



Promoting Excellence In Ultrasound

Policies and Statements

D4

Breast Examination And Reporting

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June 1990, Reaffirmed May 1997, Revised September 1999

Breast ultrasound should be a targeted procedure directed at a clinical or mammographic abnormality.

Other indications for breast ultrasound such as screening for breast cancer in high risk women with mammographically dense breasts are still under evaluation and are not currently routine practise.

It is of the utmost importance to be aware of the position and characteristics of the palpable or mammographic abnormality and to correlate this information with the ultrasound findings. It is anticipated that in order to do this some knowledge of mammography and in particular mammographic position will be necessary.

THE EXAMINATION

A high frequency transducer usually 7.5 MHz or above is desirable.

The patient should be examined in the supine or semi oblique position so that the breast tissue is spread more evenly over the chest wall. This may be further assisted by placing the patients arm over her head.

All areas of concern should be scanned in several planes. Note should be made as to whether the ultrasonically visible lesion is palpable and if it corresponds to the indication for referral

THE REPORT

Uniformity of reporting is essential so that a lesion can be found by other individuals, and can be accurately localised to enable comparison with palpation and mammographic findings.

The breast should be visualised as a clock face. The films should be annotated according to the position of the transducer on the clock face. The distance of the lesion from the nipple in centimetres and the orientation of the transducer (longitudinal or transverse) should be indicated on the film.

THE ASSESSMENT

Assess the lesion with respect to the Stavros benign and malignant criteria and describe those which are present.

Assess:

Size

Shape:

- a) Ellipsoid
- b) Taller than wide

Margins:

- a) Spiculated
- b) Angular
- c) Branch extension
- d) Duct extension

Lobulations:

- a) Number
- b) Characteristics, gentle or microlobulations

Shadowing

Echogenicity:

- a) Markedly hypoechoic
- b) Hyperechoic Calcification

Capsular thickness

REFERENCE

A. Thomas Stavros et al. Solid Breast Nodules; Use of sonography to distinguish between benign and malignant lesions. Radiology 1995,196:123-134.



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