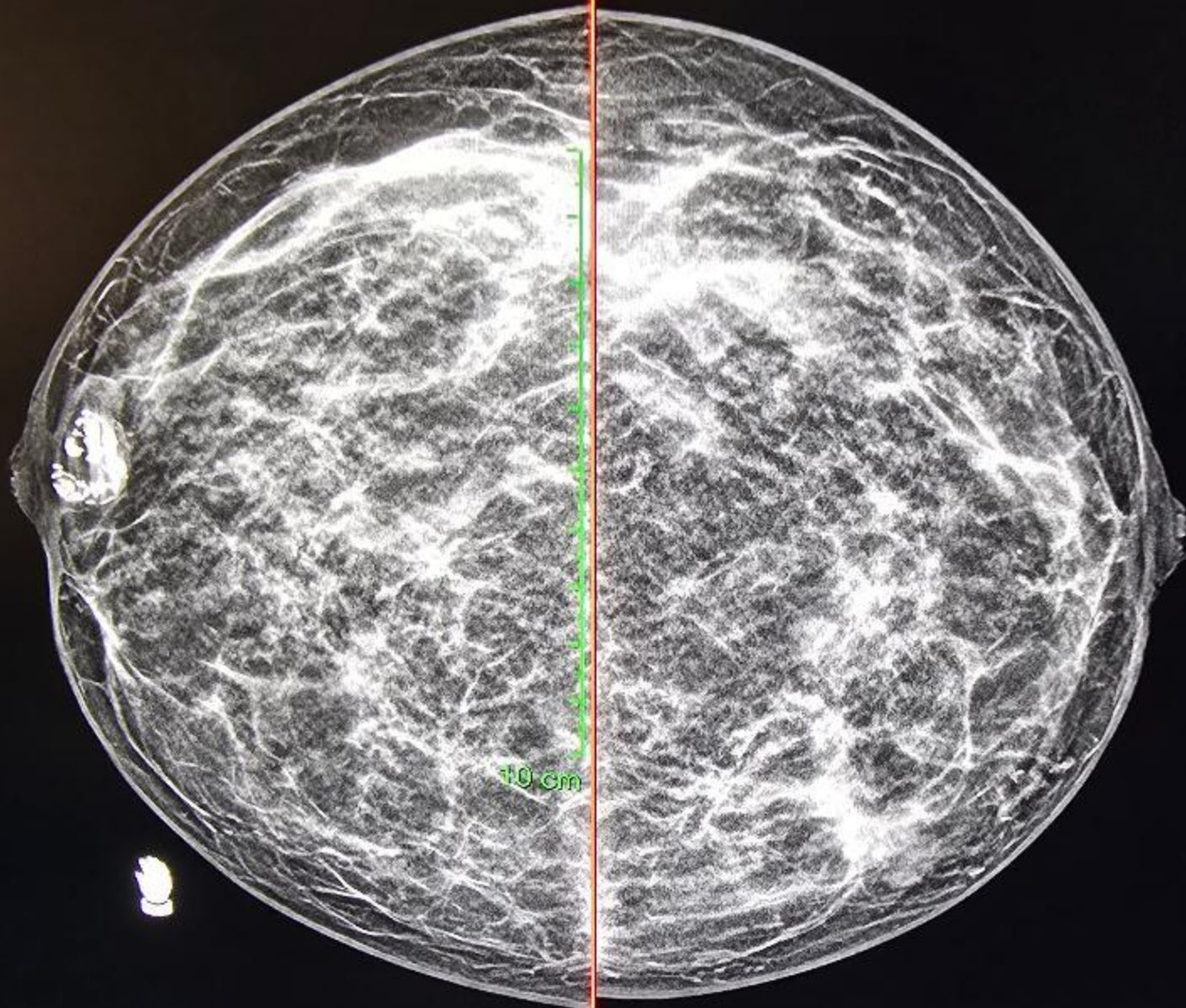


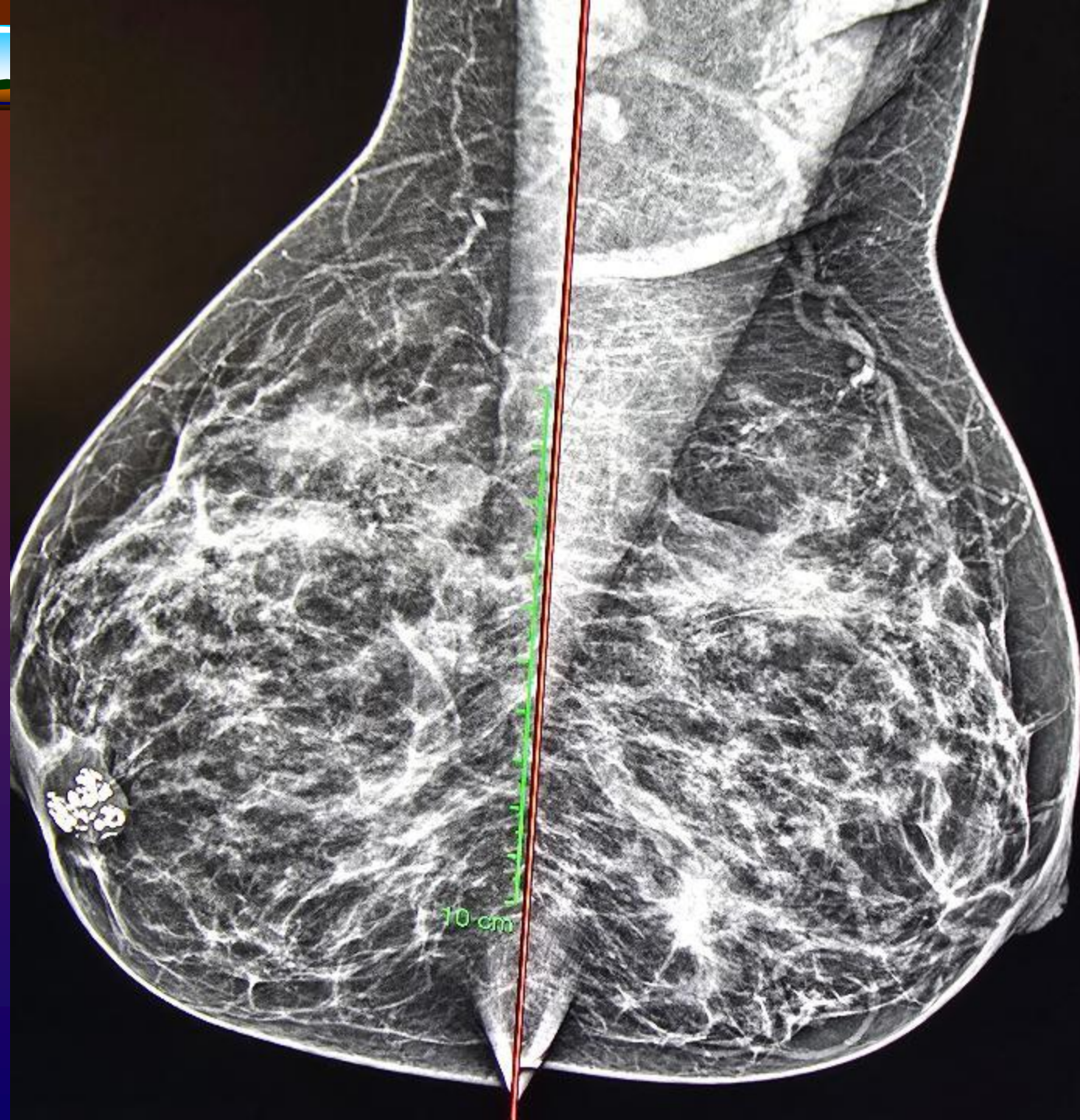


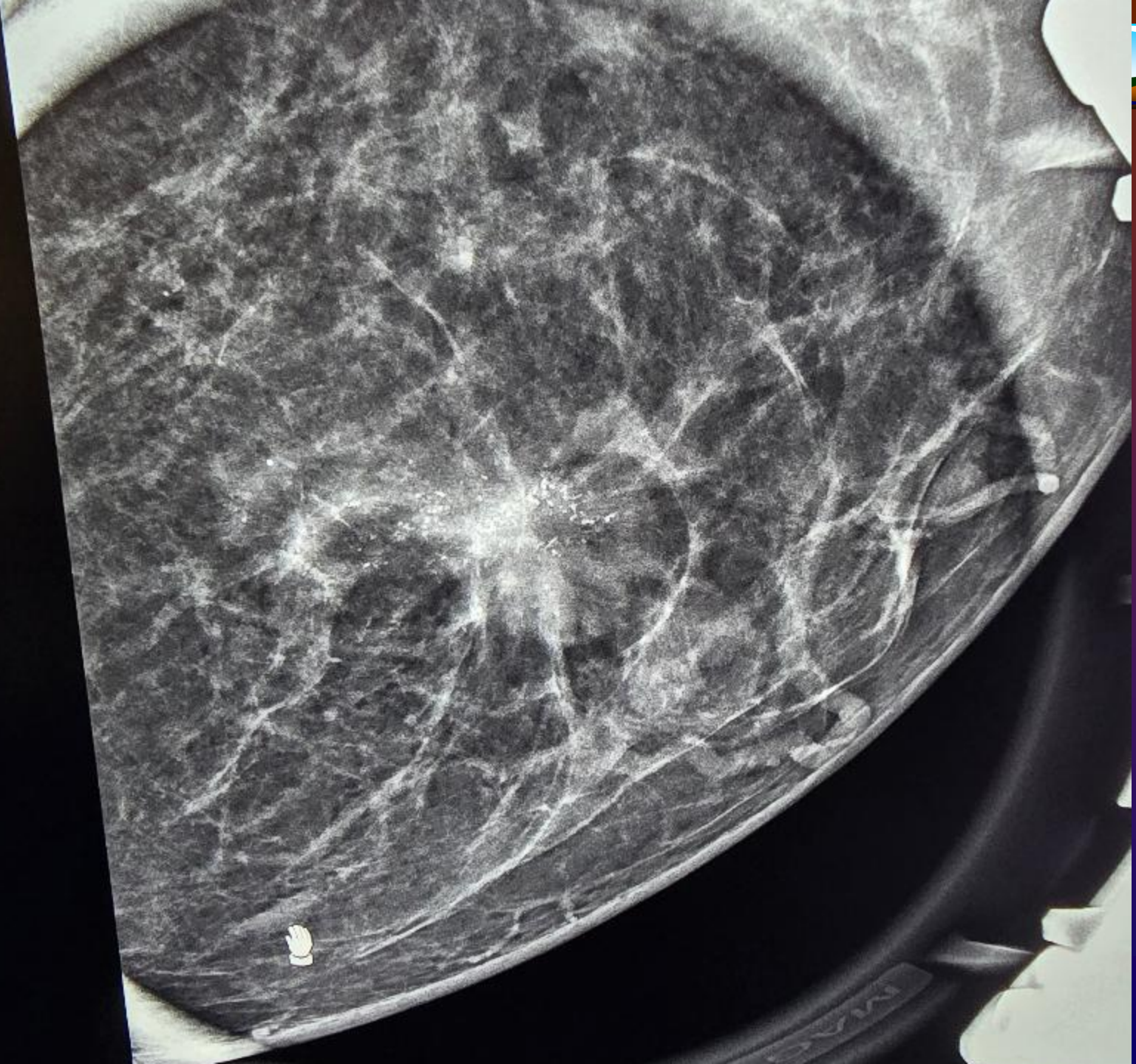
- ❖ Left : irregular spiculated dense mass at left retroareolar area associated with diffuse left breast skin thickening and left nipple retraction.
- ❖ BIRADS
- ❖ RIGHT :circumscribed oval dense mass with ...calcification at

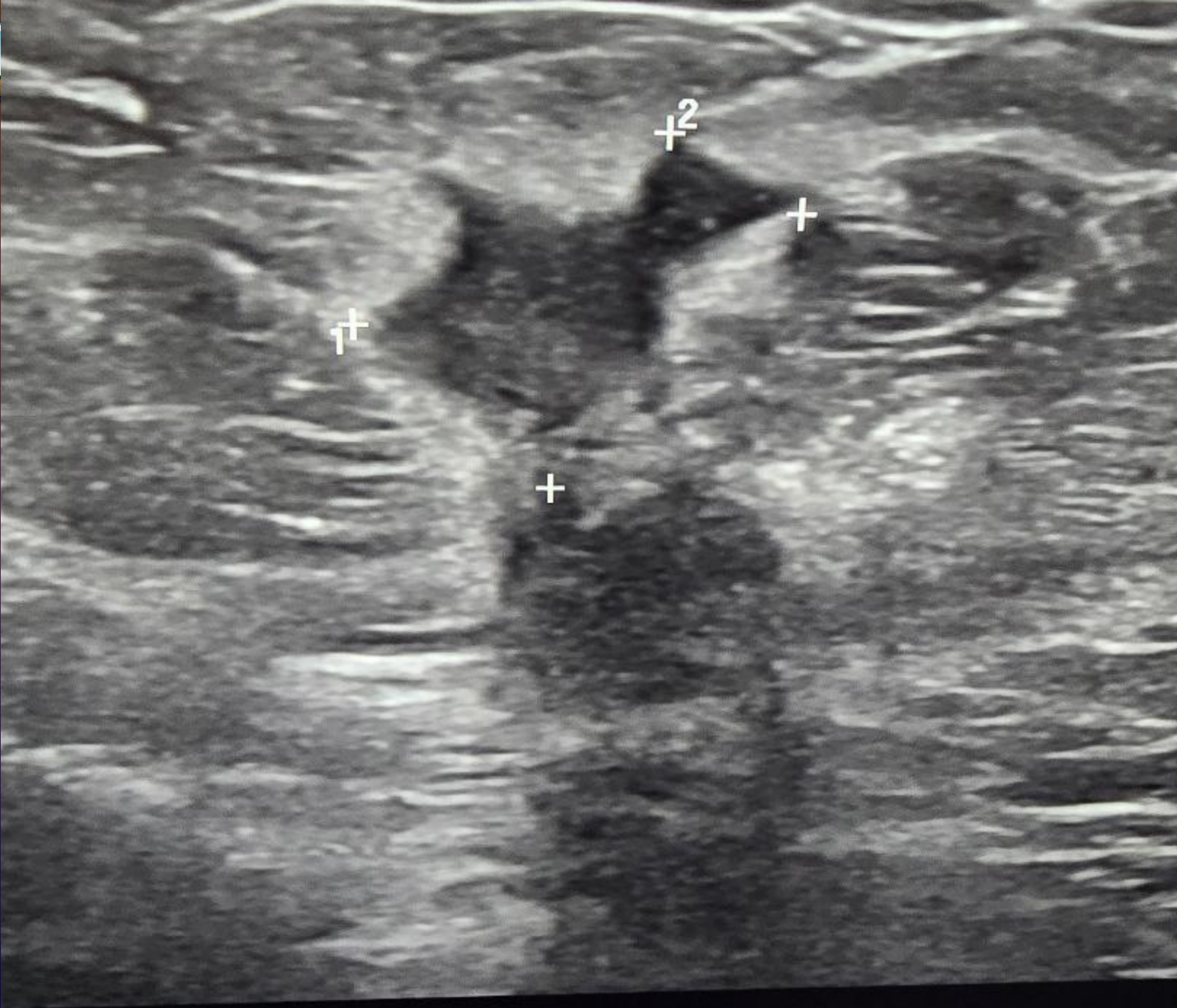


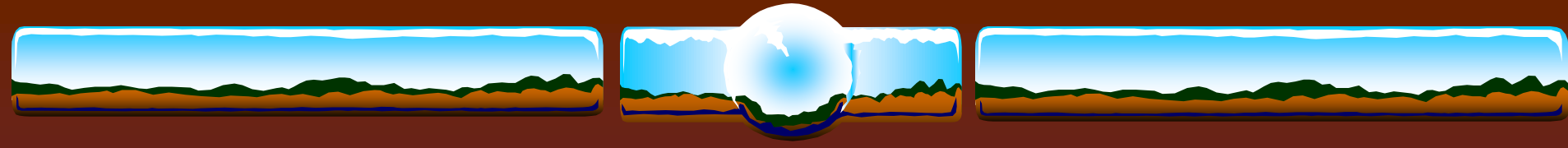
31 years old female with likely
benign breast mass for follow up
she is planning for IVF



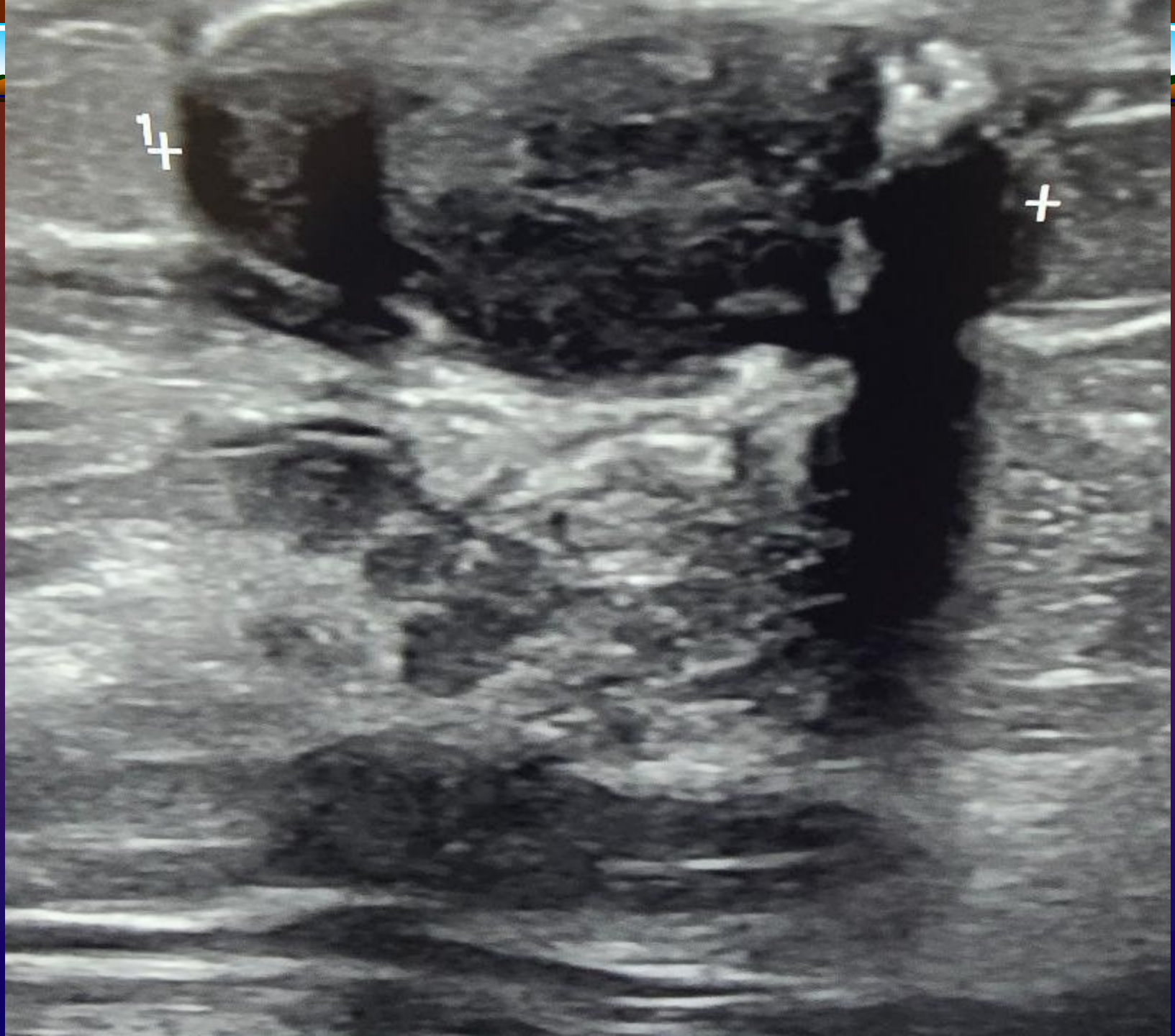


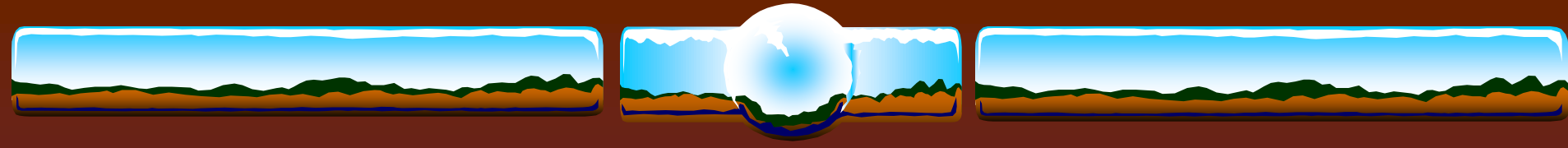




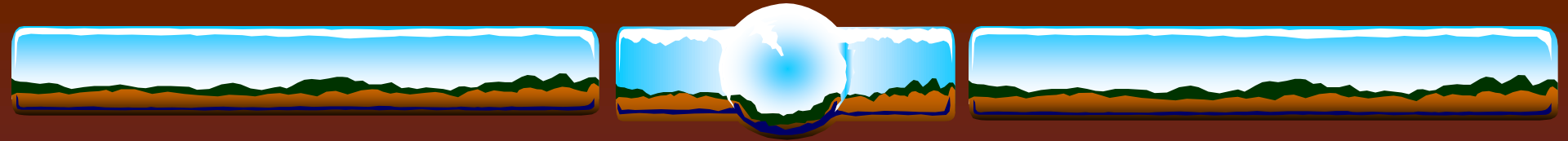


- ❖ Left :irregular spiculated dense at lower inner left breast it is containing pleomorphic calcification and it appear as irregular HYPO ??HYPER ECHOIC with echogenic rim on U/S



