

# Mammography, Breast Ultrasound, Breast MRI

## BASIC GUIDELINES

- When making an appointment, ask patients to bring their previous breast imaging and reports if preformed at a different location.
- The radiologist optimally should do a comparison with the current study and at least two years prior.
- If a patient is coming in for additional views or follow up based on an outside study, the patient **must** bring her images and reports; if the patient does not have her images and reports, she will be rescheduled.
- Check the last breast imaging report with VRI to see what the recommendation was by the radiologist.

## DIAGNOSTIC IMAGING

### Symptomatic patients

Location of lump/area of concern **must** be noted on referral or verbal order (side, clock position, cm from nipple)

Problem	Imaging
Under 30 with a lump	US only
30 and over with a lump	Bilateral Dx mammo & US to follow
Male patient	Bilateral Dx mammo & US to follow
Pregnant with a lump	US only
30 and over, with a lump and breast feeding	Bilateral Dx mammo & US to follow (Patient must pump/nurse prior to studies)

Focal pain	} Dx mammo & US to follow
Trauma to the breast	
Nipple retraction	
Spontaneous nipple discharge	
Skin dimpling	
Breast thickening	

### Callbacks (BI-RADS 0) & Follow-Up Studies (BI-RADS 3)

Problem	Imaging
Masses & asymmetries	Dx mammo & US; possibly Tomo if rad or referring MD specifies
Calcifications	Schedule Dx mammo & get US order from referring MD. Schedule US only if rad specifically requests it in report.
Follow-ups from Dx study	See prior report for what rad recommended

## SCREENING BREAST ULTRASOUND

- Requires MD order (may not be covered by insurance)
- Available at SAM (M/F), MVO (T/Th), and CIRO (M/W/F)

## SCREENING MAMMOGRAM

- Refer to most recent breast imaging report to make sure a follow-up Dx study was not recommended.
- Ask patient if there are any new palpable lumps or areas of concern. If yes, schedule patient for Dx work-up.

### Indications for Screening Mammogram

No problems or concerns, asymptomatic
Prior mastectomy, remaining breast (unilateral)
General pain & tenderness (no focal point)
Never under the age of 35. Exception: 10 yrs prior to age of mother's or sister's dx of breast cancer
History of benign biopsy
Pre-op for breast augmentation
History of breast cancer & lumpectomy (unless referring MD specifically requests Dx mammo)

## 3D MAMMOGRAM/TOMOSYNTHESIS (SAM only)

- **Screening 3D mammo:** Can be done at time of digital mammo if patient or MD requests (may cost extra).
- **Diagnostic 3D mammo:** Can be done if referring MD or radiologist requests (see rad report).

## BREAST MRI

Always bilateral, must have recent mammogram (if not at VRI bring in outside mammo and MR)

Problem	Protocol
High risk screen	Time with menstrual cycle (day 7-15); with and without contrast; if on HRT stop 4 weeks prior to study
New breast cancer	Does not need to be timed with menstrual cycle, schedule ASAP, with & without contrast
Silicone implant integrity	NO contrast