Rolling Oaks Radiology
RadNet Imaging Centers

[redacted]

Ordered By

[redacted]

ABRAMS, ROXANN

[redacted]

DOB:

[redacted]

EXAM: ULTRASOUND LEFT BREAST CORE BIOPSY, 1 LOCATION AND TWO-VIEW DIGITAL MAMMOGRAM

HISTORY: Suspicious left breast mass

PROCEDURE: Following a discussion of the risks and benefits of the procedure, including bleeding, infection. Alternatives to the procedure were also explained, including not performing the biopsy and proceeding directly to surgery. Patient elected to proceed with biopsy and informed and written consent were obtained from the patient. The skin overlying the area was then prepared and draped in usual sterile fashion. Anesthesia of soft tissues was performed using a buffered 1% lidocaine solution.

Then, a dermatotomy was made in the skin, and a 14-gauge Bard Marquee vacuum assisted core needle biopsy device was advanced to the edge of the lesion. Three cores were removed and sent for pathologic review.

A biopsy site marker was then deposited at the biopsy site. There was no significant hematoma formation.

Hemostasis was maintained with manual compression. Then, a sterile bandage was applied. The patient tolerated the procedure well, and there was no immediate complication. The patient was given appropriate discharge instructions prior to leaving the department in stable condition.

Two-View Digital Mammogram: A two-view digital mammogram was obtained, and shows a biopsy site marker at the site of the previously noted area of concern. No significant migration from the biopsy site was noted.

IMPRESSION: Successful ultrasound-guided left breast core needle biopsy, with pathology results pending.

IF YOU ARE A PROVIDER AND WOULD LIKE TO CONTACT THE RADIOLOGIST PLEASE CALL (424) 453-3927. IF YOU ARE THE PATIENT AND HAVE QUESTIONS REGARDING YOUR RESULTS PLEASE CONTACT YOUR PROVIDER DIRECTLY.

End of diagnostic report for accession: [redacted]
Dictated: 08-18-2022 8:35:11 AM
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Confidential

Addendum 1

ADDENDUM

RADIOLOGY/PATHOLOGY CORRELATION REPORT

Comparison: Pathology report dated - 08/24/22. Mammography/ultrasonography dated - 08/18/22.

Results: Moderately differentiated invasive lobular carcinoma. This is concordant with imaging findings.

FOLLOW-UP: Surgical/oncological consultation is recommended for definitive management.

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Original Report

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