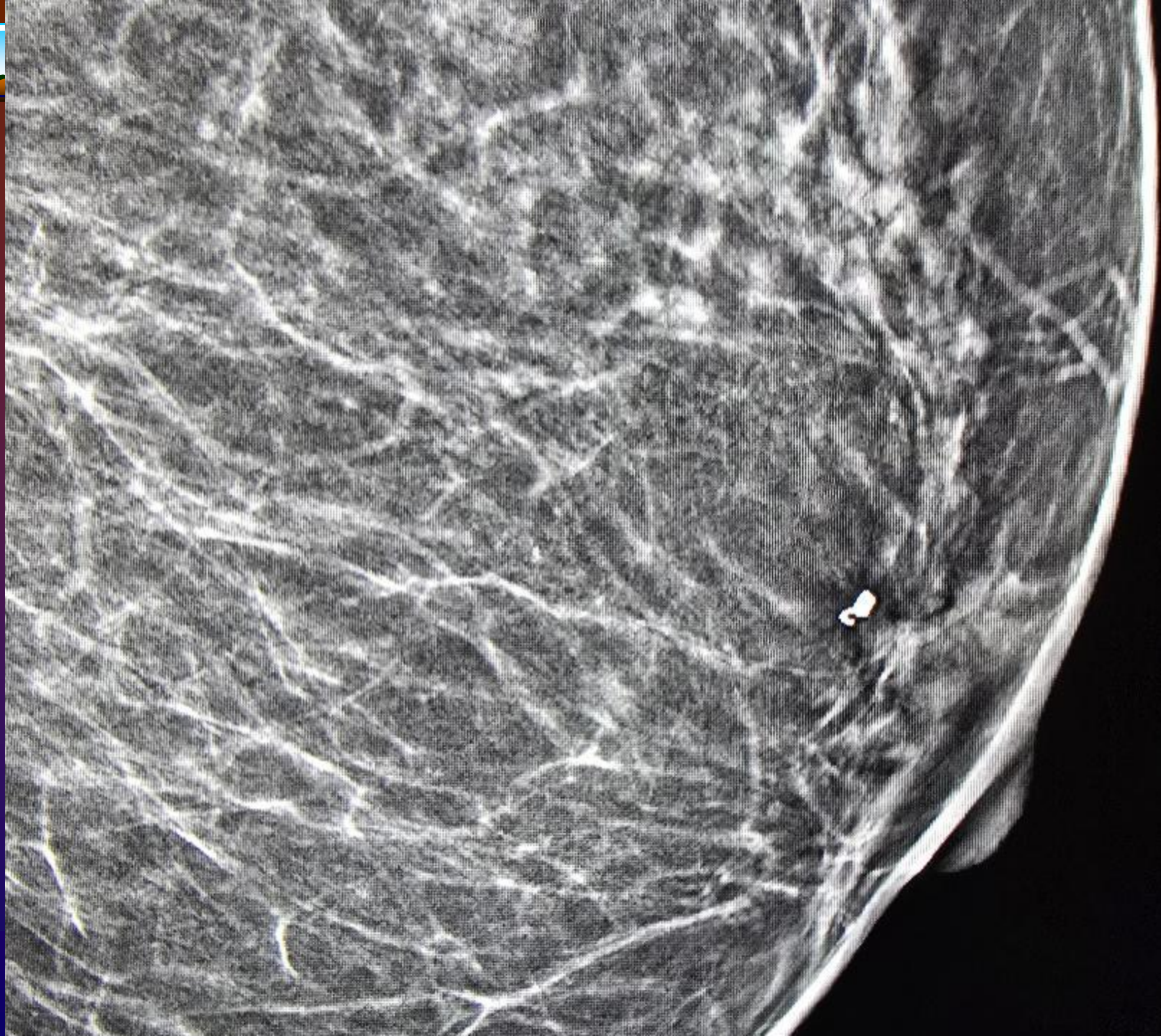


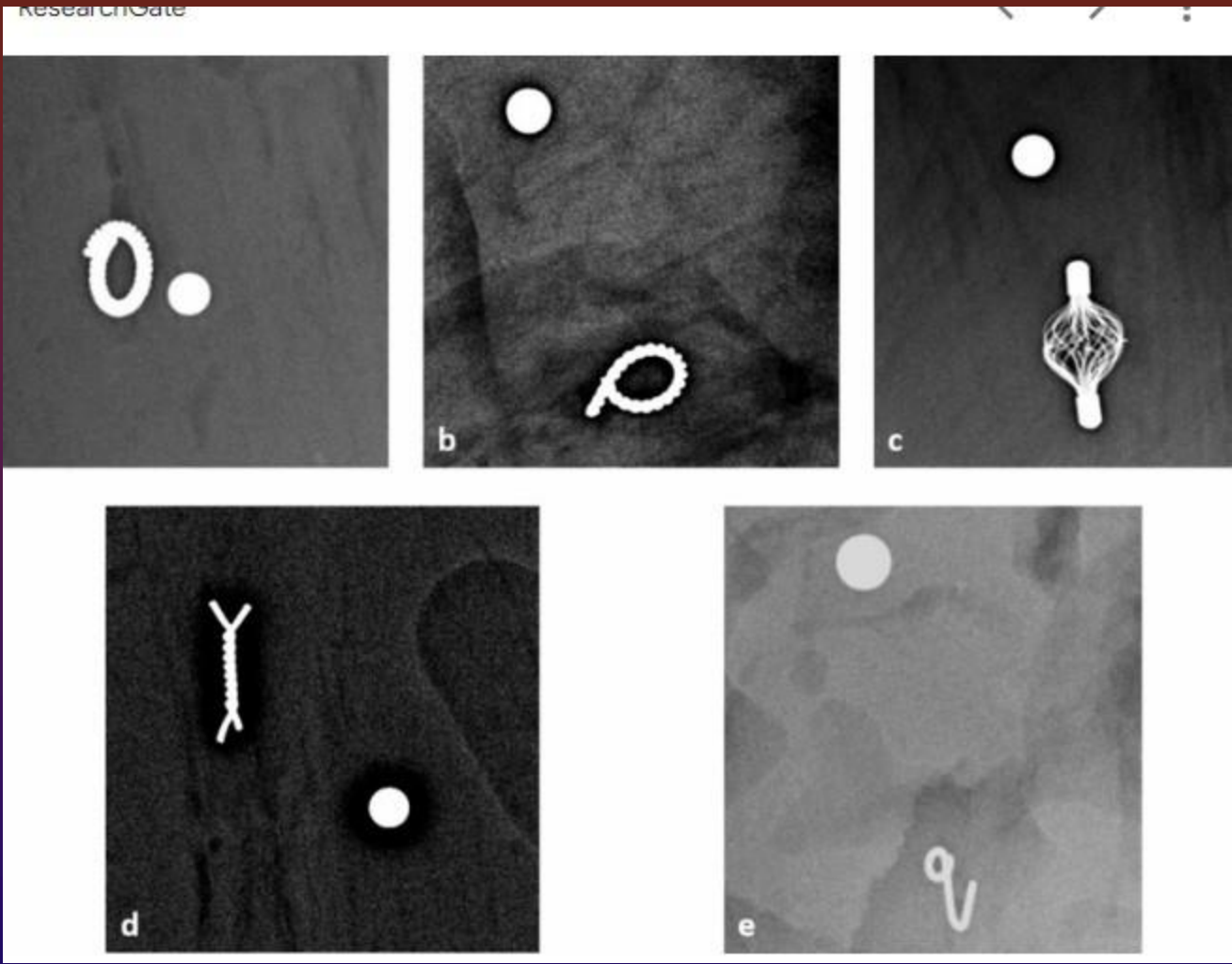
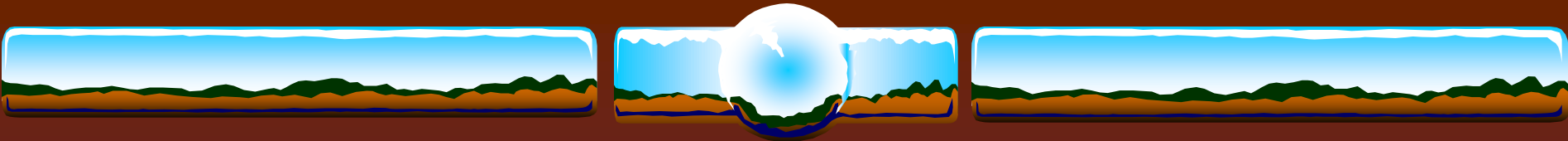
- ❖ Right “circumscribed oval hypoechoic mass with shadowing macrocalcification at right retroareolar area



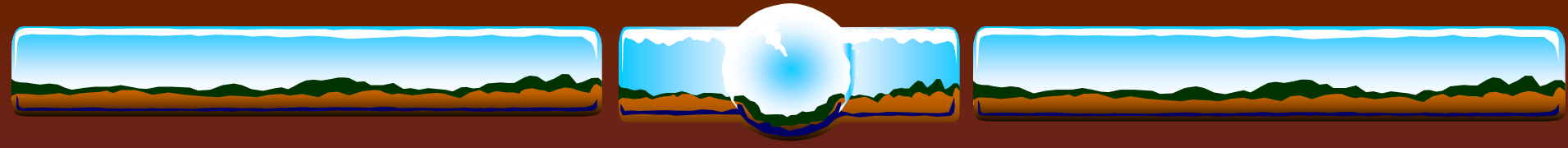
PREVIOUS BENIGN
BIOPSY now for follow
up



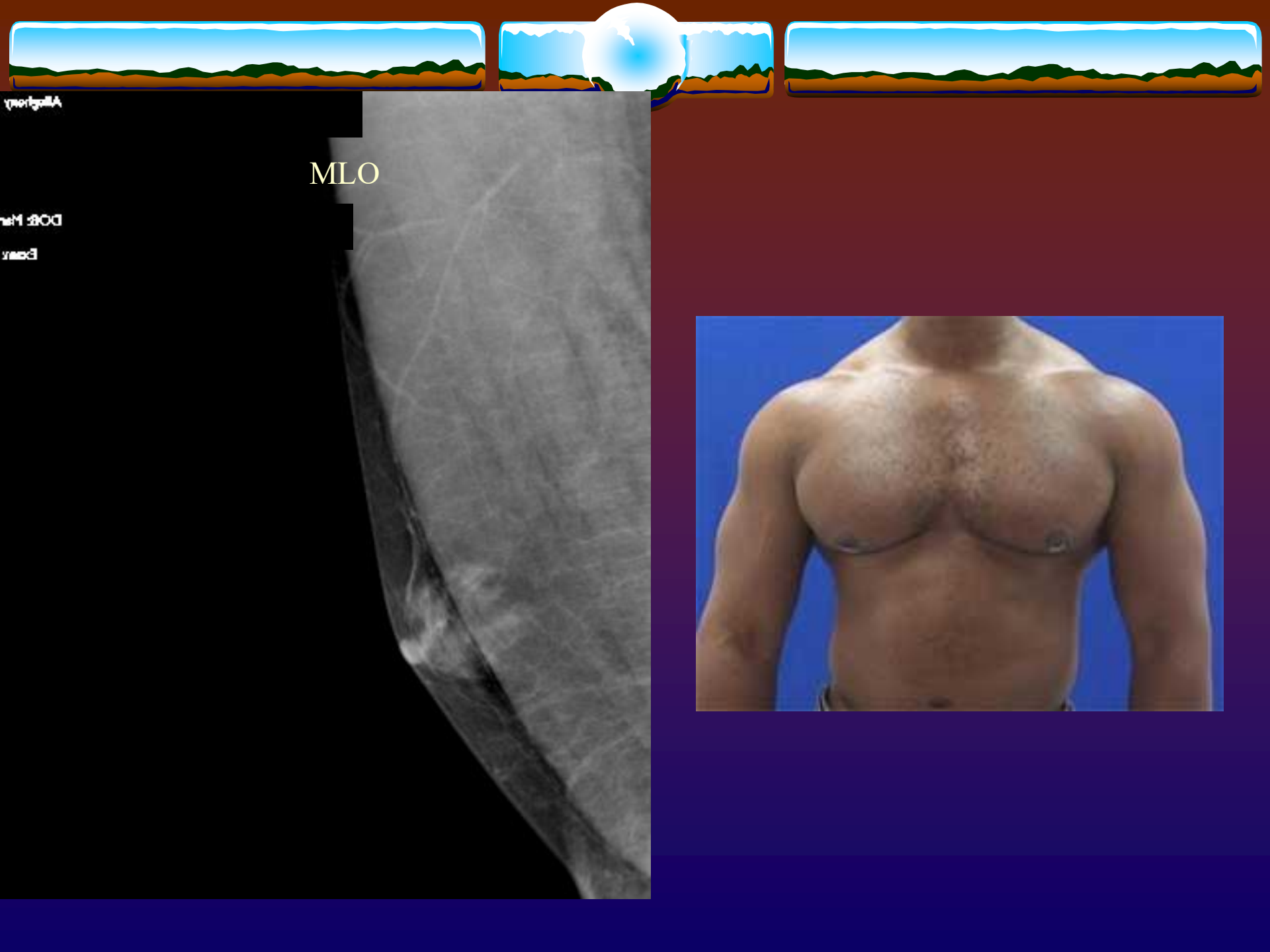








❖ Tissue marker or clip of previous biopsy .

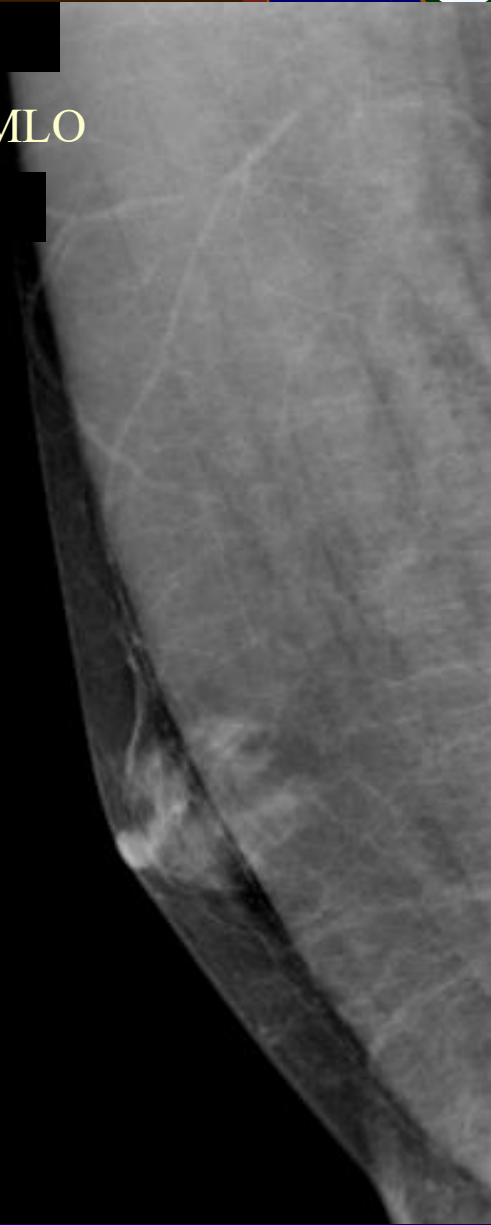


Allegory

DOB: Mar

Boys

MLO





G.M.



CA

Fig. 1. CC-L

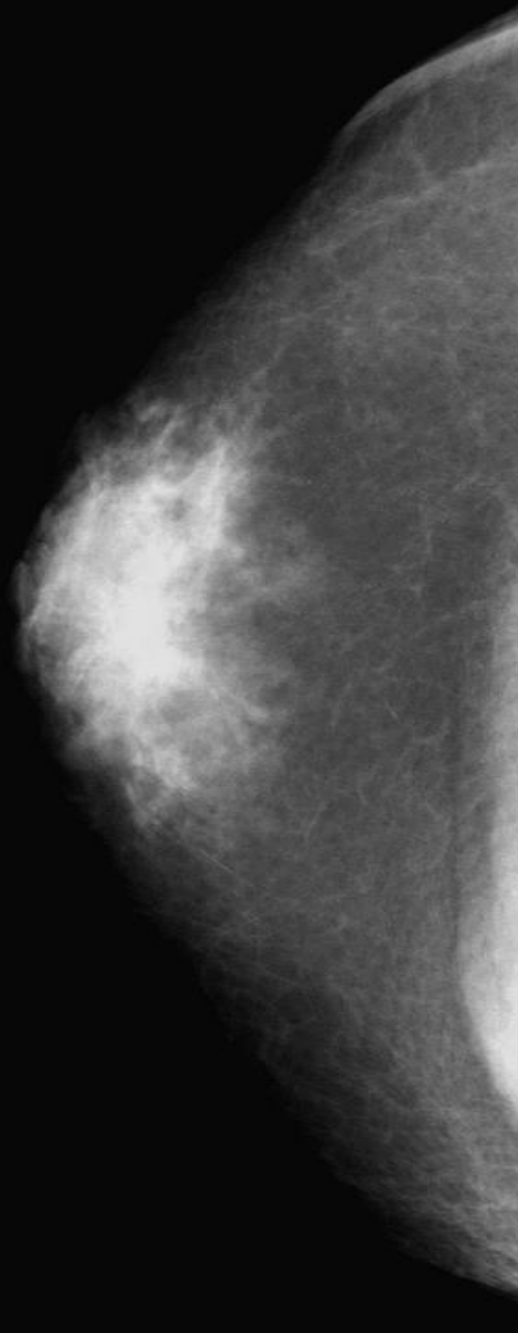


Fig. 2. CC-R

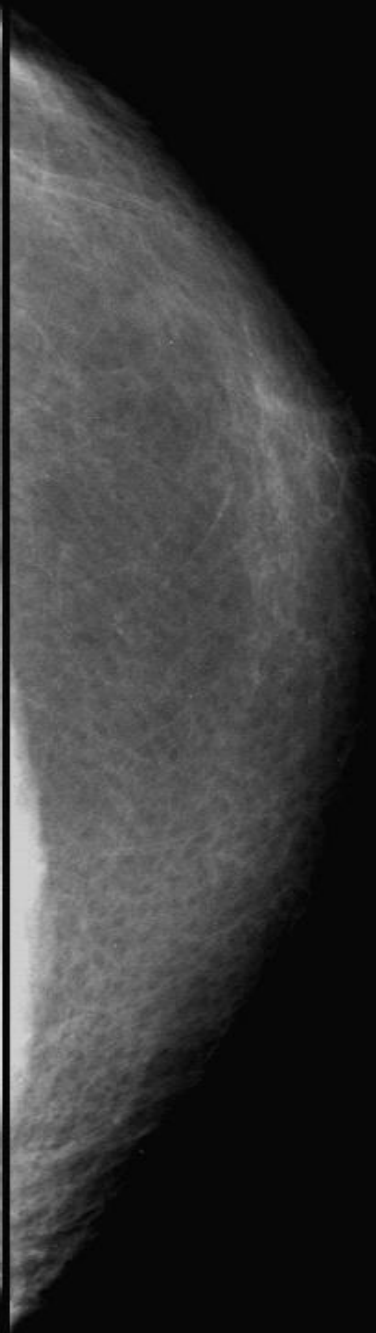


Fig. 3. MLO-L

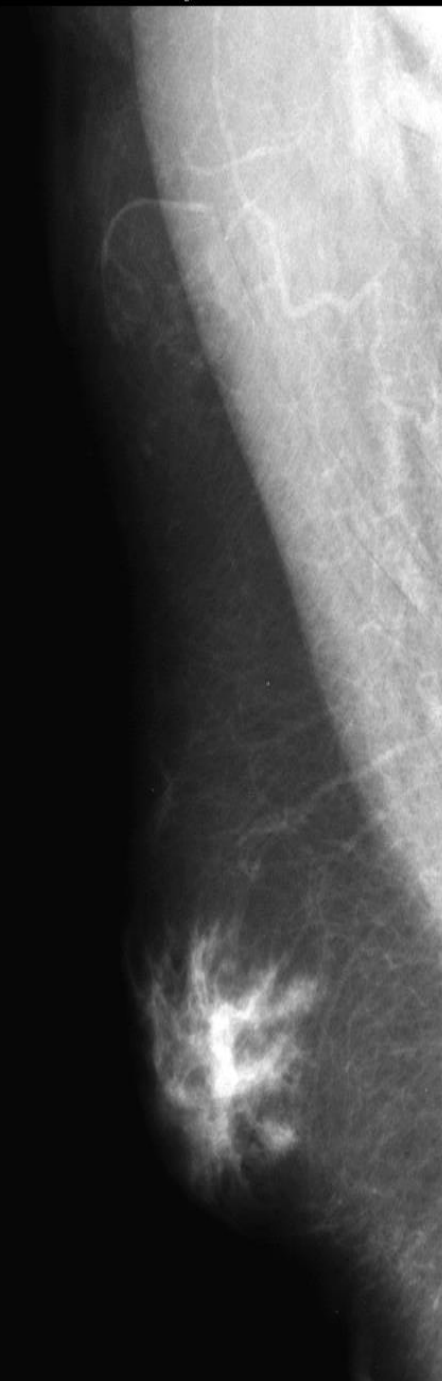
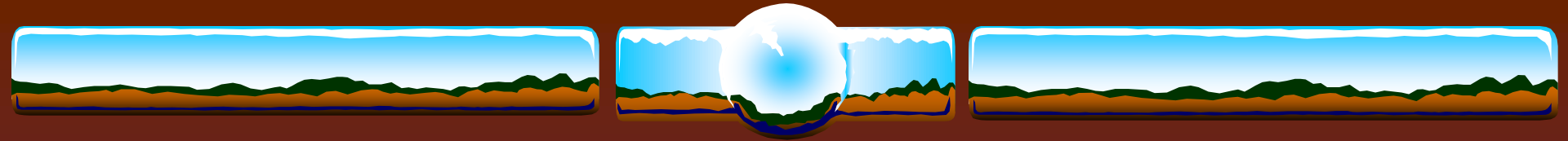


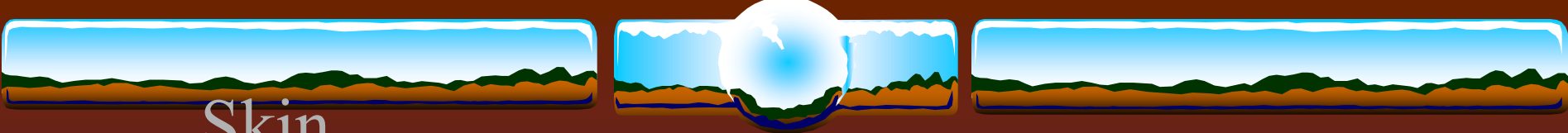
Fig. 4. MLO-R





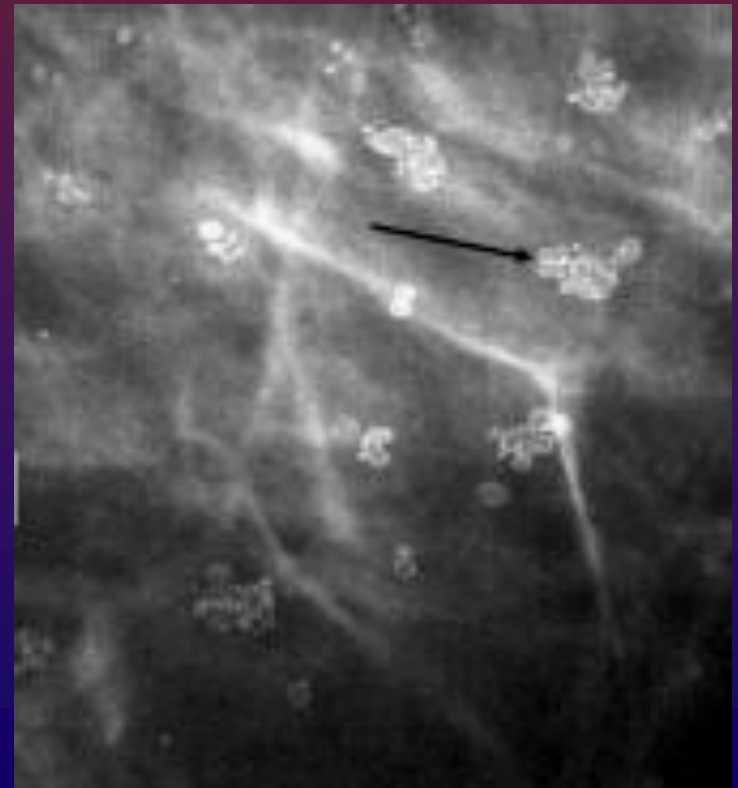
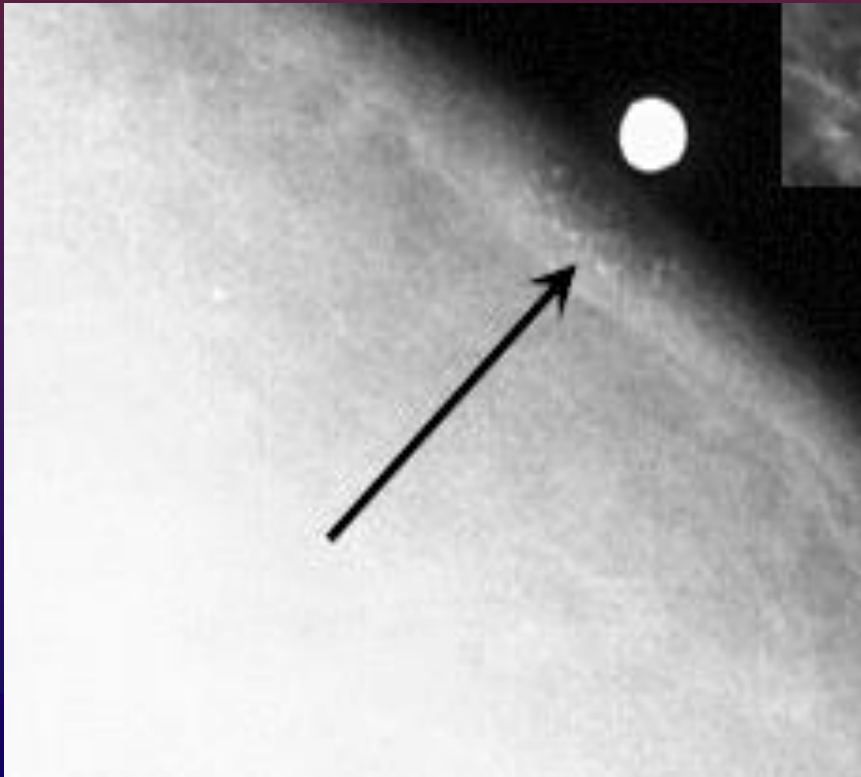
Gynecomastia

- ❖ Excessive Estrogen
- ❖ Pharmacological- marijuana, cimetidine
- ❖ Pathologic- Testicular neoplasms, Klinefelter's
- ❖ Bimodal age- puberty and 50

