Mammography, Breast Ultrasound, Breast MRI

Patients must be instructed to bring their previous breast related reports, mammogram and breast ultrasound images if this is the patient’s first visit to our office or since their last visit to our office, they were seen elsewhere, the radiologist must do a comparison with prior images to determine whether or not something is new or changed.

To do a comparison, the radiologist needs the current study and two years prior and corresponding reports. If a patient is coming in for additional views or follow up based on an outside study, the patient must bring her films and reports; if the patient does not have the films, SHE WILL BE RESCHEDULED.

**LOCATION OF PALPABLE CONCERN MUST BE NOTED ON THE REFERRAL**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Imaging Protocol</th>
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<tbody>
<tr>
<td>Under 30 with a lump</td>
<td>Ultrasound only</td>
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<tr>
<td>30 and over with a lump</td>
<td>Bilateral diagnostic mammo and ultrasound to follow</td>
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<tr>
<td>Pregnant with a lump</td>
<td>Ultrasound only</td>
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<tr>
<td>30 and over, with a lump and breast feeding</td>
<td>Ultrasound, with diagnostic mammo to follow</td>
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<td>(Patient must pump or nurse immediately prior to studies)</td>
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There are two types of mammograms. The type of mammo a patient receives is based on the following criteria:

**SCREENING MAMMOGRAM**
- No problems or concerns, asymptomatic
- “Fibrocystic” or “Cystic” breasts
- Prior mastectomy, remaining breast (unilateral)

**DIAGNOSTIC MAMMOGRAM**
- Personal history of Breast CA and lumpectomy, up to 2 years post-op (screening or diagnostic after that, depending on MD preference)
- Lump, regardless of duration
- Focal pain/tenderness
- Recent trauma to the breast
- Complications with implants
- Nipple retraction
- Spontaneous nipple discharge
- Skin dimpling
- Breast thickening
- Male patient

**FOLLOW-UPS AND CALLBACKS**
- Six month follow up
- Call back for additional views

*For follow-up and callback calcifications, ONLY schedule U/S if specifically requested in radiologist report

**Please do not schedule patients with general vague pain symptoms in diagnostic slots**