

Patient Name: \_\_\_\_\_

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

**BREAST ULTRASOUND WORKSHEET**

**CLINICAL INFORMATION (CIRCLE ALL THAT APPLY)**

Breast pain, breast lump/mass, nipple discharge, galactorrhea (not associated with birth), nipple discharge, diffuse cystic mastopathy, abnormal mammogram, abnormal finding on another radiology exam of the breast.

OTHER CLINICAL INFORMATION OR SYMPTOMS: \_\_\_\_\_

	Right	Left	Both
Newly Diagnosed Cancer			
Treated Breast Cancer (date, surgery, radiation)			
Breast biopsy (date, surgical or nonsurgical)			

Technologist: \_\_\_\_\_ Previous Exam? No Yes \_\_\_\_\_

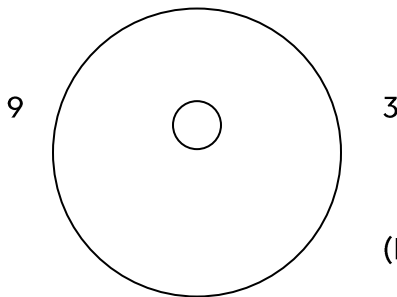
Right Breast Lesion(s):

\_\_\_ Cystic \_\_\_ Solid

Dimensions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

12



No solid or cystic lesions found

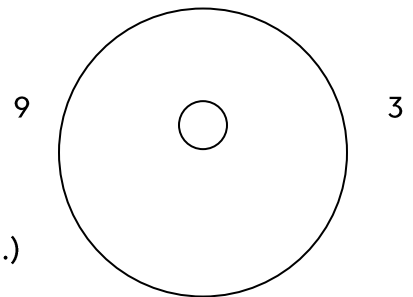
Left Breast Lesion(s):

\_\_\_ Cystic \_\_\_ Solid

Dimensions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

12



No solid or cystic lesions found

(Please mark all scars on both breasts.)

Comments: \_\_\_\_\_

Routine, no immediate call back necessary

Call report to: \_\_\_\_\_ Number or Pager: \_\_\_\_\_