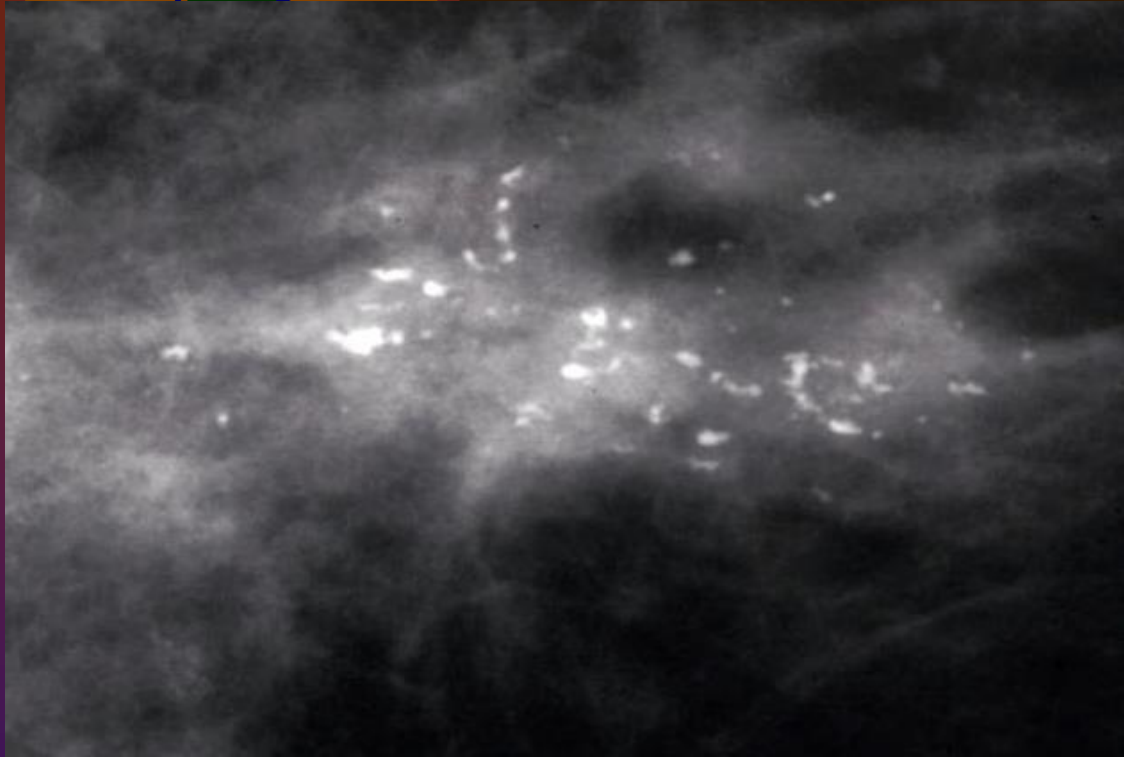
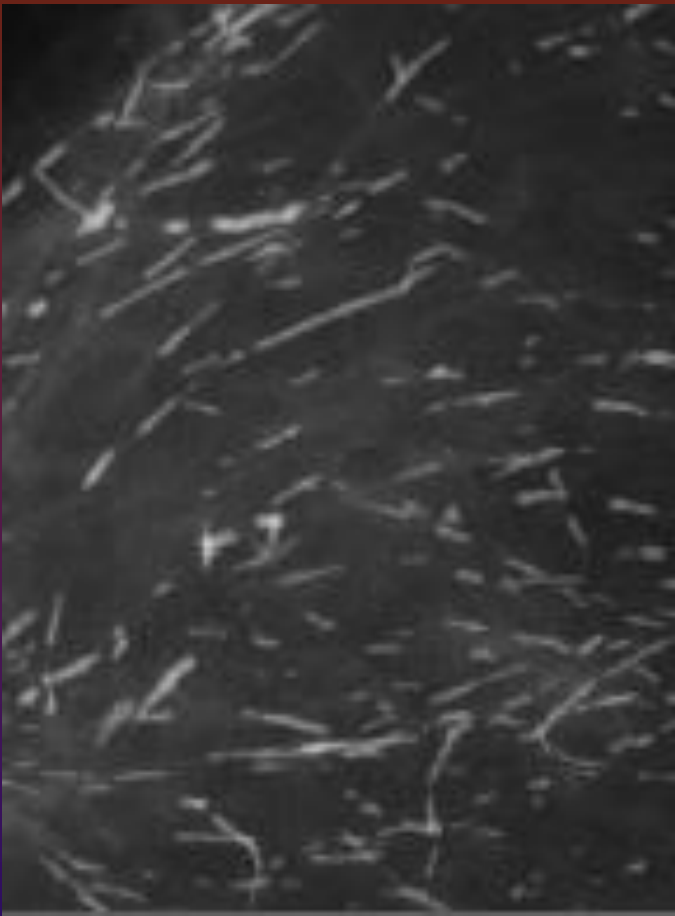
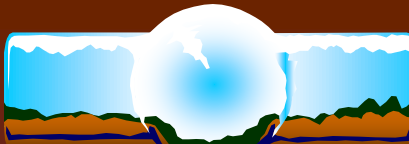


Skin

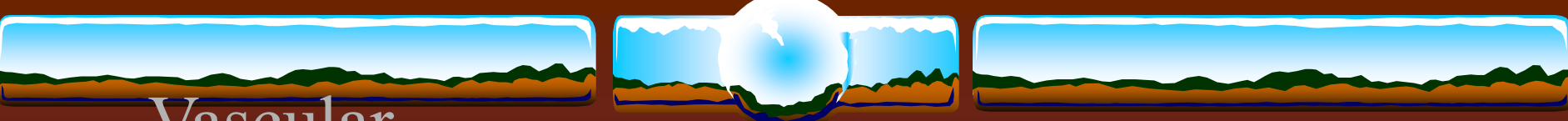
- ❖ Lucent-centered
- ❖ Tangential views





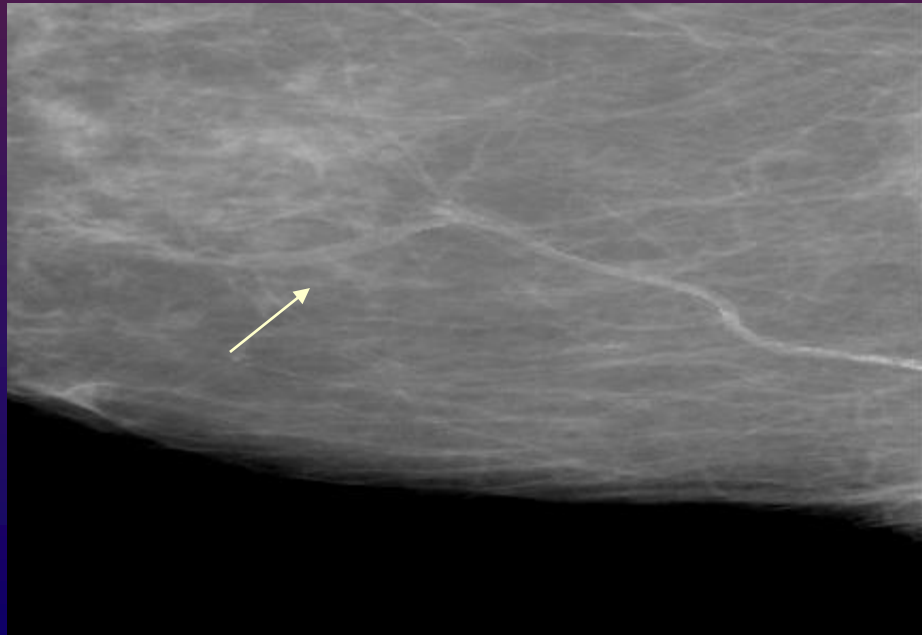


SEGMENTAL



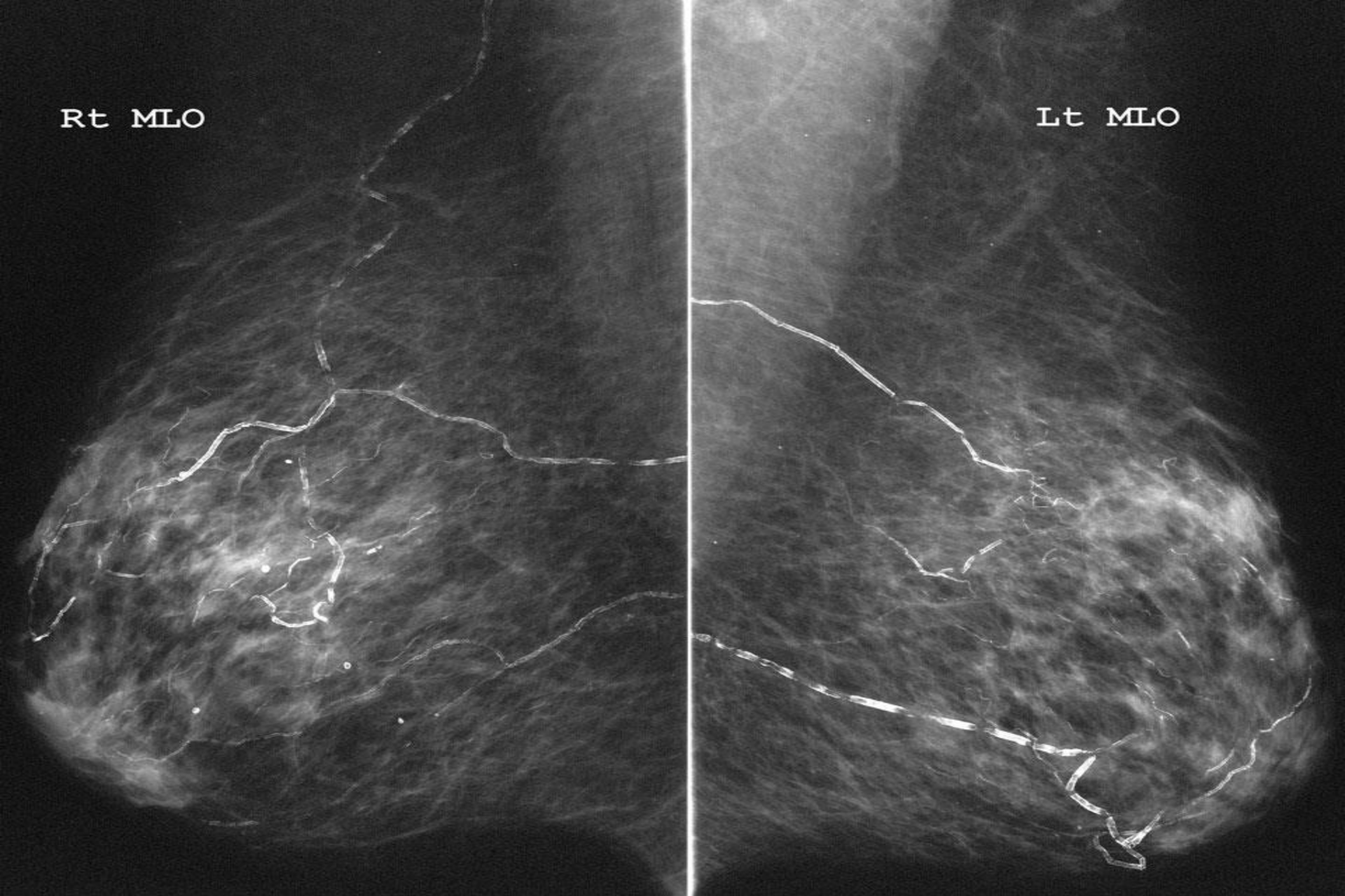
Vascular

- ❖ "Tram-tracking" appearance
- ❖ Linear / tubular deposits associated with blood vessel shadow .association with coronary artery disease

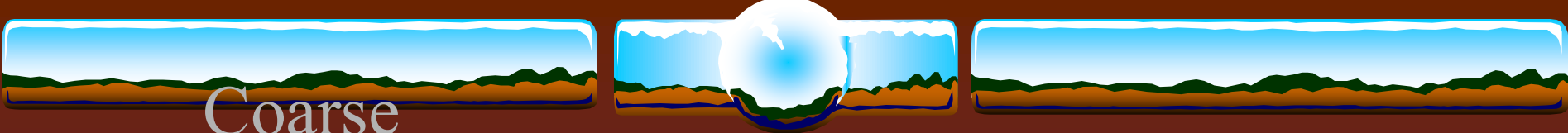


Rt MLO

Lt MLO



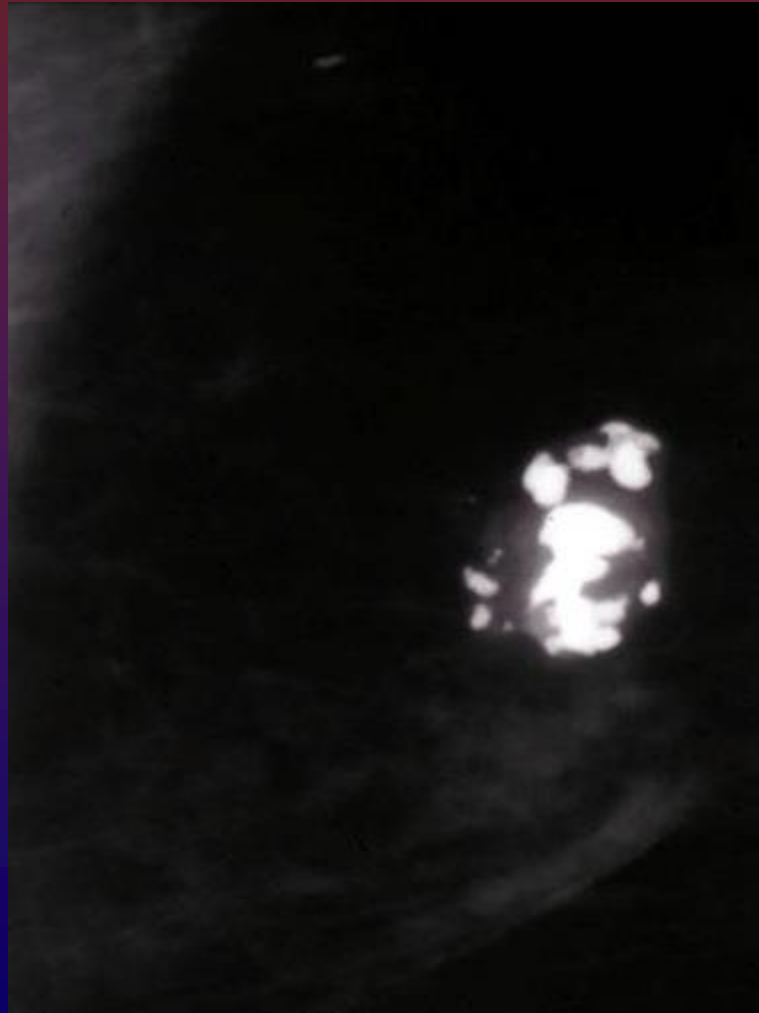
What type of calcifications?

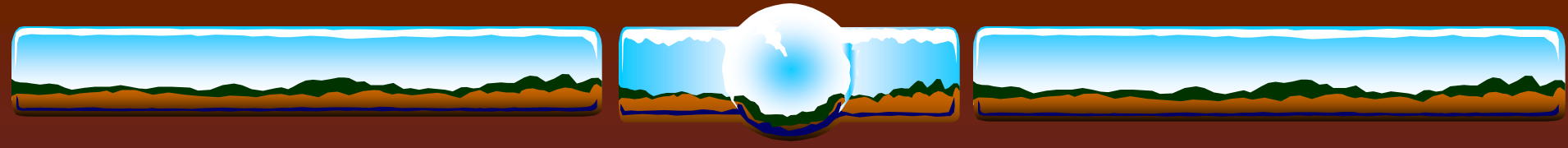


Coarse

❖ "Popcorn-like"

