

A Unit of Dharamshila Cancer Foundation and Research Centre

			<b>\</b> \$ *
Patient Name	Bharti Jha	Requested By	Dr. Anshuman Kumar
MRN	15050000108737	Procedure DateTime	2021-10-04 17:27:14
Age/Sex	37Y 9M/Female	Hospital	NH-Dharamshila

### lnv. No. 2016

### **MRI BOTH BREASTS**

Technique: MRI Both Breasts done on 1.5 Tesla.

<u>Sequences taken</u>: Axial T1 & T2 / coronal / sagittal / Post-contrast dynamic T1 / diffusion.

### Report:

Bilateral breast composition is predominantly fatty with scattered areas of fibroglandular tissue.

Mild bilateral background enhancement pattern seen.

Few thin walled cysts are seen in bilateral breasts, mostly in retroareolar region, the largest on the right is  $\sim$ 2.2 cm & on the left is  $\sim$ 1.0 cm.

A 4 mm focal enhancement is seen in the right upper outer quadrant, without diffusion restriction and a type I enhancement curve.

Skin and nipple areolar complex is normal.

No ductal dilatation is seen.

No significant axillary lymphadenopathy seen.

Impression: Bilateral cystic lesions

Small enhancing focus right upper outer quadrant

BIRADS III.

### MRI BIRADS Category:

- 0. Need Additional Imaging Evaluation or Prior Mammograms for comparison.
- 1. Negative There is nothing to comment on.
- 2. Benign finding.
- 3. Probably benign finding (<2% malignant). Initial Short Interval Follow Up Suggested.

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4. Sustancious Abnormality (2 - 95 % malignant). Biopsy Should Be Considered.



**H - 2008 - 0023** Nov 21, 2017 - Sep 30, 2021 Since Nov 21, 2008



MC- 2328

Dharamshila Narayana Superspeciality Hospital

(A Unit of Dharamshila Cancer Foundation and Research Centre) (Hospital Reg. No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No.: 07AAATD0451G1Z7)

Hospital Address: Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

Tel +91 11 4306 6666 | www.narayanahealth.org | info.dnsh@narayanahealth.org

Appointments

1800-309-0309, (Toll Free)

Emergencies **73700-73700** 



A Unit of Dharamshila Cancer Foundation and Research Centre

- 5. Highly Suggestive of Malignancy (> 95 % malignant). Appropriate Action Should be taken.
- 6. Known Biopsy-proven malignancy.

Dr. ANJANA CHANDRA

MBBS MD (Radiodiagnosis)
SR. CONSULTANT RADIOLOGIST

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Applied Market To Life To Life

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# **DEPARTMENT OF RADIO-DIAGNOSIS**

# Jawaharlal Nehru Medical College & Hospital Aligarh Muslim University, Aligarh

## **IMAGING REPORT**

Patient Name: BHARTI JHA ID: MAS

AGE/SEX: 38(Y)/F DATE-29.09.2021

### General Information:

\* Sensitivity of mammography goes down if the breasts have dense parenchyma.

\* Screening mammography is advisable for all women above the age of 40 yrs.

Clinical profile: C/O bloody nipple discharge from right breast

### <u>MAMMOGRAPHY</u>

Mammography of B/L breast in Cranio- caudal and Medio-lateral oblique view.

Shows generalized fatty density of B/L breast with increase in density in B/L axillary tail (upper outer quadrant), however no evidence of any calcification noted. Underlying pectoralis muscle appears normal. Coopers ligament appears normal. Skin and nipple appears

Shows no significant lymphadenopathy.

(Due to bulky breast tissue suboptimal mammography)

### ON USG SCREENING

Most of the B/L breasts appears fatty with mildly prominent fibro-glandular tissue located near B/L axillary tail region with few simple cysts within the tissue on B/L side (largest size of simple cyst~12x18mm in right breast at 7-8 'o clock position slightly towards right axillary tail) with few adjacent focally dilated terminal ductules appears to be opening into the cysts.

There is no evidence of any internal septations, debris ,fluid level or internal echoes within the cysts to suggest complexity.

Overlying skin and subcutaneous tissue appear normal. Underlying pectoralis muscle appears normal. No evidence of focal or diffuse mass lesion seen.

No significant lymphadenopathy noted in B/L axillae.

<u>IMPRESSION:</u> Findings are suggestive of few simple cysts with adjacent focally dilated terminal ductules in B/L breast (R>>L) as described.

> ....BIRADS III lesion Adv: short term follow up (~3month)

> > (SR,RADIODIAGNOSIS)

ULTRASOUND,

# Dr. Sunil K. Mittal

D. Ortho, M.D. (Radio-Diagnosis) Radiologist & Ultrasonologist

# A-12, PAWAN PALACE, NEAR TIKARAM MANDIR, SAMAD ROAD, ALIGARH - 202 001

Phones: Clinic - 2508989 • Resi. -2508585 27/9/21

Mrs.Bharti Jha 37yrs

**Female** 

(Sono-mammography)

### **USG Findings-**

No mass lesion is seen.

No architextural distortion is seen.

No calcification is seen.

No lymphadenopathy is seen.

Rt breast shows two 16x13mm,14x7mm size cysts in lower outer quadrant.

Adv-Ductography.

CT & MRI Facility Are Available Here



















A Unit of Dharamshila Cancer Foundation and Research Centre

# KINDLY FIX UP APPOINTMENT

# OPD BOOK

(TO BE RETAINED BY THE PATIENT)

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(MRN is a very important identification for Hospital Records. Kindly remember.)  Name
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J. W. Chand, 814112
Mobile No. 8318412829
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Please Bring This Book with You अस्पताल आते समय इस किताब को साथ लाएं।





Dharamshila Narayana Superspeciality Hospital
A Unit of Dharamshila Cancer Foundation and Research Centre Dharamshila Marg, Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

India's First NABH Accredited Cancer Hospital | Laboratary Services Accredited by NABL

F/FO/01-37 Rev :11

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6/10/21 Treatment:

S/R Dr. Anshuman Kungs

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DHARAMSHILA HOSPITAL AND RESEARCH CENTRE

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