Rolling Oaks Radiology
RadNet Imaging Centers

Rolling Oaks Radiology
[redacted]

Ordered By
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ABRAMS, ROXANN
MRN: [redacted]
DOB: [redacted] F
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Date of Service: 09-13-2024

EXAM: MRI BILATERAL BREASTS WITHOUT AND WITH CONTRAST

HISTORY: Restaging cancer. History of left breast invasive lobular carcinoma T3N1 and right breast invasive ductal carcinoma T1cN0 and ductal carcinoma in situ. She underwent bilateral mastectomies originally. She had recurrence of ILC on the left in 2023 treated with surgical excision on the right, reexcision of left mastectomy with removal of the left implant on 12/22/2023, with surgical pathology revealing ductal carcinoma in the right breast and left breast skin flap invasive lobular carcinoma in the anterior superior margin. Margins were negative.

TECHNIQUE: Multiple MR sequences were obtained on a 3.0 Tesla high-field MR scanner. The patient was scanned prone, using dedicated bilateral breast coils. Additional large field of view images were obtained to permit evaluation of the chest wall and axilla.

Contrast: The patient was injected with 10 cc Clariscan from a 10 cc single-use vial (remainder discarded).

COMPARISON: Prior breast MRI exams 7/29/2024 and 6/3/2024, 9/19/2022

FINDINGS:

Parenchymal pattern: Mostly fatty

Background parenchymal enhancement: Minimal

RIGHT BREAST:
Status post mastectomy with implant reconstruction. Prepectoral silicone implant is intact.
No suspicious enhancing masses, nonmass enhancement, architectural distortion or any other evidence of malignancy.

LEFT BREAST:
Status post mastectomy with implant reconstruction. Prepectoral silicone implant is intact.
There is non-enhancing skin thickening in the lower breast.
No suspicious enhancing masses, nonmass enhancement, architectural distortion or any other evidence of malignancy.

No evidence of axillary or internal mammary chain lymphadenopathy.

The mediastinum is normal. No sternal enhancement is appreciated.

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The visualized portion of the upper abdomen is normal.

IMPRESSION:

Right breast: Post mastectomy with implant reconstruction. No MR evidence of malignancy.

Left breast: Post mastectomy with implant reconstruction. Nonenhancing skin thickening in the lower breast is favored to be postsurgical in nature. Clinical correlation is recommended. Consider follow up breast MRI to assess stability.

ASSESSMENT: BI-RADS Category 2: Benign findings.

FOLLOW-UP: Normal interval follow-up.

Your patient has been entered into our reminder system. We will notify the patient when their next breast imaging exam is due.
IF YOU ARE A PROVIDER AND WOULD LIKE TO CONTACT THE RADIOLOGIST PLEASE CALL (424) 453-7056. IF YOU ARE THE PATIENT AND HAVE QUESTIONS REGARDING YOUR RESULTS PLEASE CONTACT YOUR PROVIDER DIRECTLY.

End of diagnostic report for accession: [redacted]
Dictated: 09-13-2024 3:52:22 PM
Electronically Signed By: [redacted] 09-13-2024 3:52:22 PM

FDA Site Name: Rolling Oaks Imaging Center
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