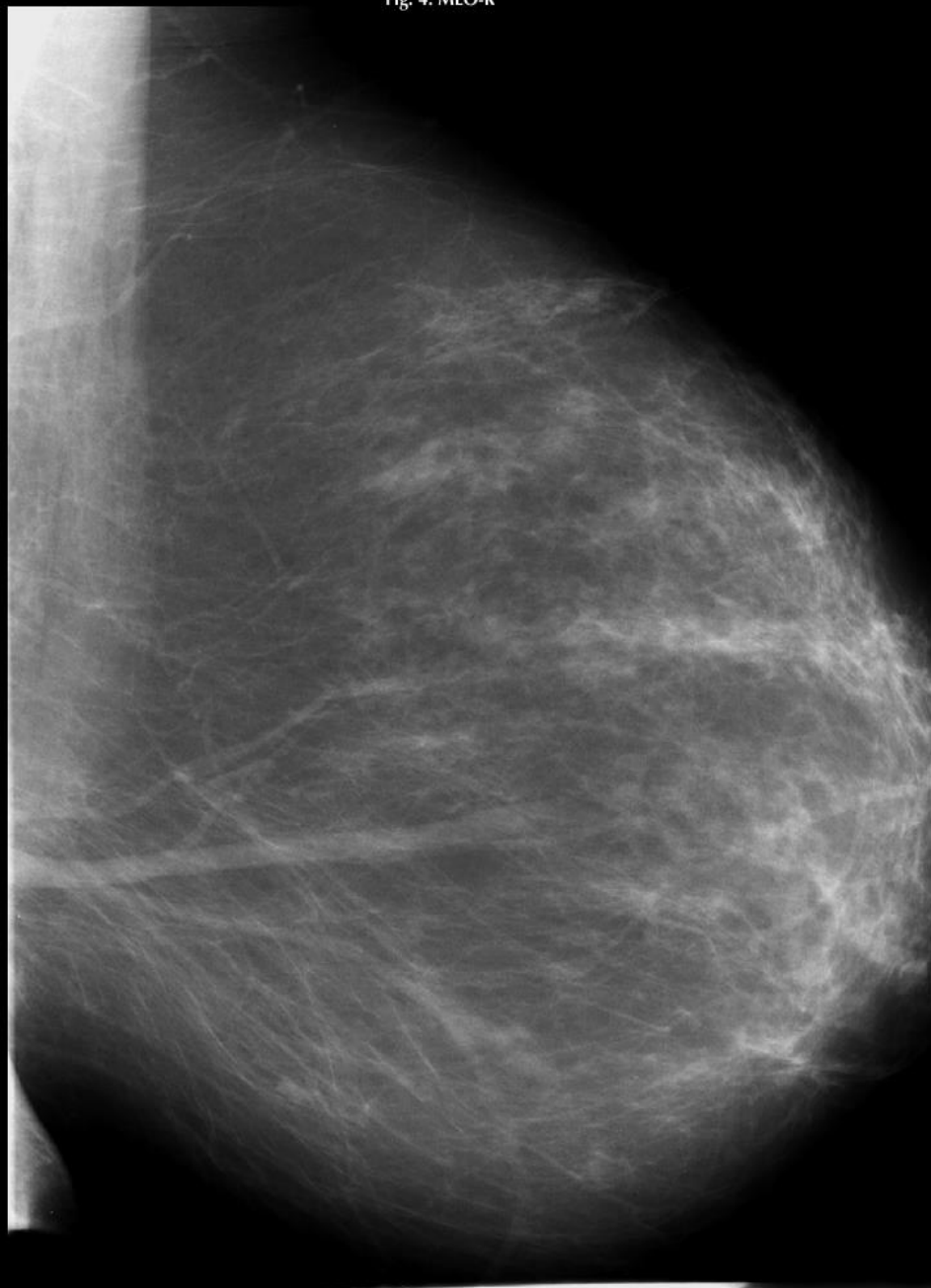
Degenerating fibroadenoma





- ❖ 55 YEAR OLD FEMALE
- ❖ DID SCREENING OUTSIDE
- ❖ CAME FOR SECOND OPENION

Fig. 4. MLO-R



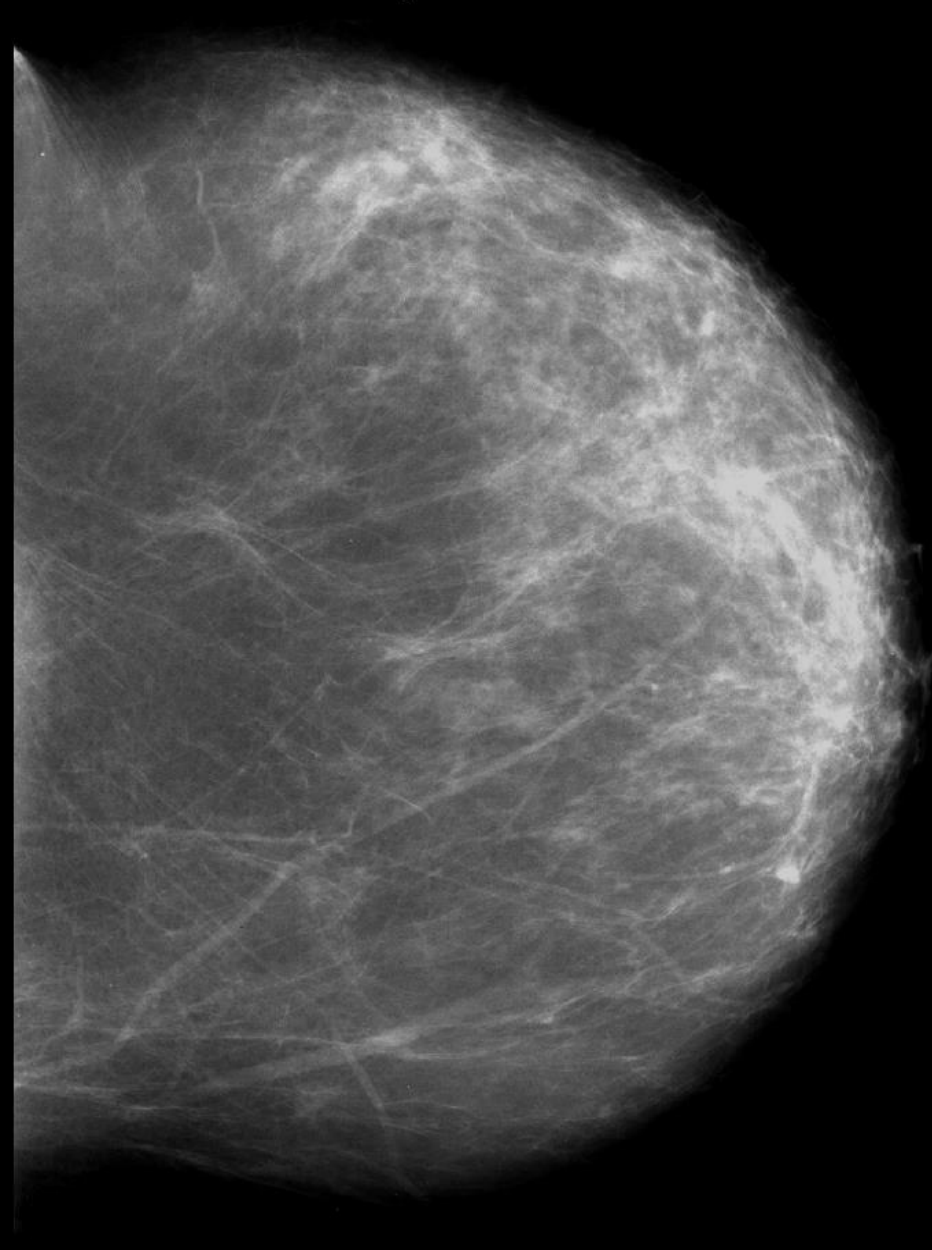
Previous

Fig. 8. MLO-R, 1 year later



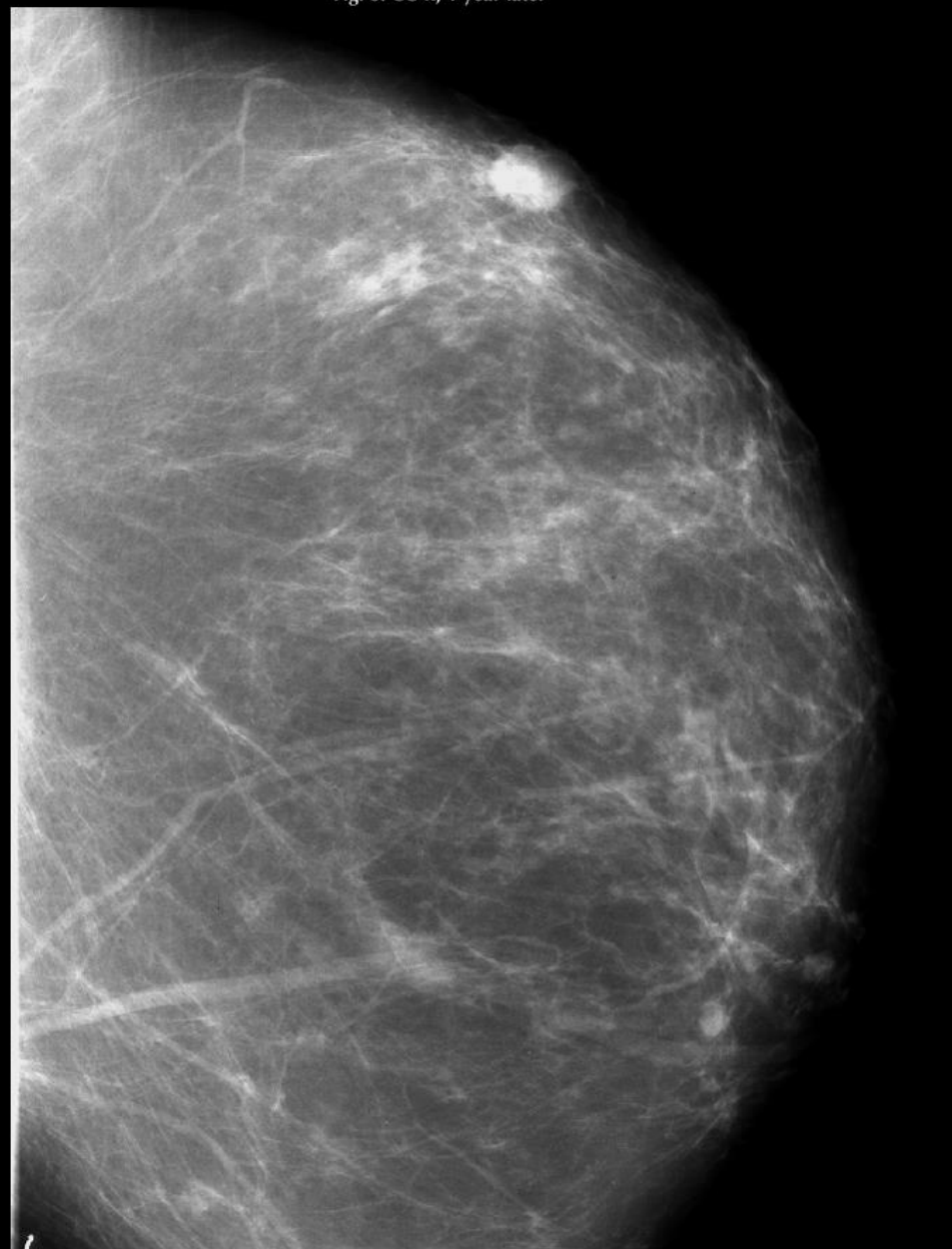
Current

Fig. 2. CC-R

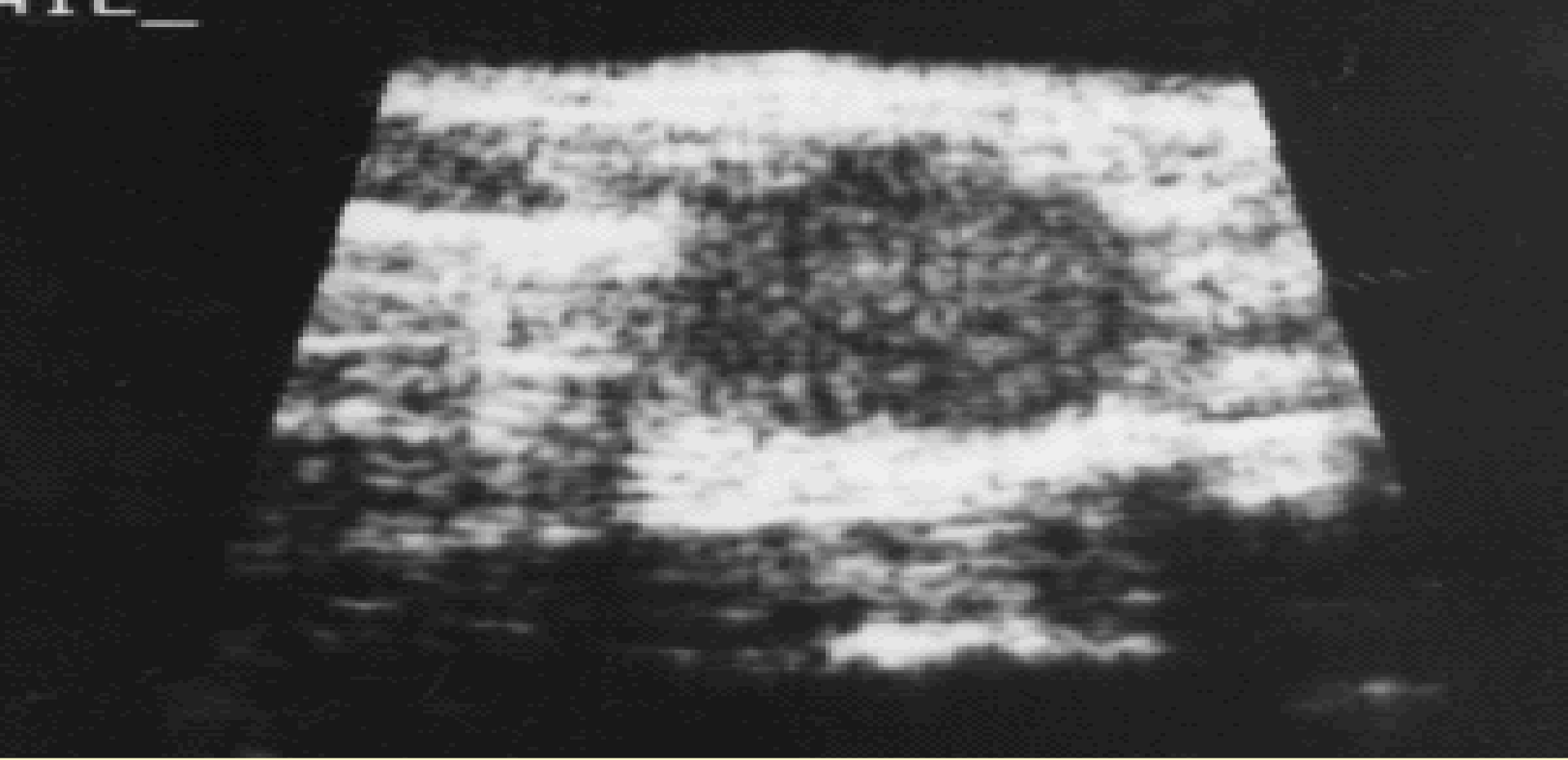


Previous

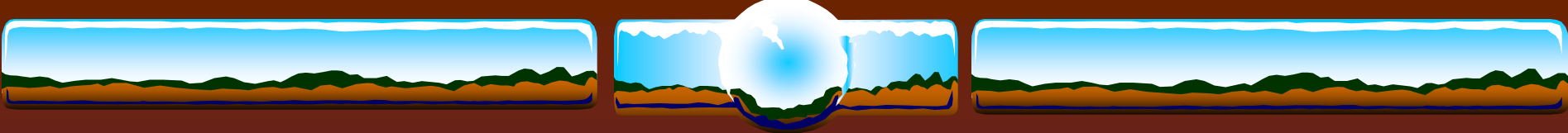
Fig. 6. CC-R, 1 year later



Current



Ultrasound



Case

❖ 65 year old for routine screening mammogram

Fig. 1. CC-L

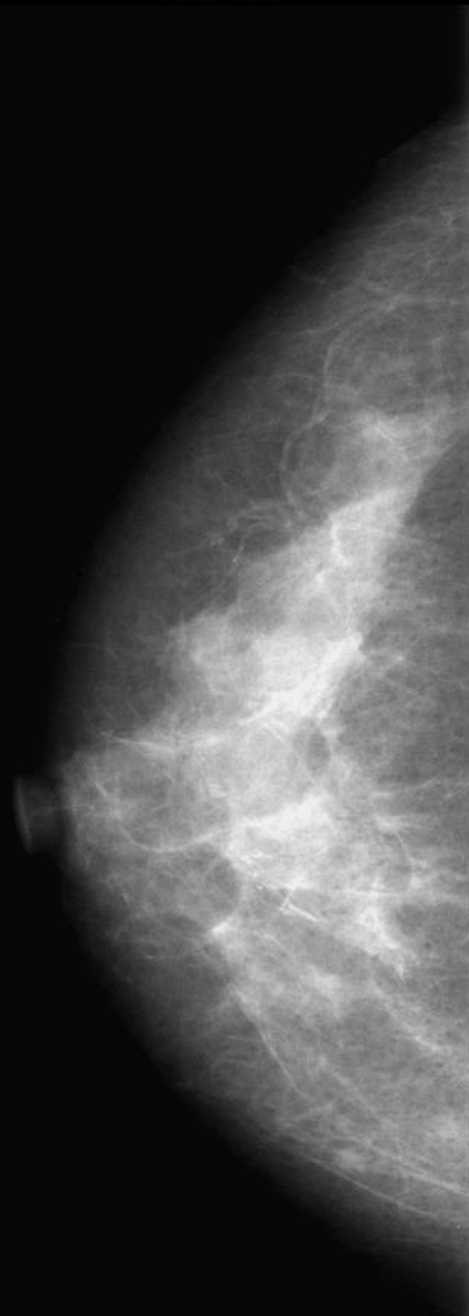


Fig. 2. CC-R

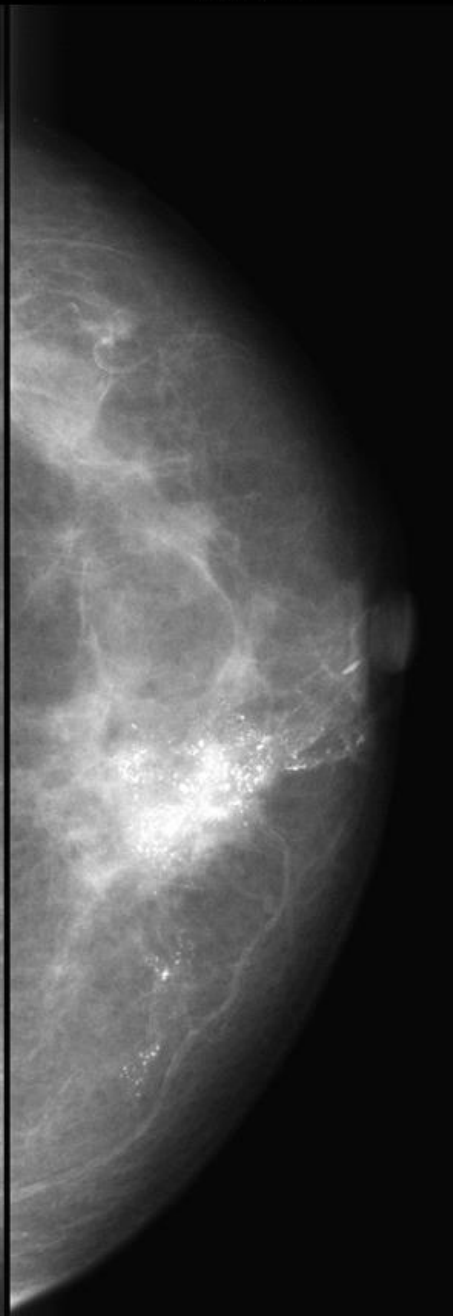


Fig. 3. MLO-L

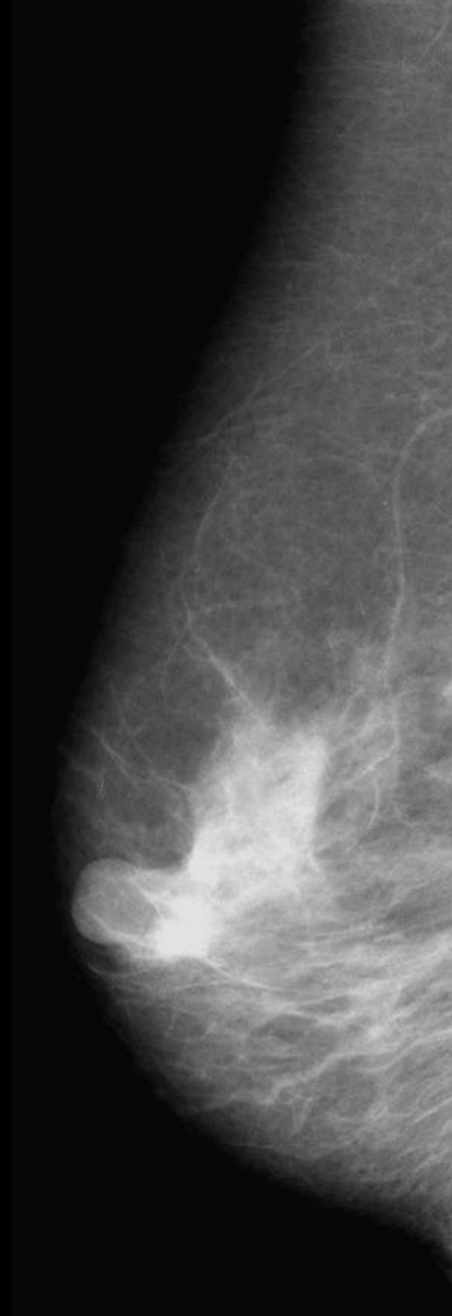
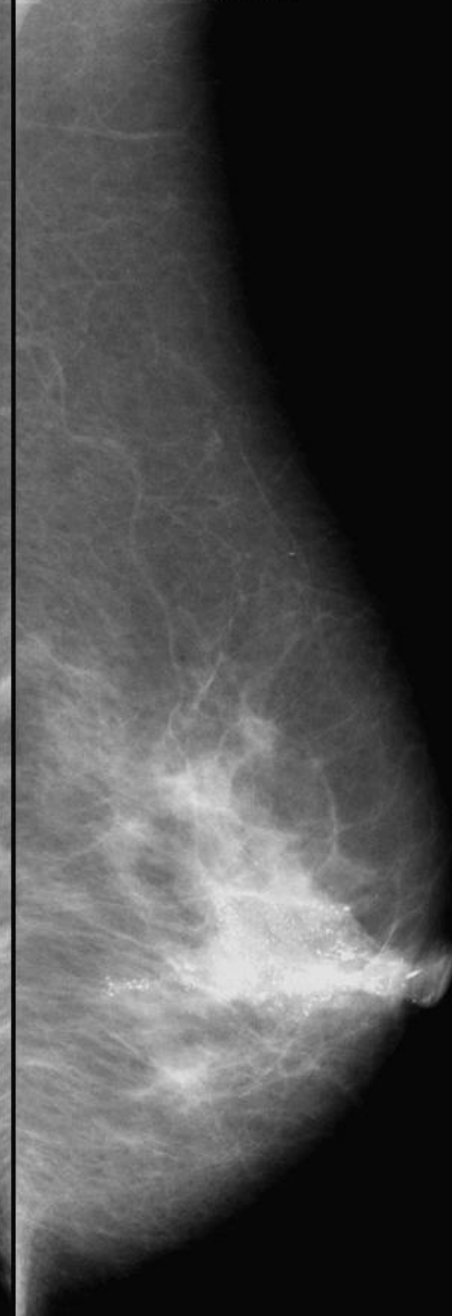
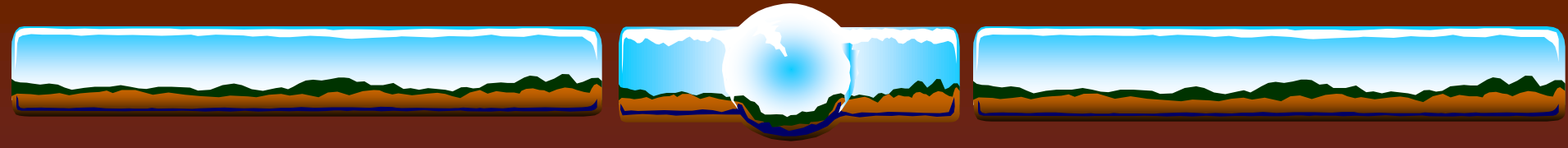


Fig. 4. MLO-R

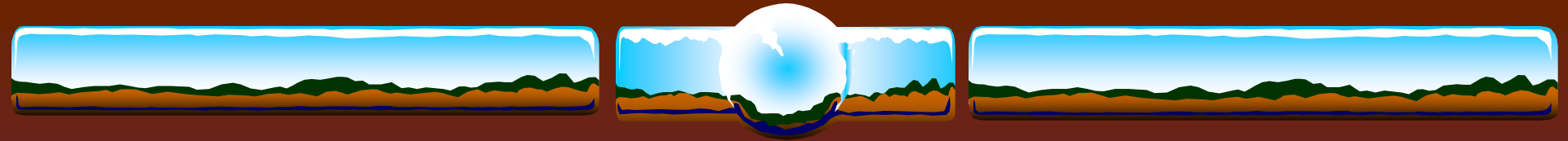




Next Step

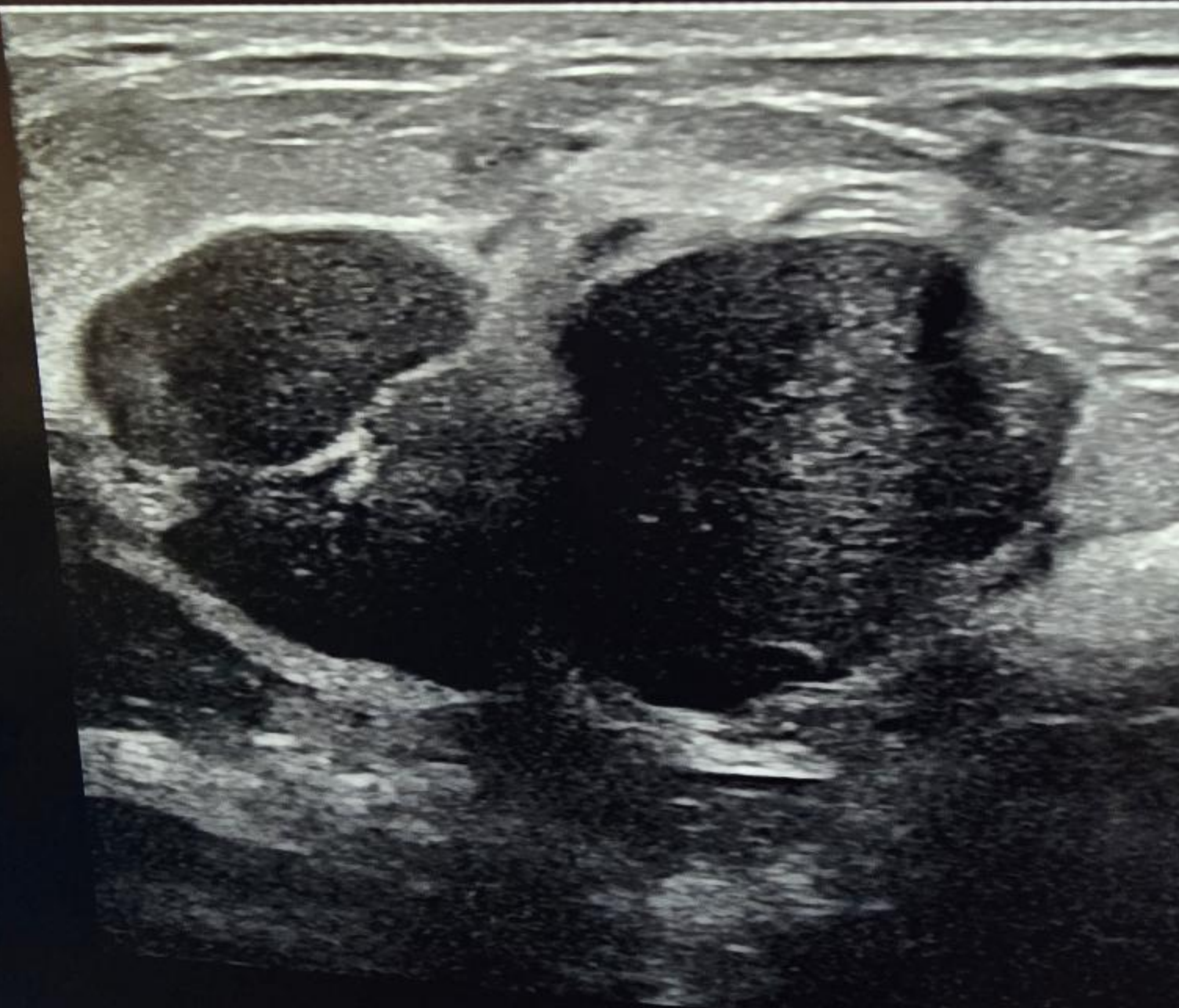


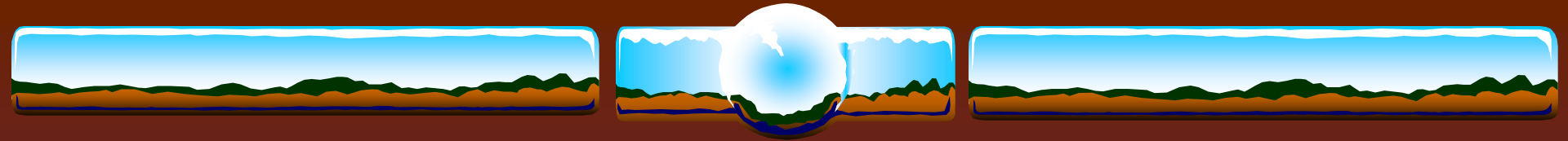
Spot mag view



Enlarging likely benign
mass in 25 years old
female

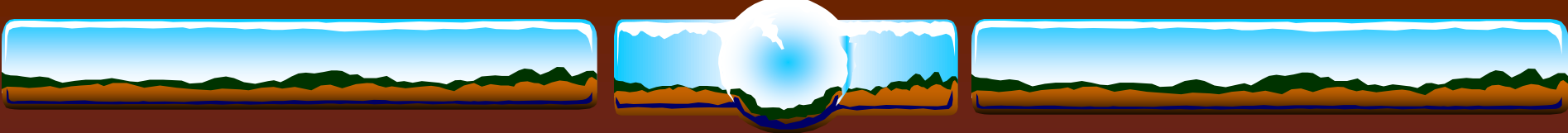
LOGIQ





phyllodes

Enlarging mass even if it was circumscribed and with likely benign feature it needs biopsy and tissue diagnosis so
BIRADS 4



Case

❖ 42 year asymptomatic for screening mammogram

Fig. 5. CC-L, implant-included



Fig. 6. CC-R, implant-included

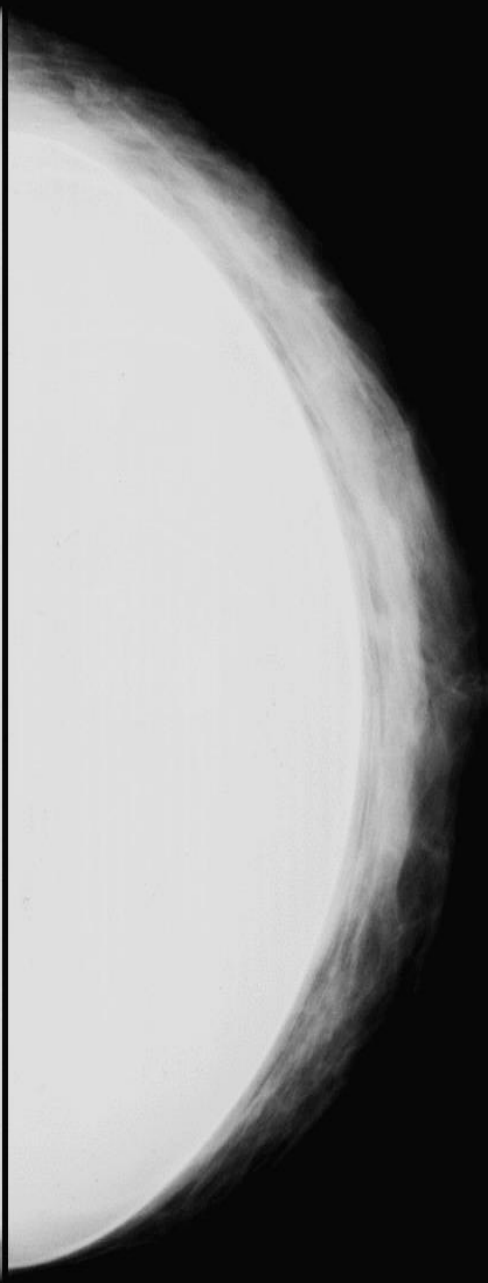


Fig. 7. MLO-L, implant-included

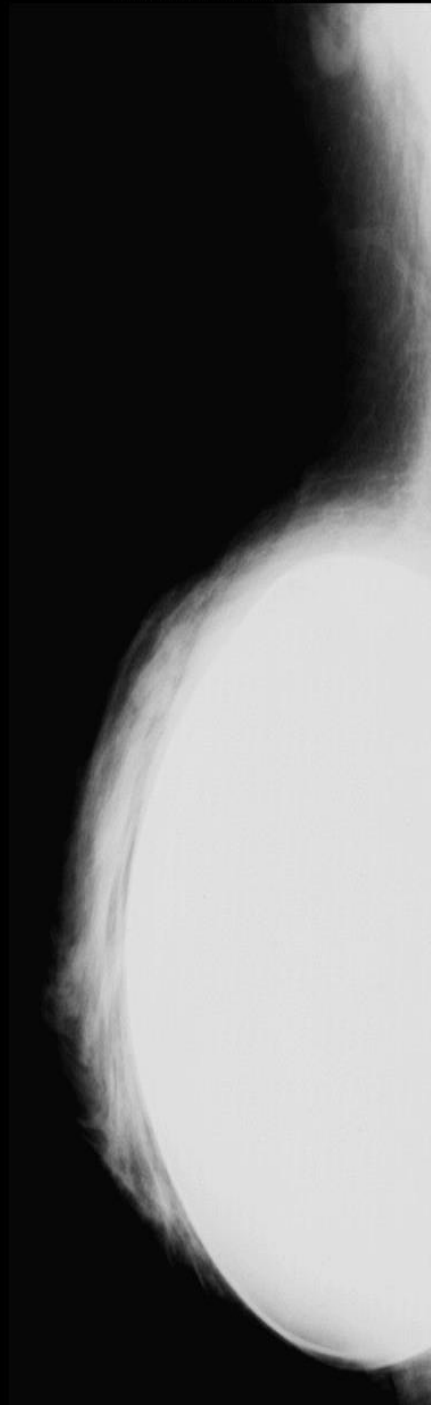
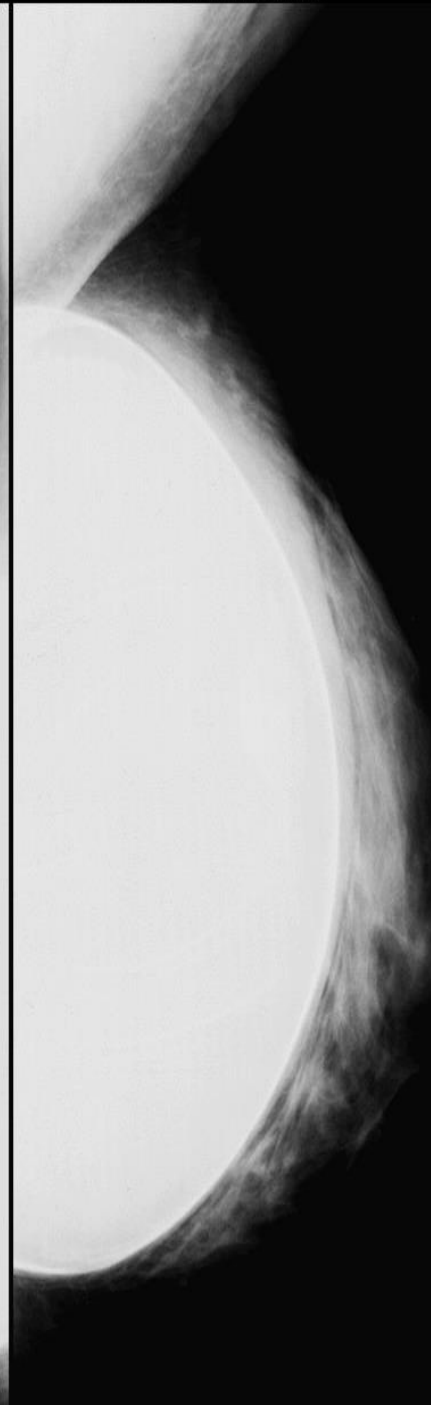
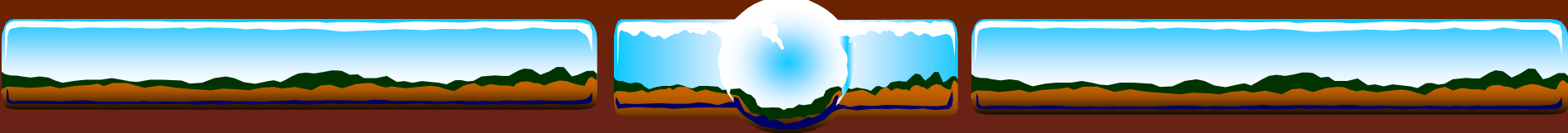


Fig. 8. MLO-R, implant-included



Three landscape icons are arranged horizontally at the top of the slide. Each icon shows a blue sky, green hills, and brown ground. The central icon is slightly larger and features a white globe with blue clouds in the center, partially obscuring the landscape behind it.

