

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

BREAST ER ULTRASOUND WORKSHEET (BREASTER)

PATIENT NAME: _____ MR# _____

DATE: _____ TECH INITIAL: _____ EXT: _____

FACILITY: MWH / MILH / SH

INDICATION: ☐ Redness ☐ Swelling ☐ Fever ☐ Other: _____

COMPARISON: ☐ None ☐ : _____

TECHNIQUE: Realtime grayscale and color sonography performed of the ☐ Right/ Left breast in the area of interest.

FINDINGS:

☐ Normal fibroglandular tissue is seen.

☐ No discrete fluid collection identified to suggest abscess

☐ RAD TO DICTATE

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*

☐ No evidence to suggest breast abscess. This study has been obtained to evaluate for the presence of an abscess, and cannot be used to evaluate for the presence or absence of malignancy. A follow up mammogram and ultrasound at a dedicated breast center is recommended for further evaluation.

☐ Rad to dictate