Implant displaced view

Fig. 3. MLO-L, implant-displaced

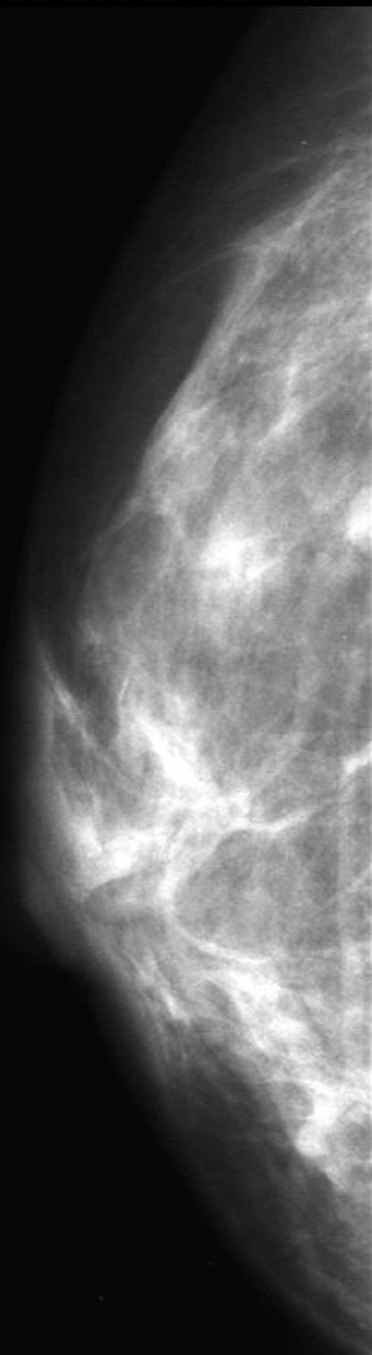


Fig. 4. MLO-R, implant-displaced

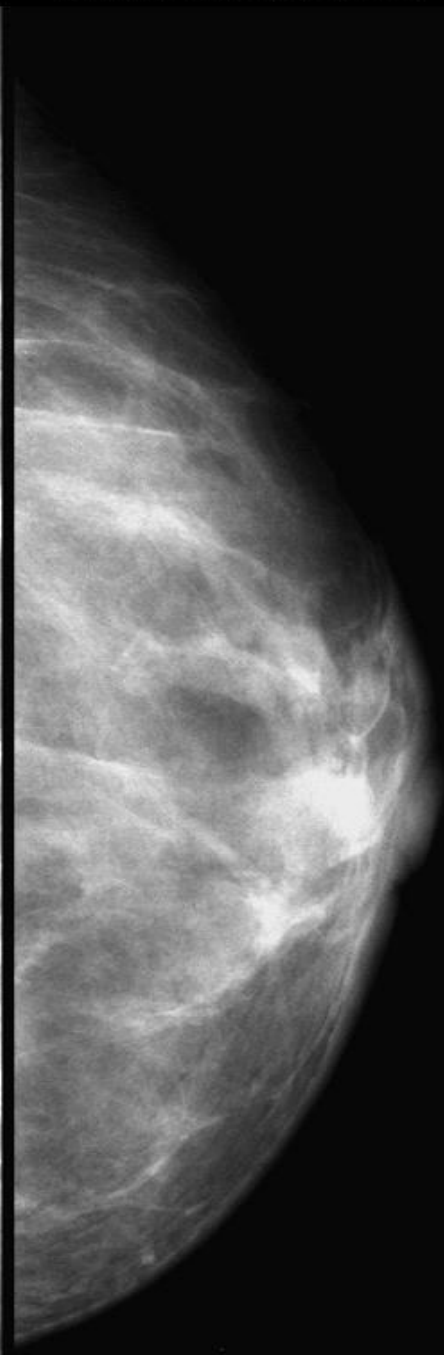


Fig. 1. CC-L, implant-displaced

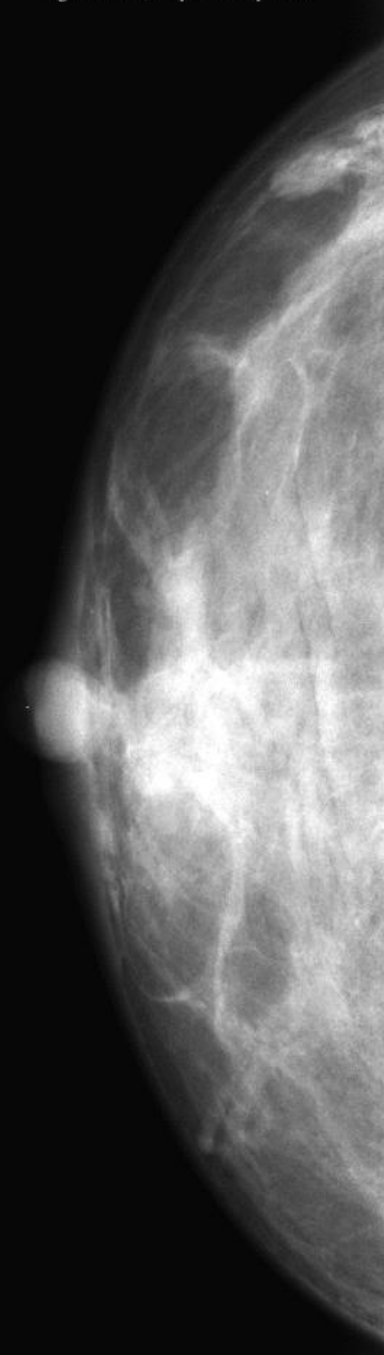
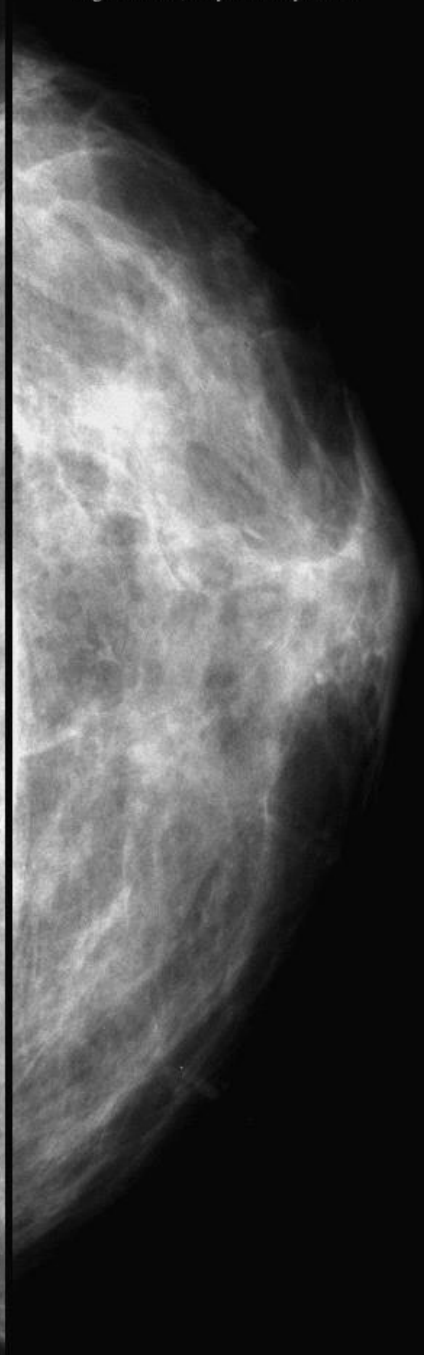
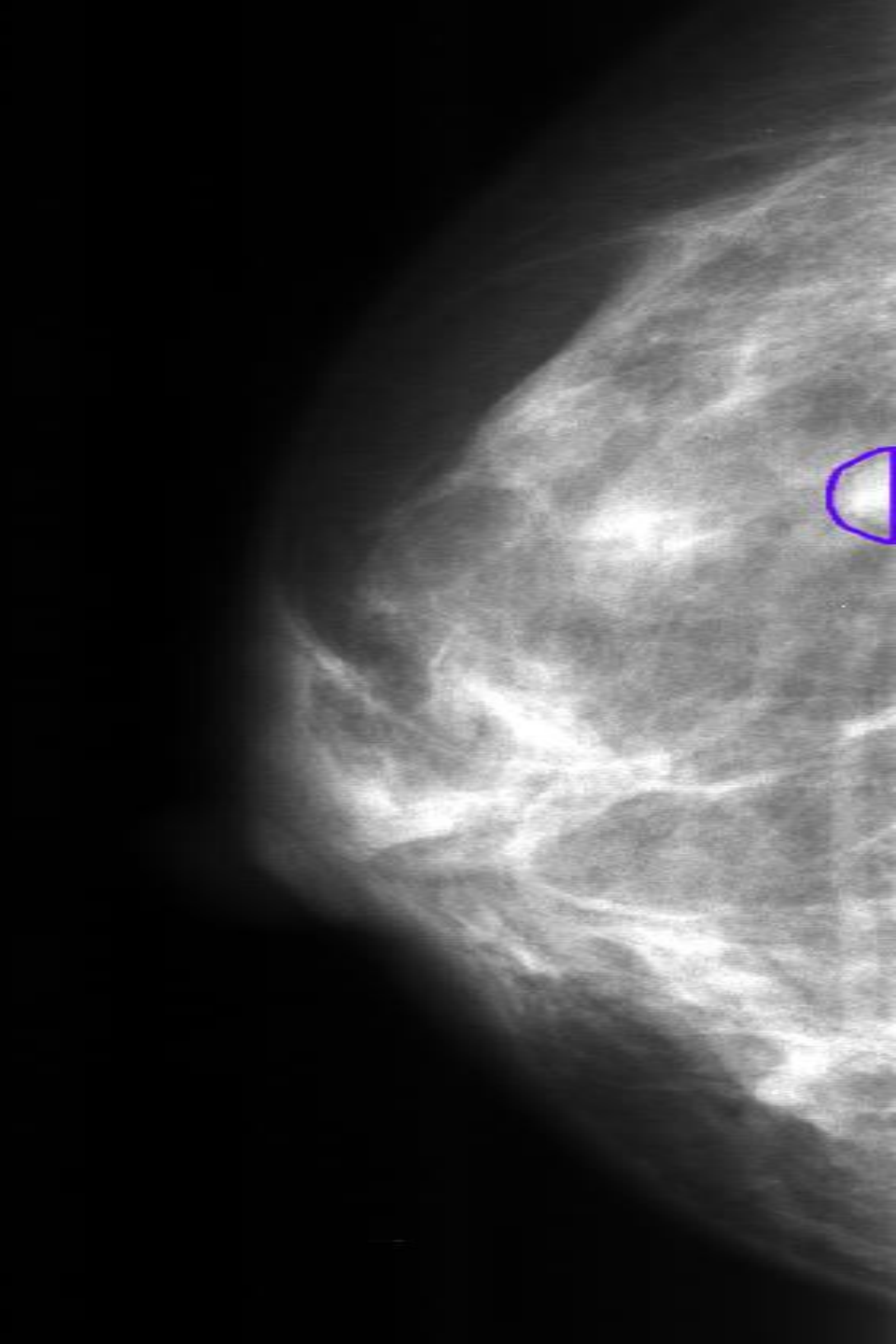
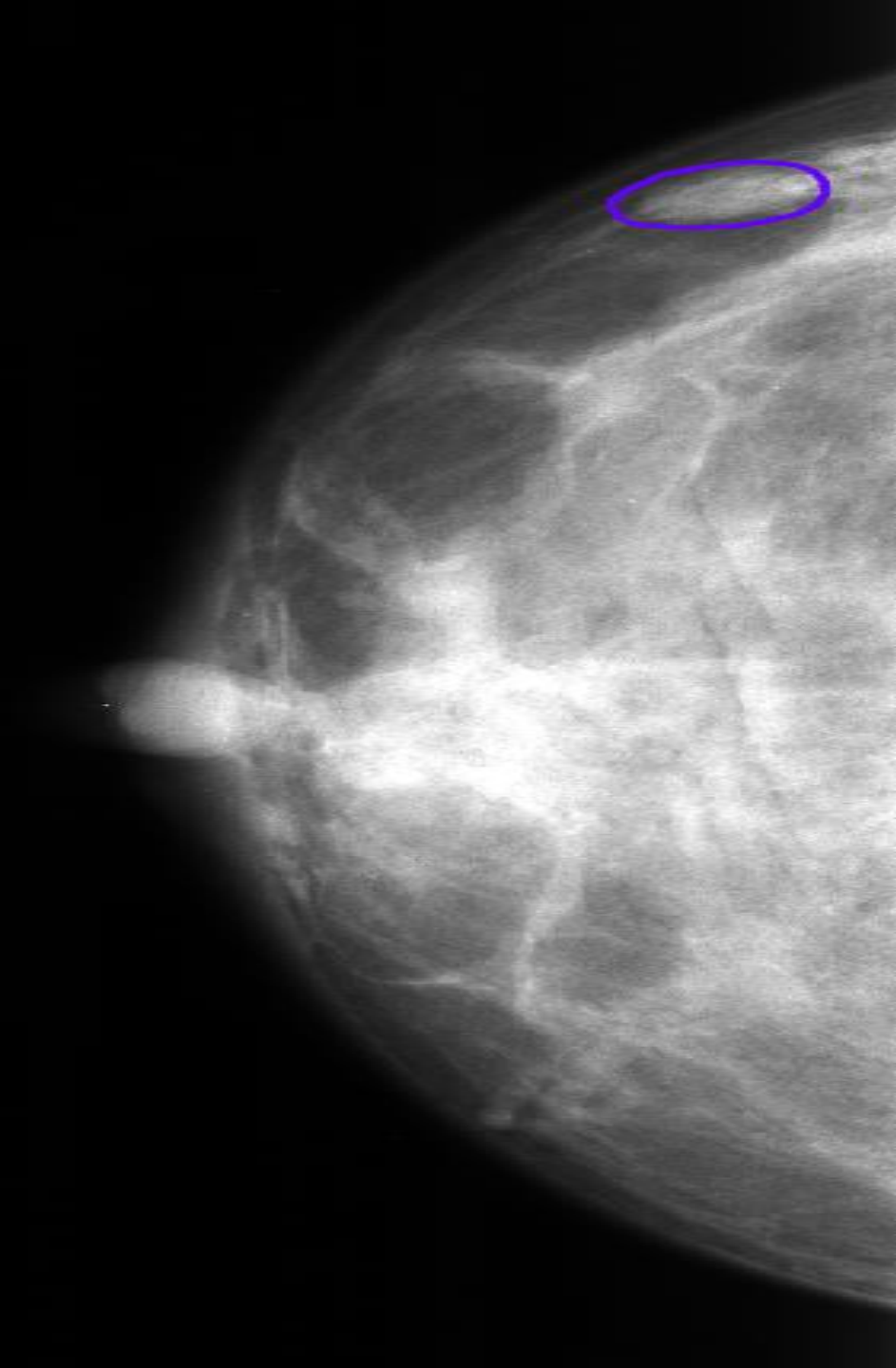
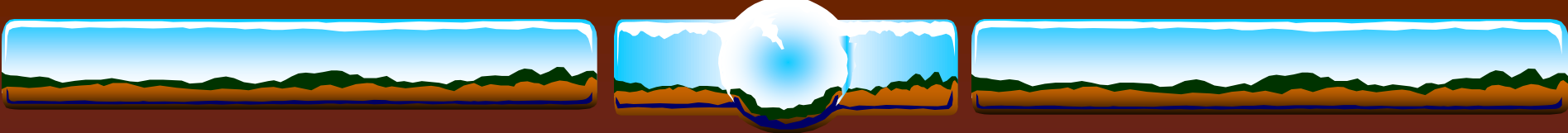


Fig. 2. CC-R, implant-displaced







Case

- ❖ 37 year old with palpable retroareolar right breast mass

Fig. 1. CC-L

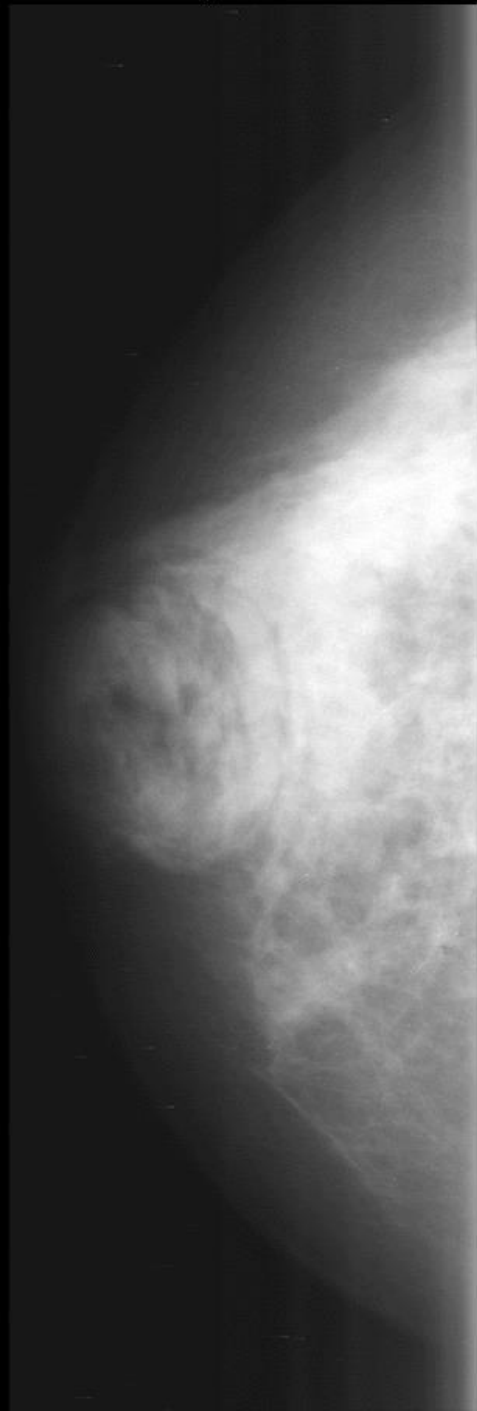


Fig. 2. CC-R

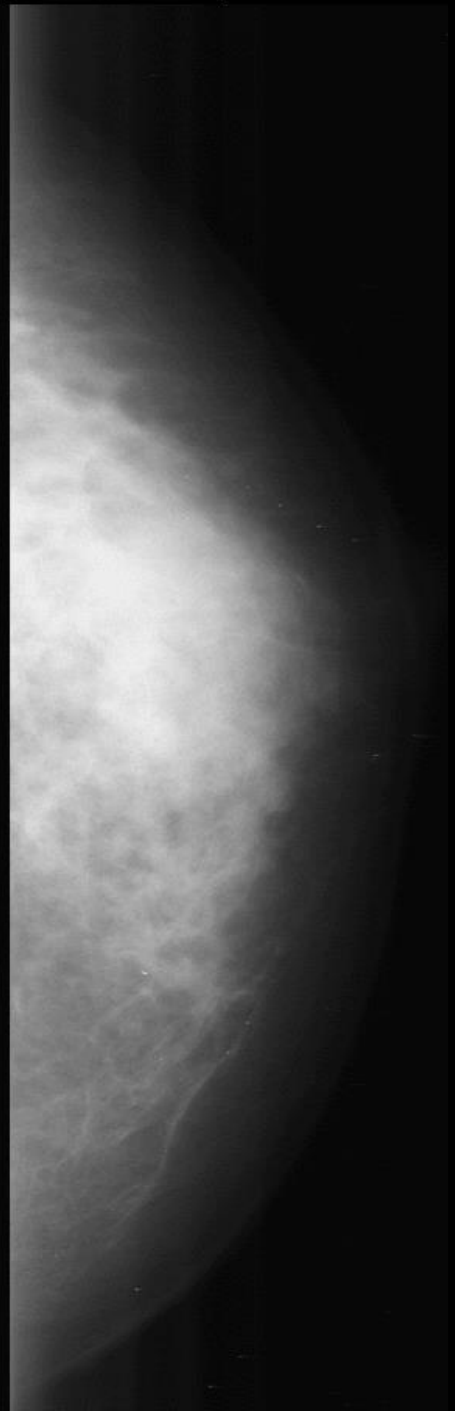


Fig. 3. MLO-L

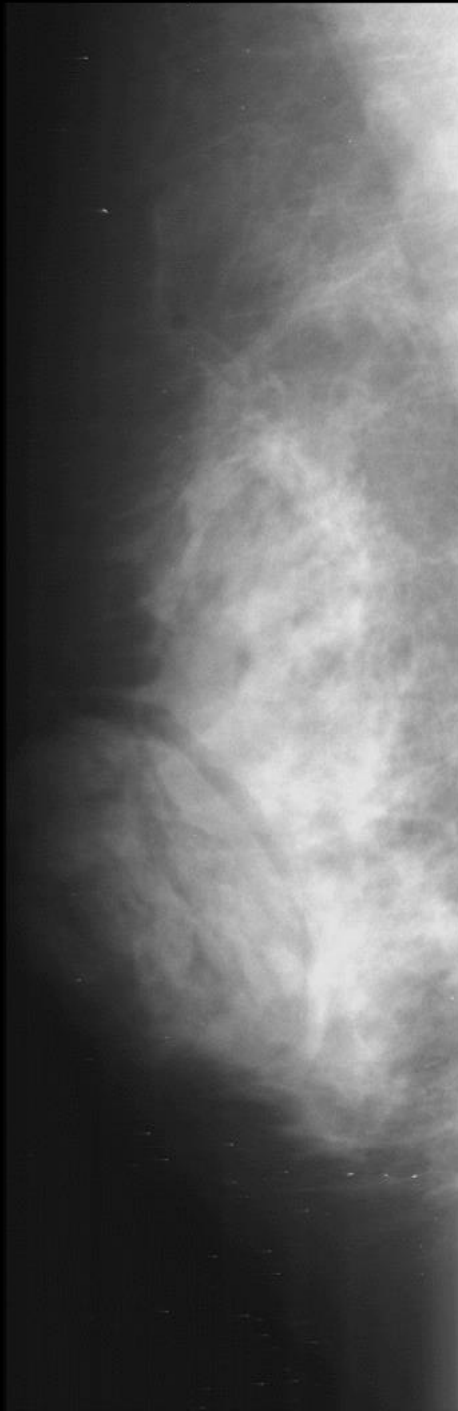


Fig. 4. MLO-R

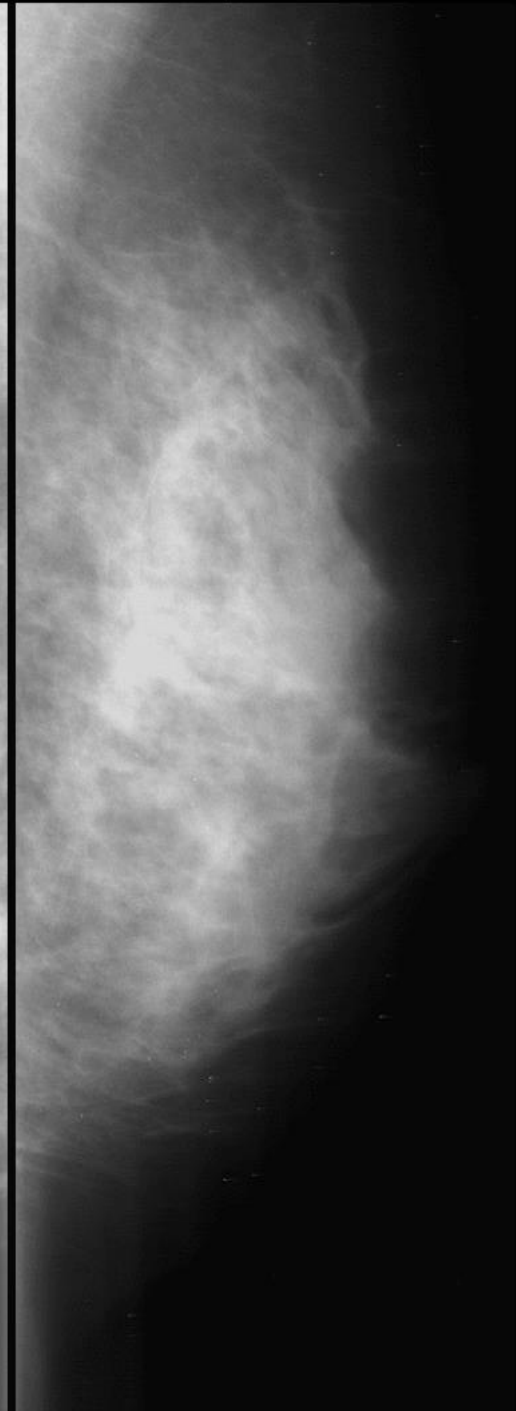


Fig. 5. Spot compression-L

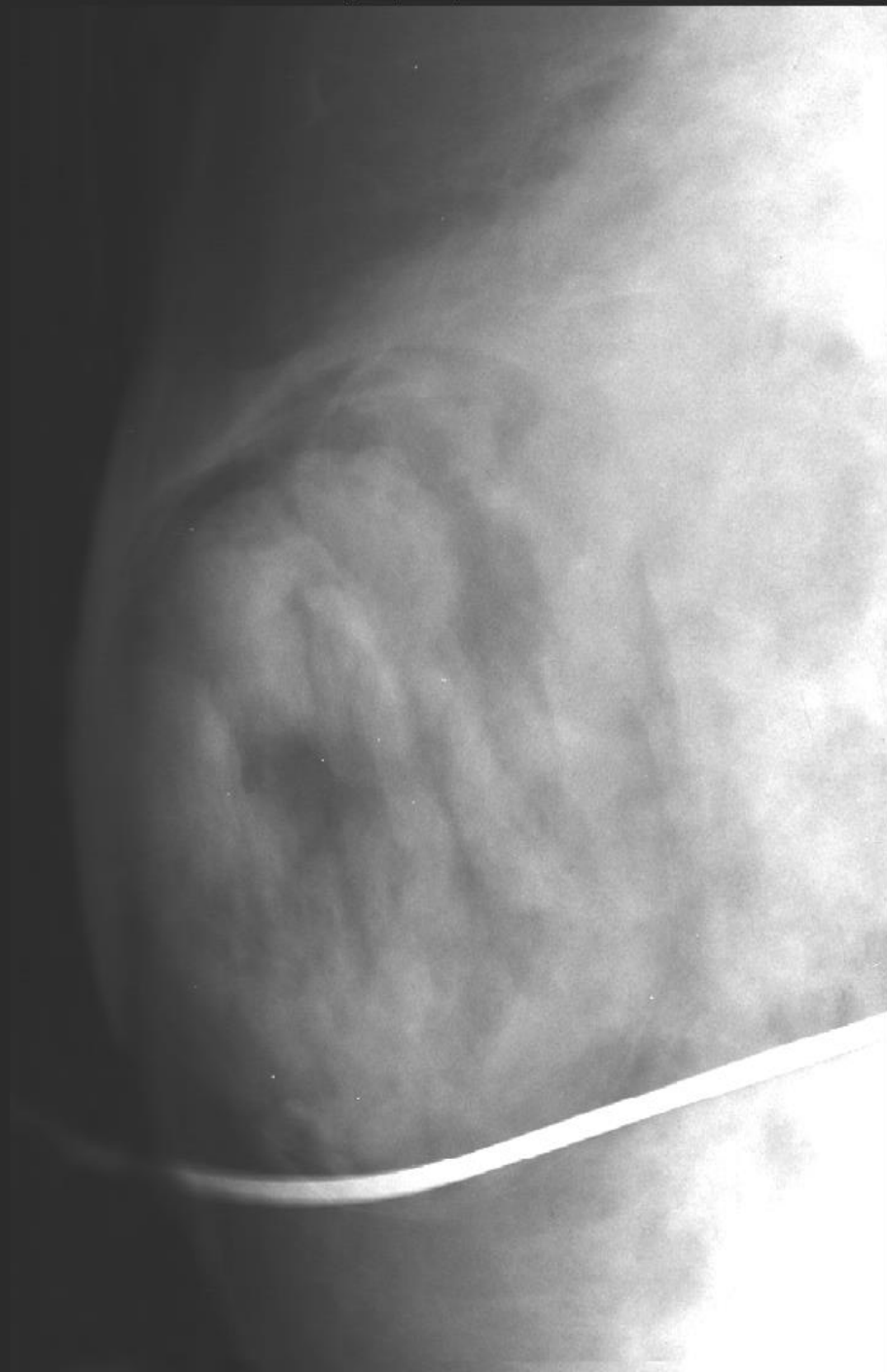
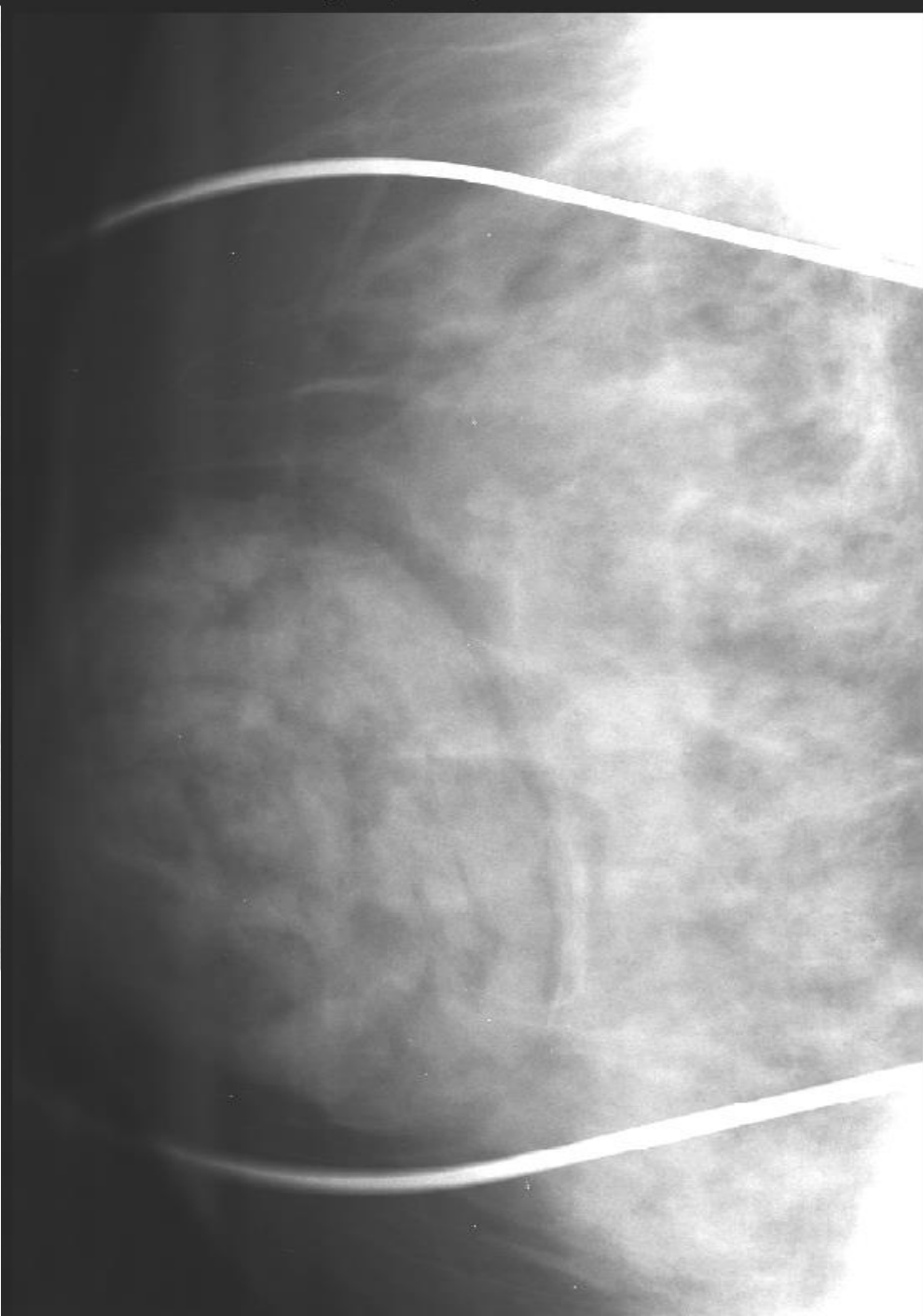
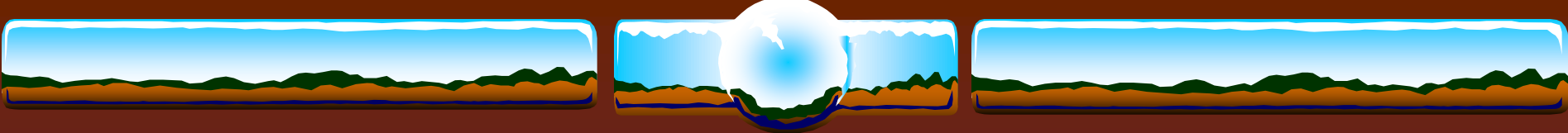


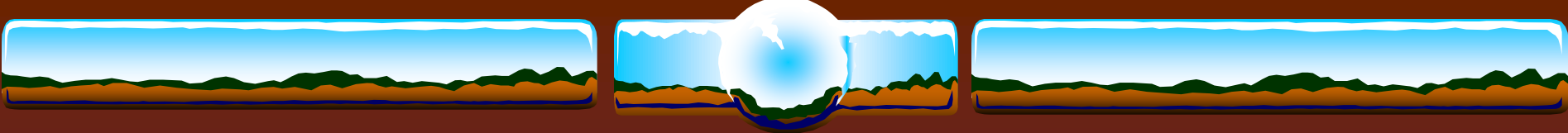
Fig. 6. Spot compression-L





Hamartoma

- ❖ **Lipofibroadenoma**
- ❖ **Fibroadenolipoma**
- ❖ **Breast within breast**



Case

❖ 60 year old with thickening of left breast

Fig. 1. CC-L

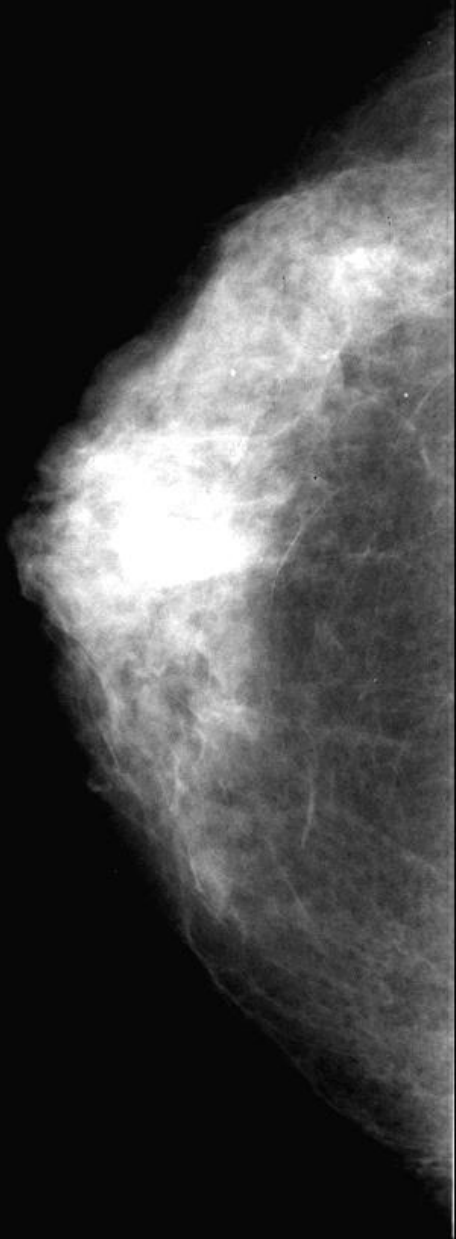


Fig. 2. CC-R

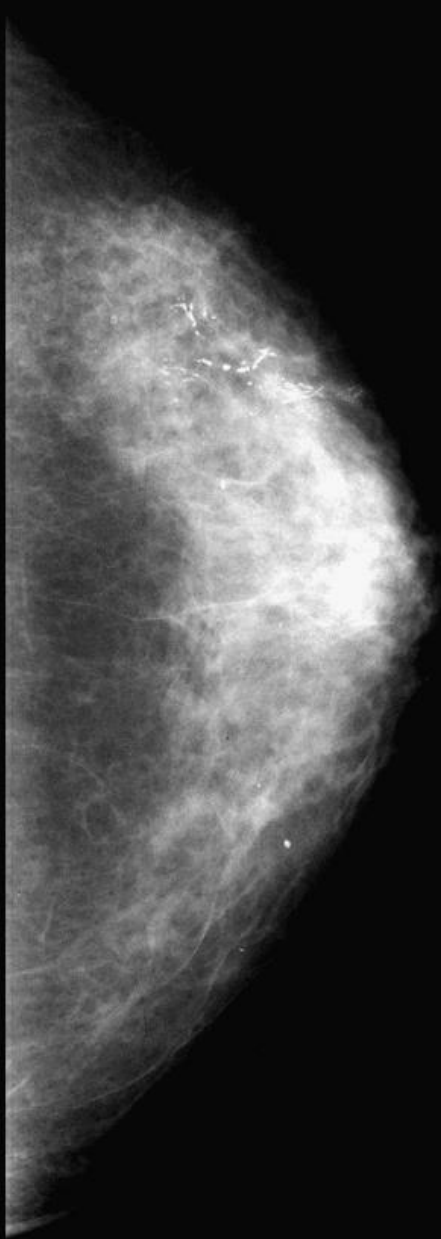


Fig. 3. MLO-L

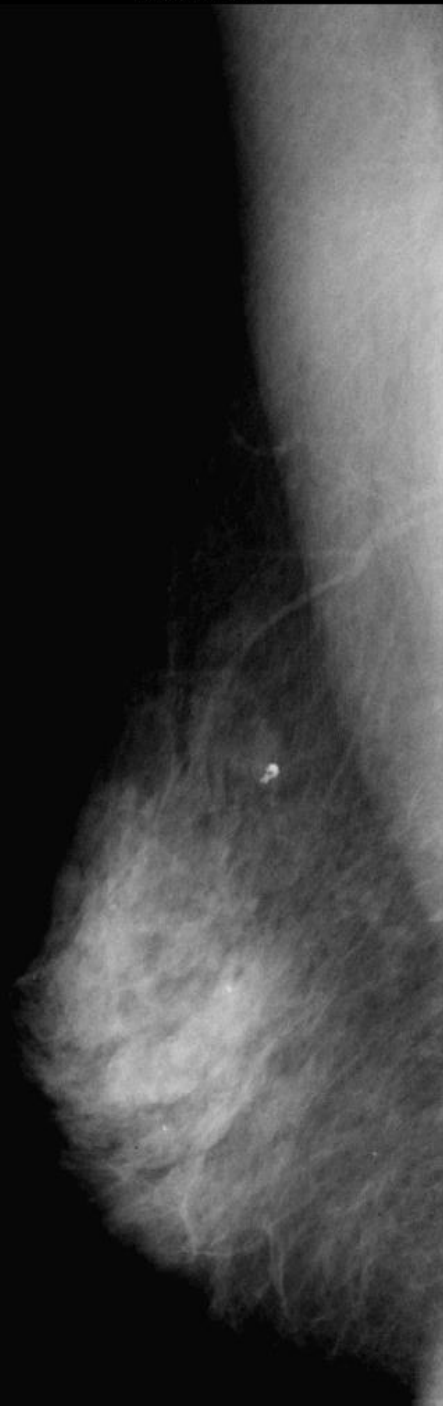
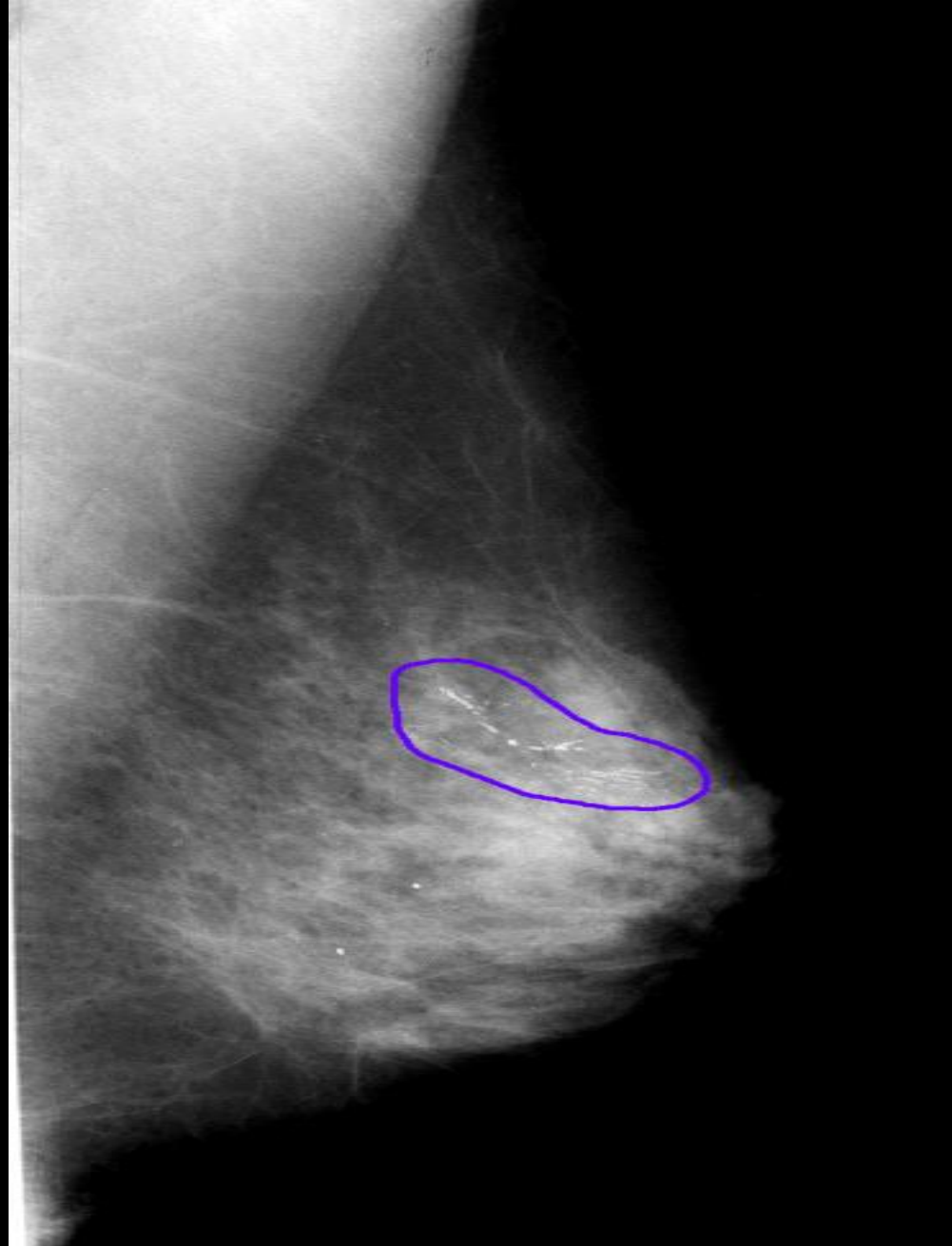
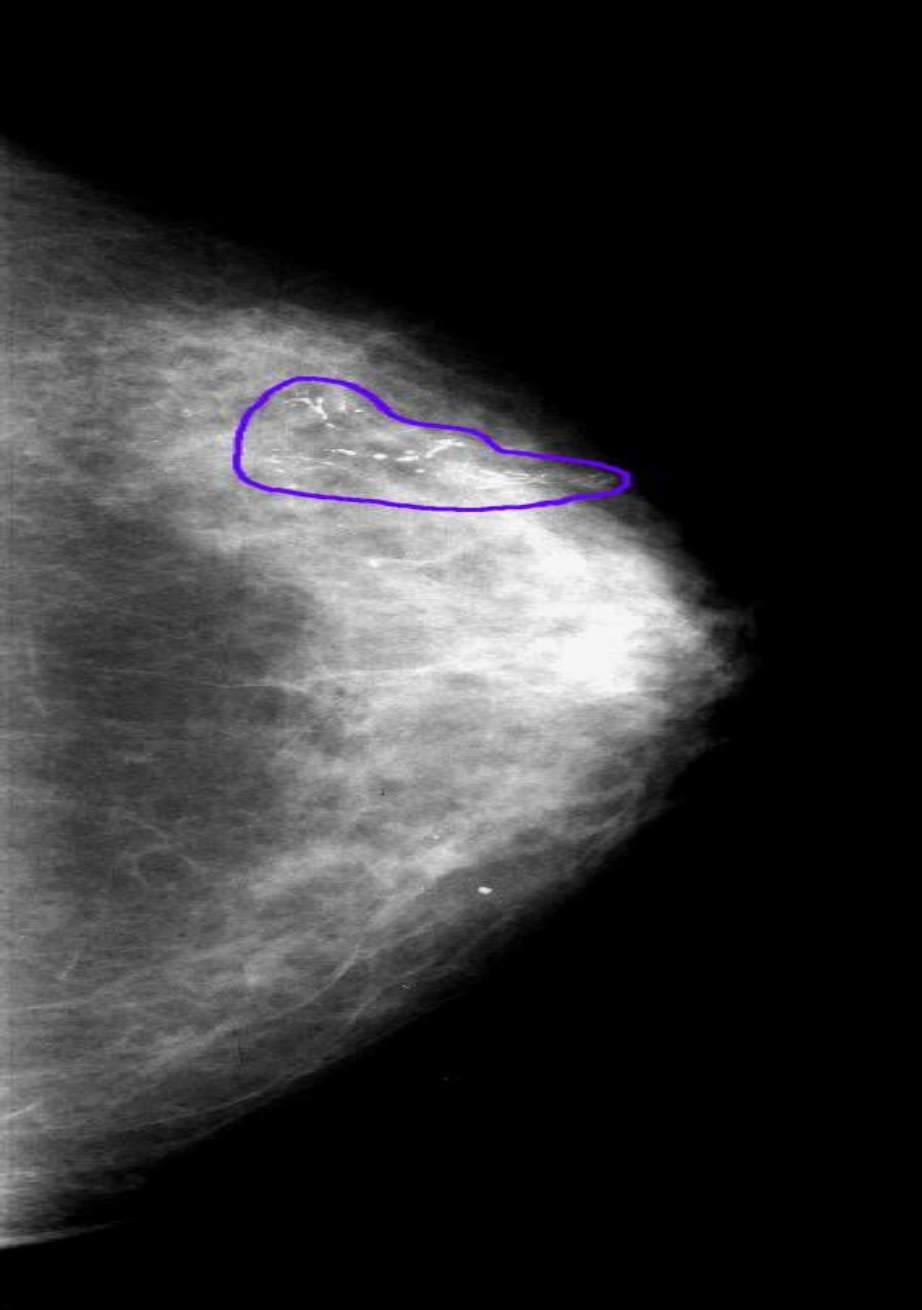


Fig. 4. MLO-R





Next step

Fig. 5. Spot compression-R

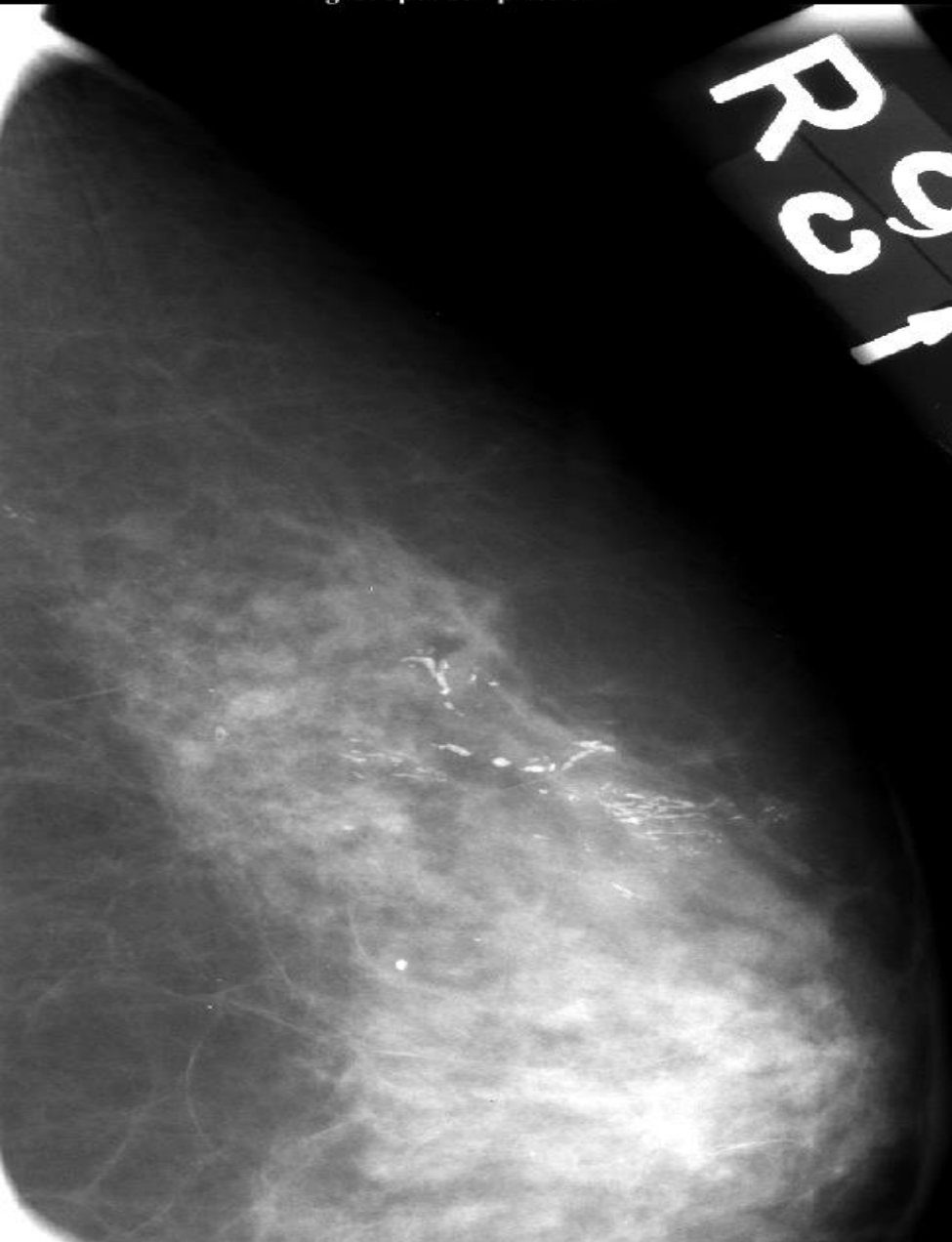
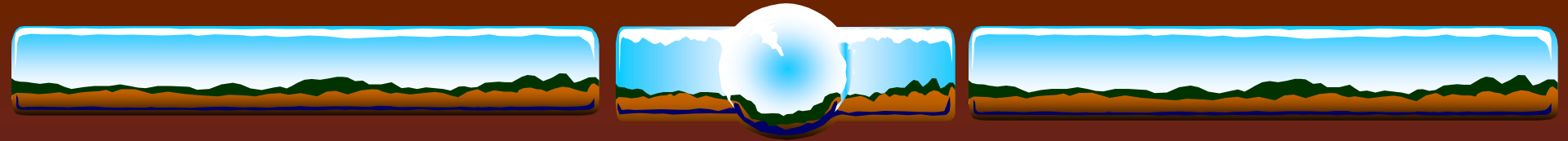


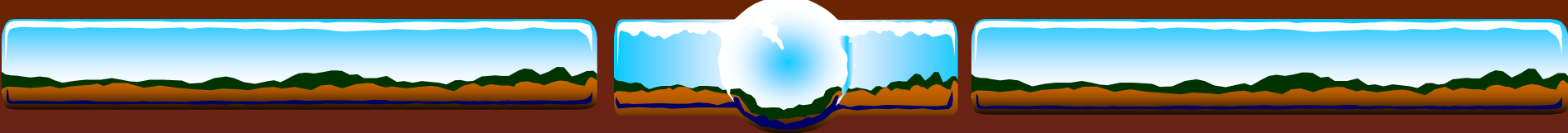
Fig. 6. Spot compression-R



Spot compression

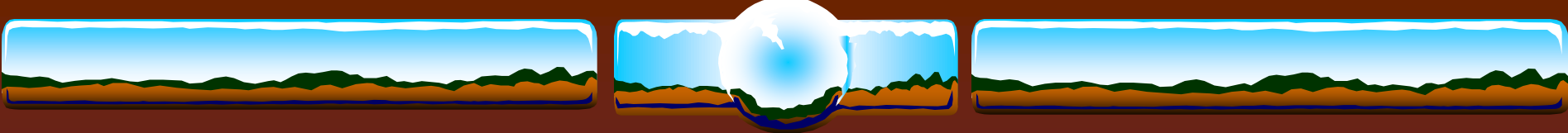


Diagnosis



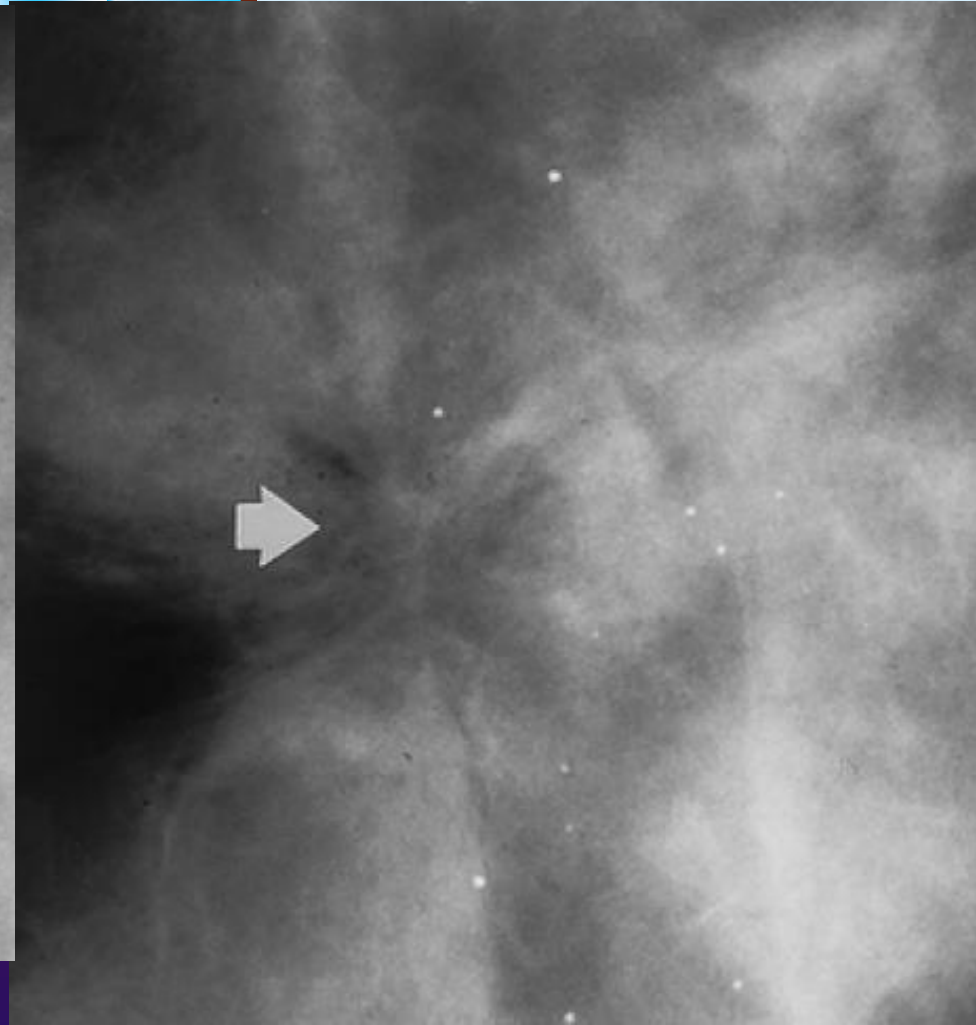
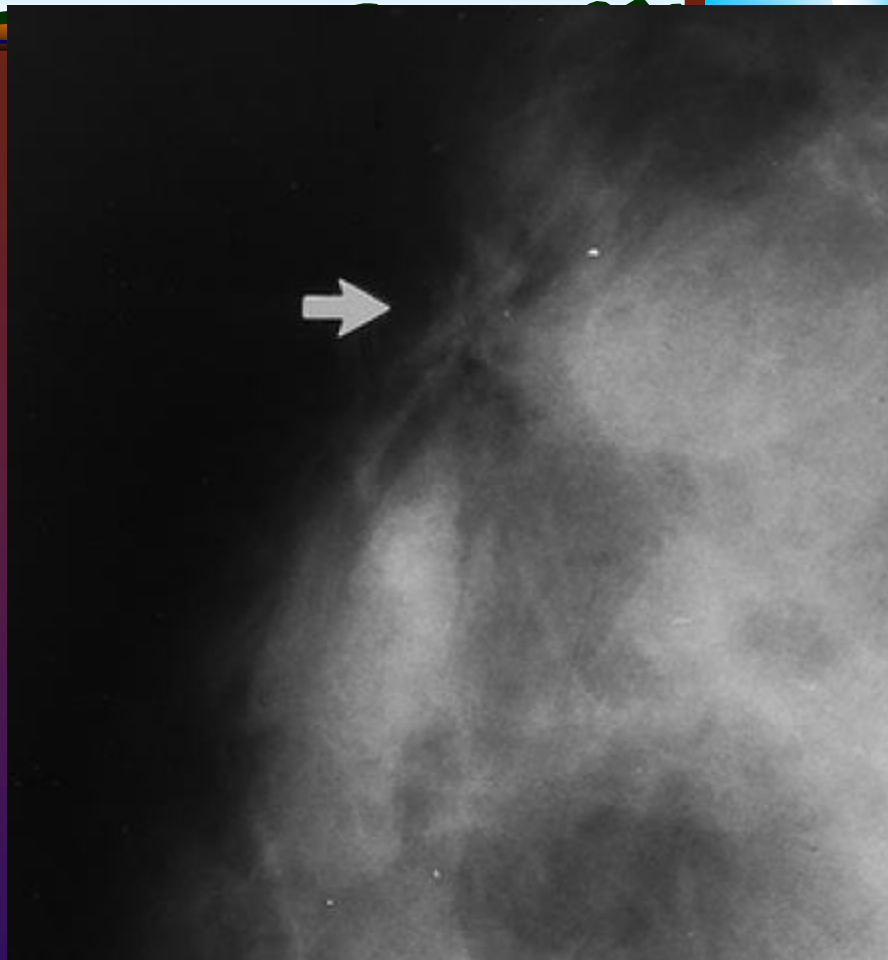
DCIS

Linear branching calcification

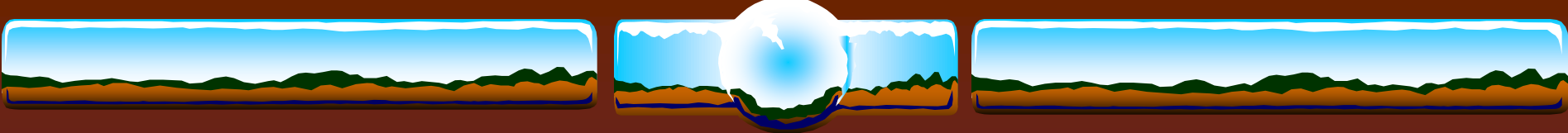


Case

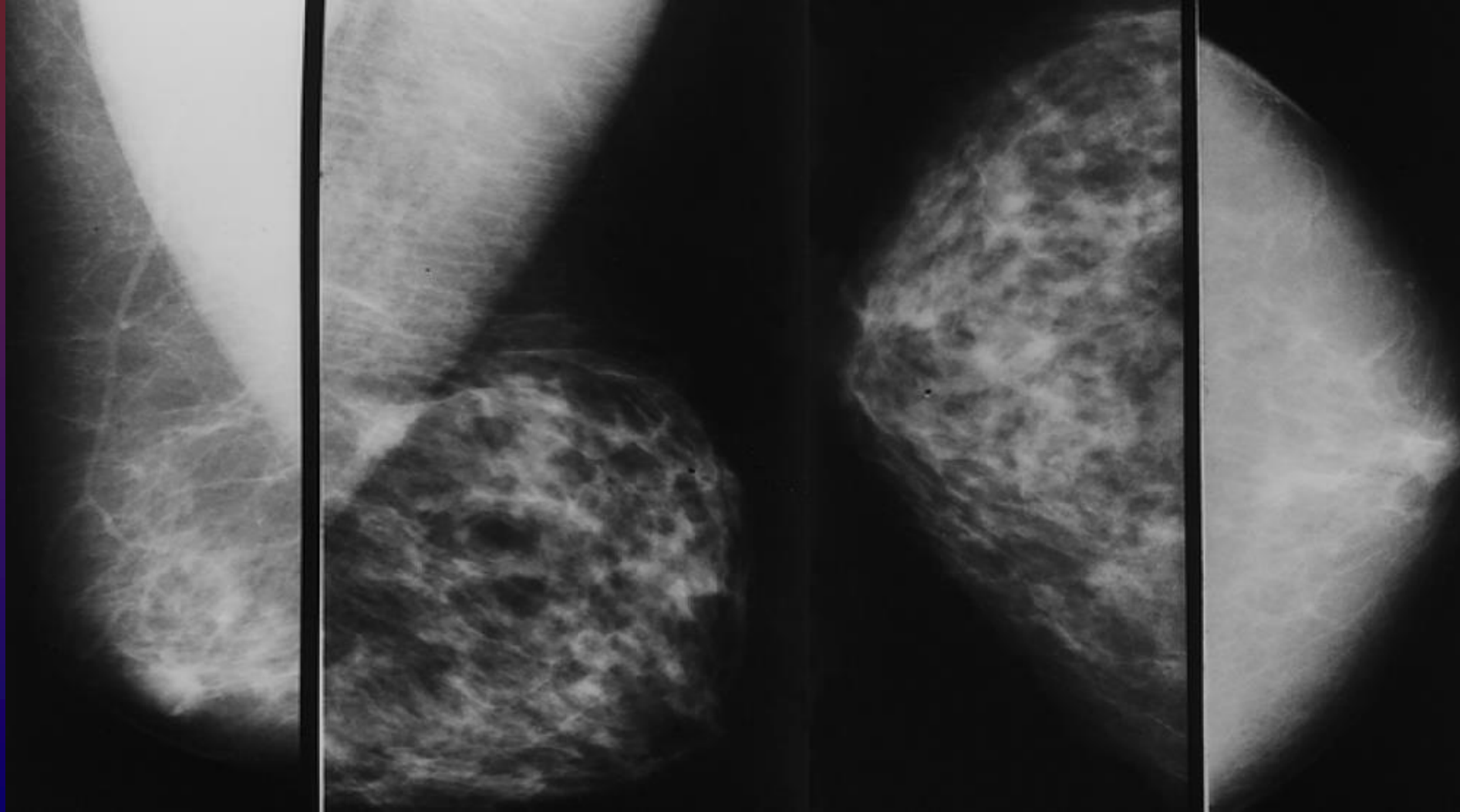
- ❖ 50 year old female with breast tenderness for annual mammogram

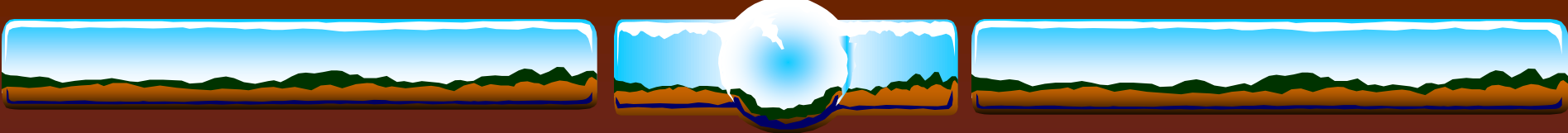


Architectural distortion



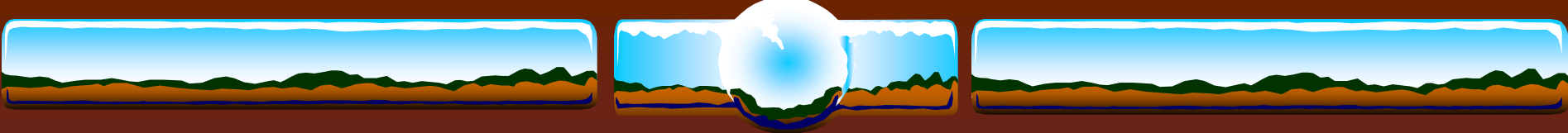
TWO DIFFERENT PATIENTS





Asymmetry of breast tissue

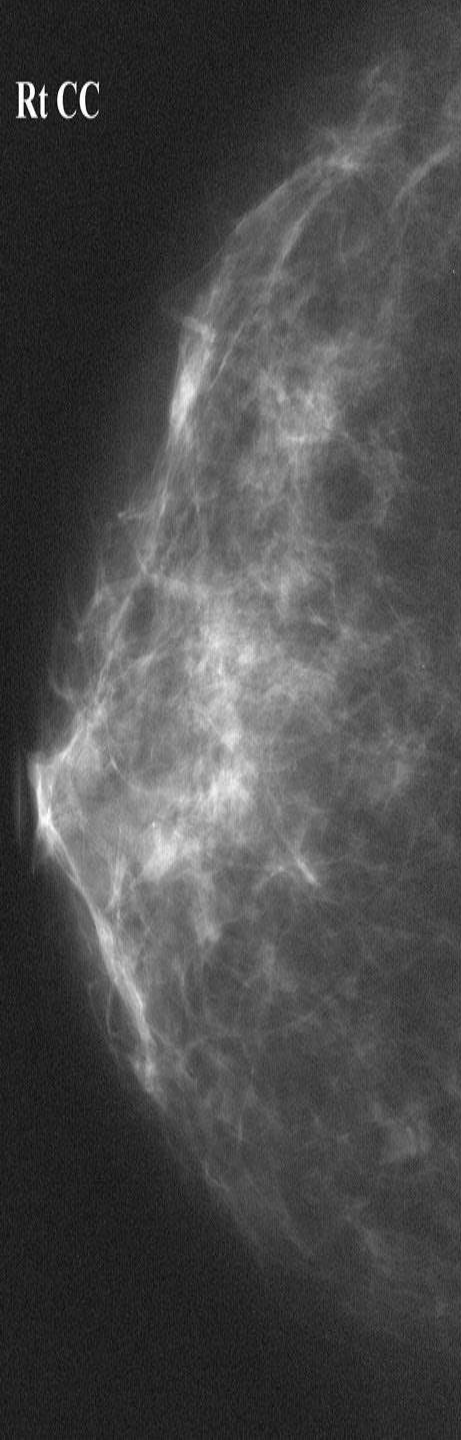
Asymmetrical breasts due to edema , ILC , surgery , mastitis
radiotherapy or lymphatic obstruction



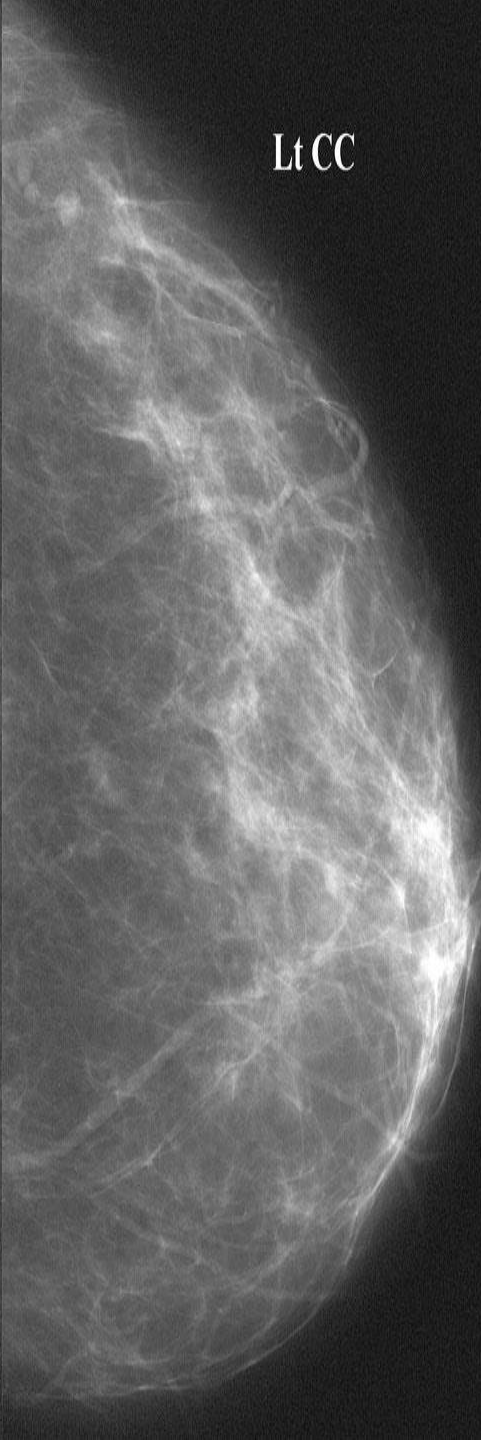
Case

- ❖ 42 year old with bloody nipple discharge of the right breast.

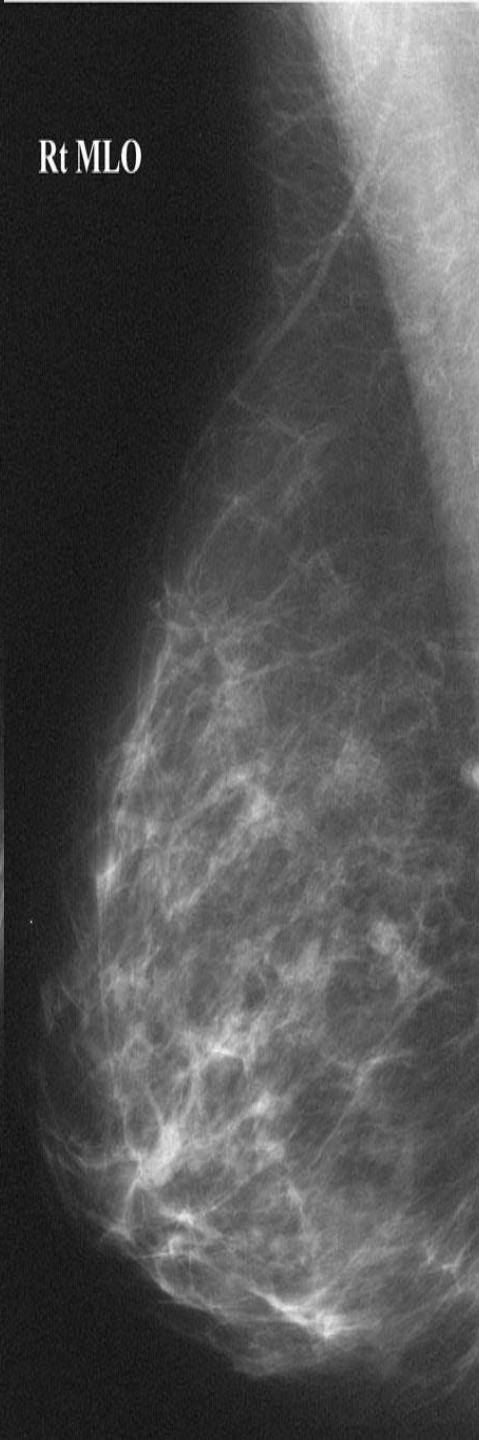
Rt CC



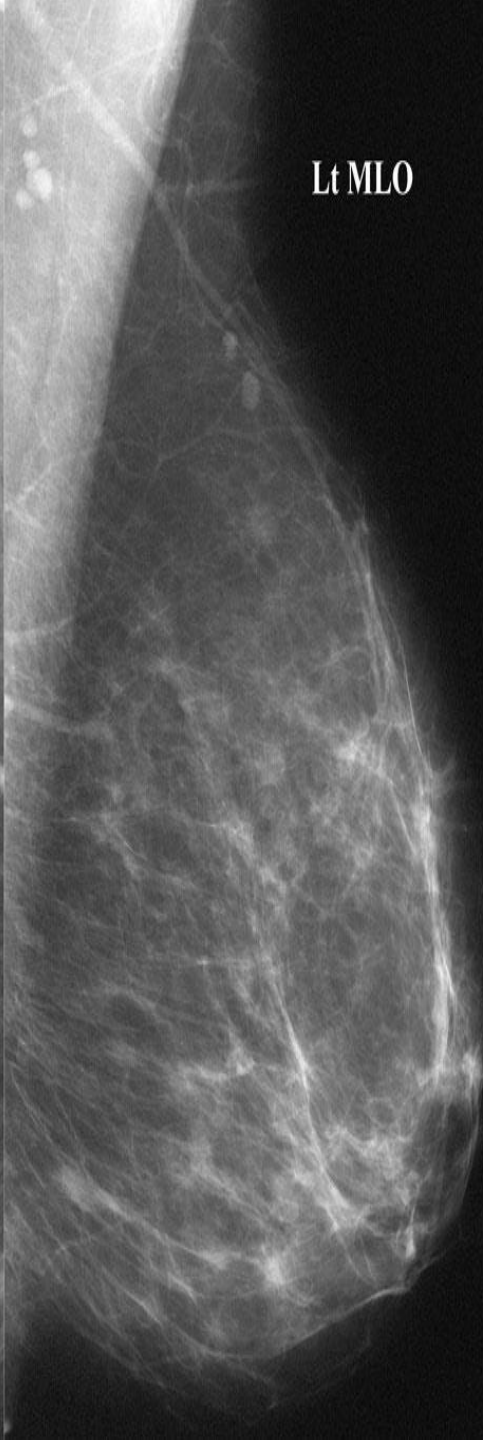
Lt CC

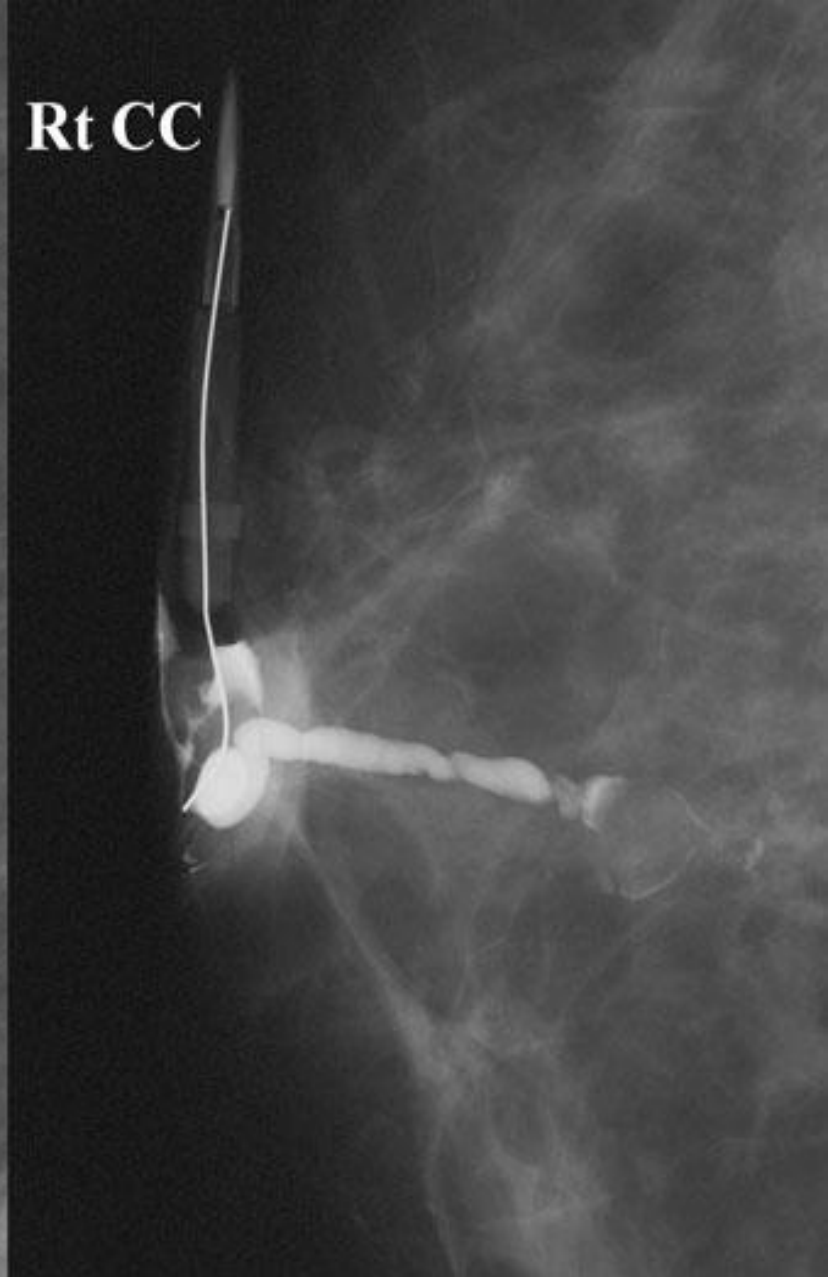
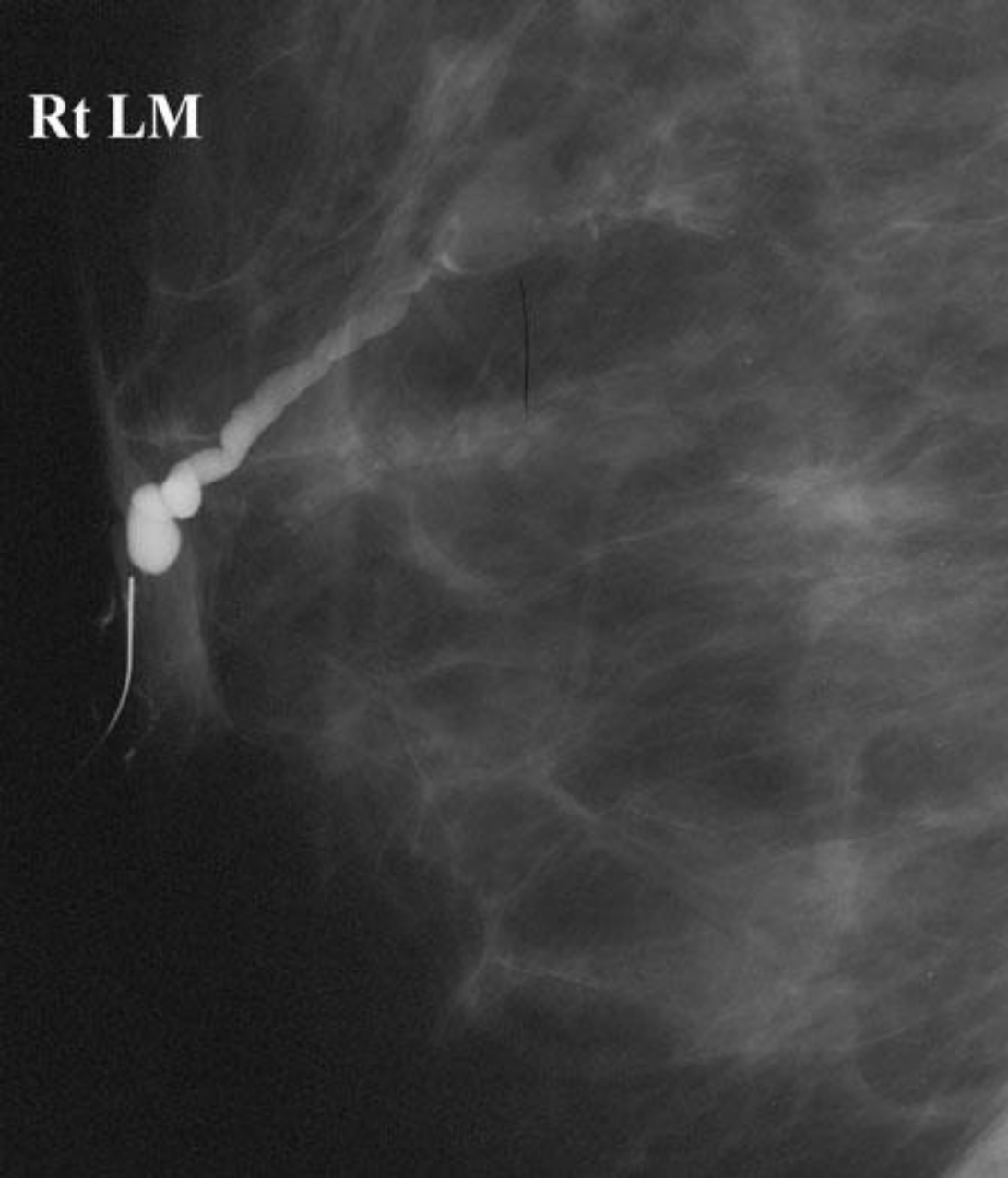


Rt MLO

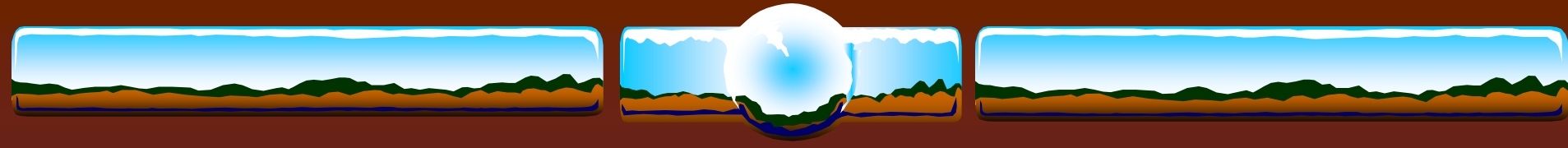


Lt MLO



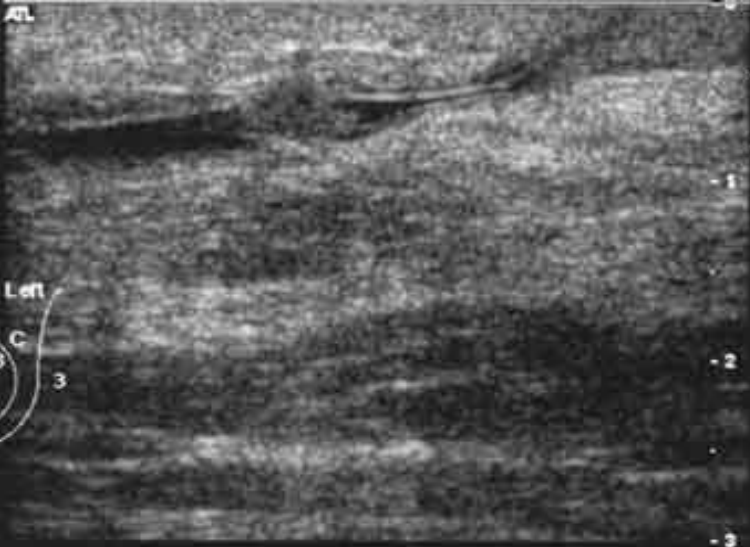


Ductogram



- ❖ Ductogram is used for nipple discharge .it showed filling defect within the duct.
- ❖ on U/s circumscribed mass within a prominent duct .

lap 4
70dB/C 3
ersist Med
D Opt:Gen
r Rate:High
W 0 Pg 0
ol 0 Pg 0



lap 4
70dB/C 3
ersist Med
D Opt:Gen
r Rate:High
W 0 Pg 0
ol 0 Pg 0



1.65cm
0.30cm



UWMC ROOSEVELT

L12-5 38 SmPrt/Brst

lap 4
70dB/C 3
ersist Med
D Opt:Gen
r Rate:High
W 0 Pg 0
ol 0 Pg 0



NO FLOW

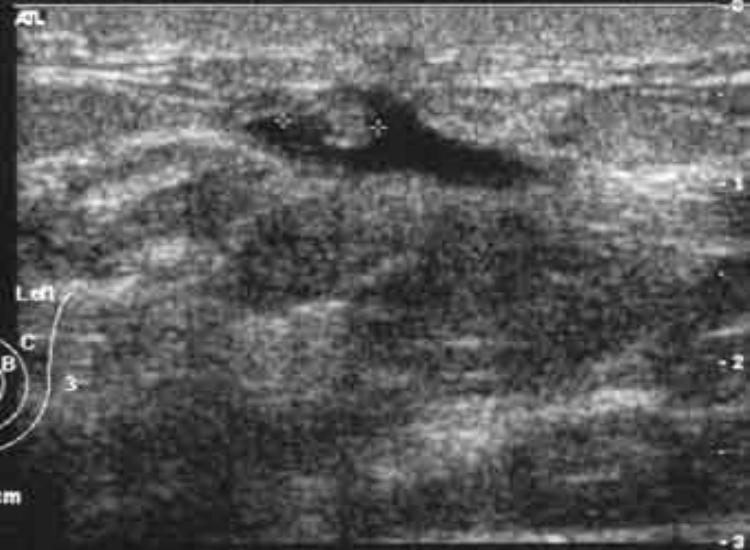
UWMC ROOSEVELT

L12-5 38 SmPrt/Brst

lap 4
70dB/C 3
ersist Med
D Opt:Gen
r Rate:High
W 0 Pg 0
ol 0 Pg 0

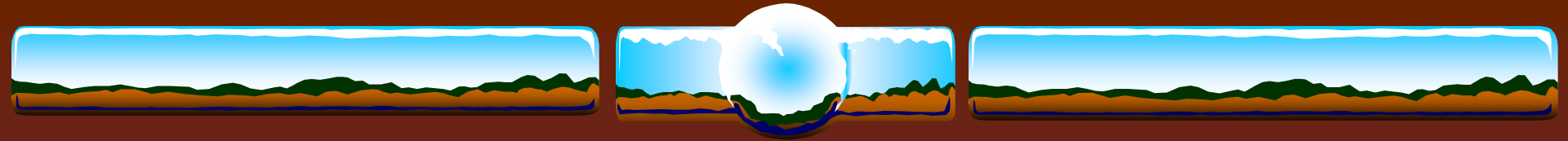


0.49cm

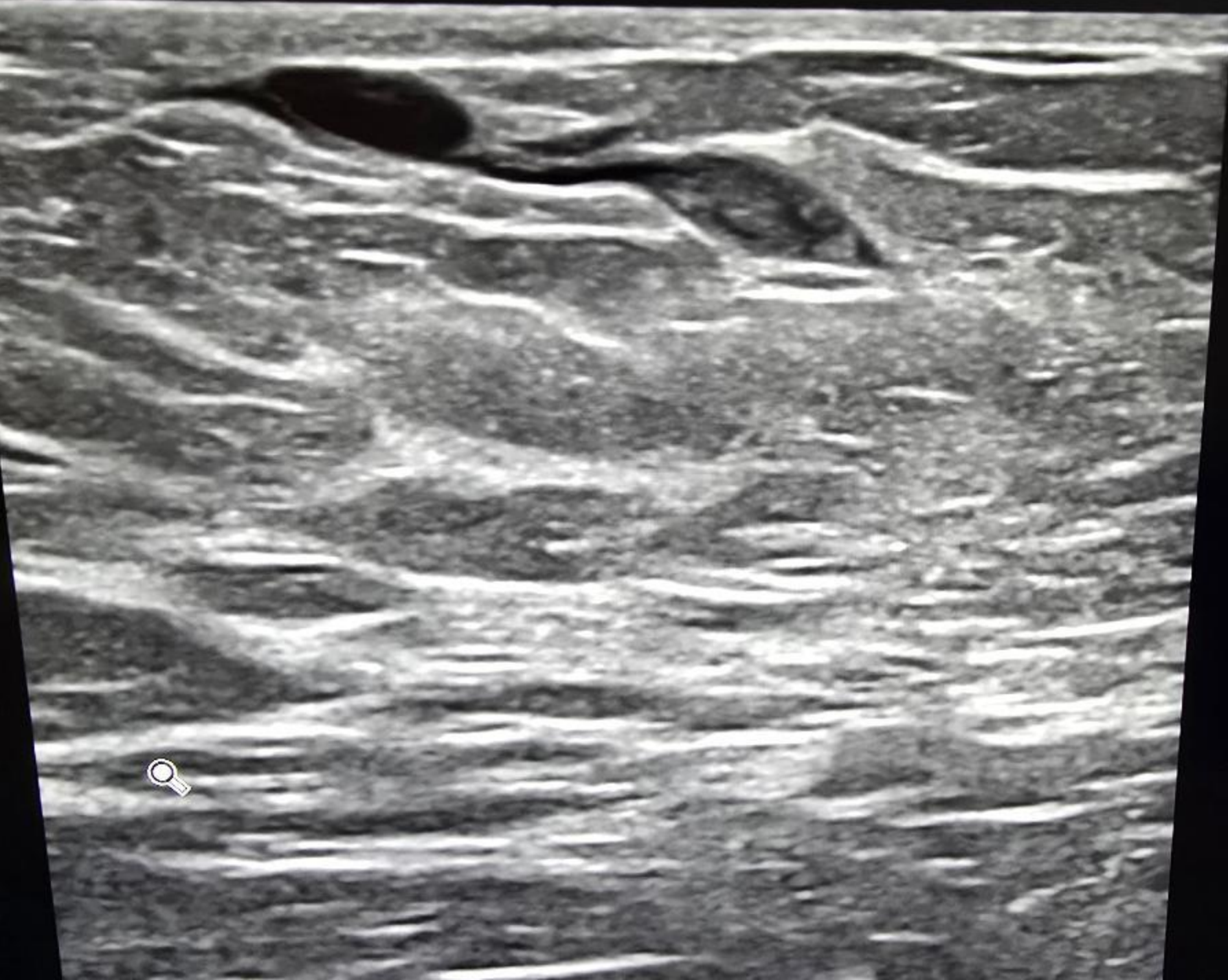


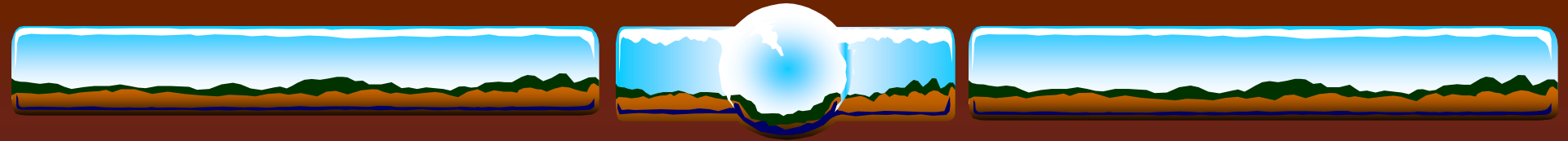
NO FLOW

Ultrasound



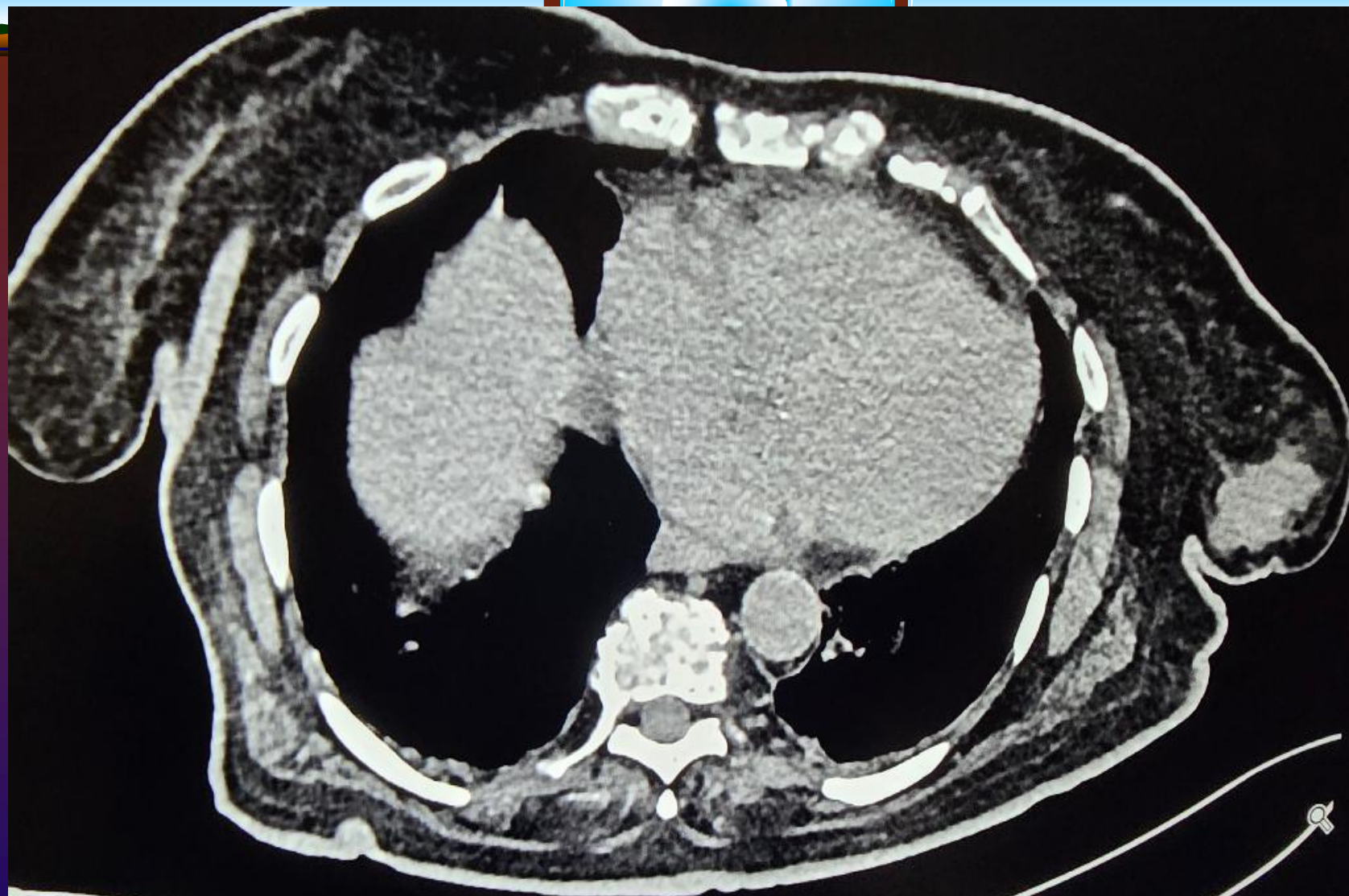
Diagnosis

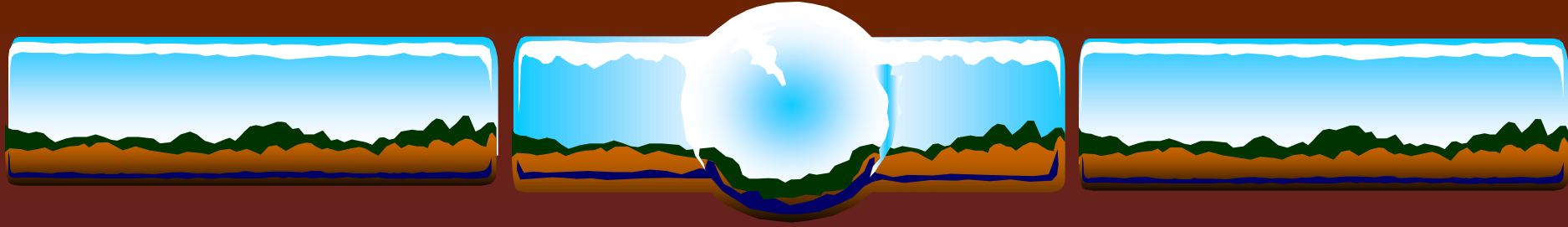




Intraductal Papilloma

- ❖ BIRADS 4
- ❖ Surgical evaluation is needed to exclude diagnosis of cancer.
- ❖ 5% of solitary duct discharges are due to cancer.
- ❖ Papilloma most common cause of serous/bloody discharge.





Thank you