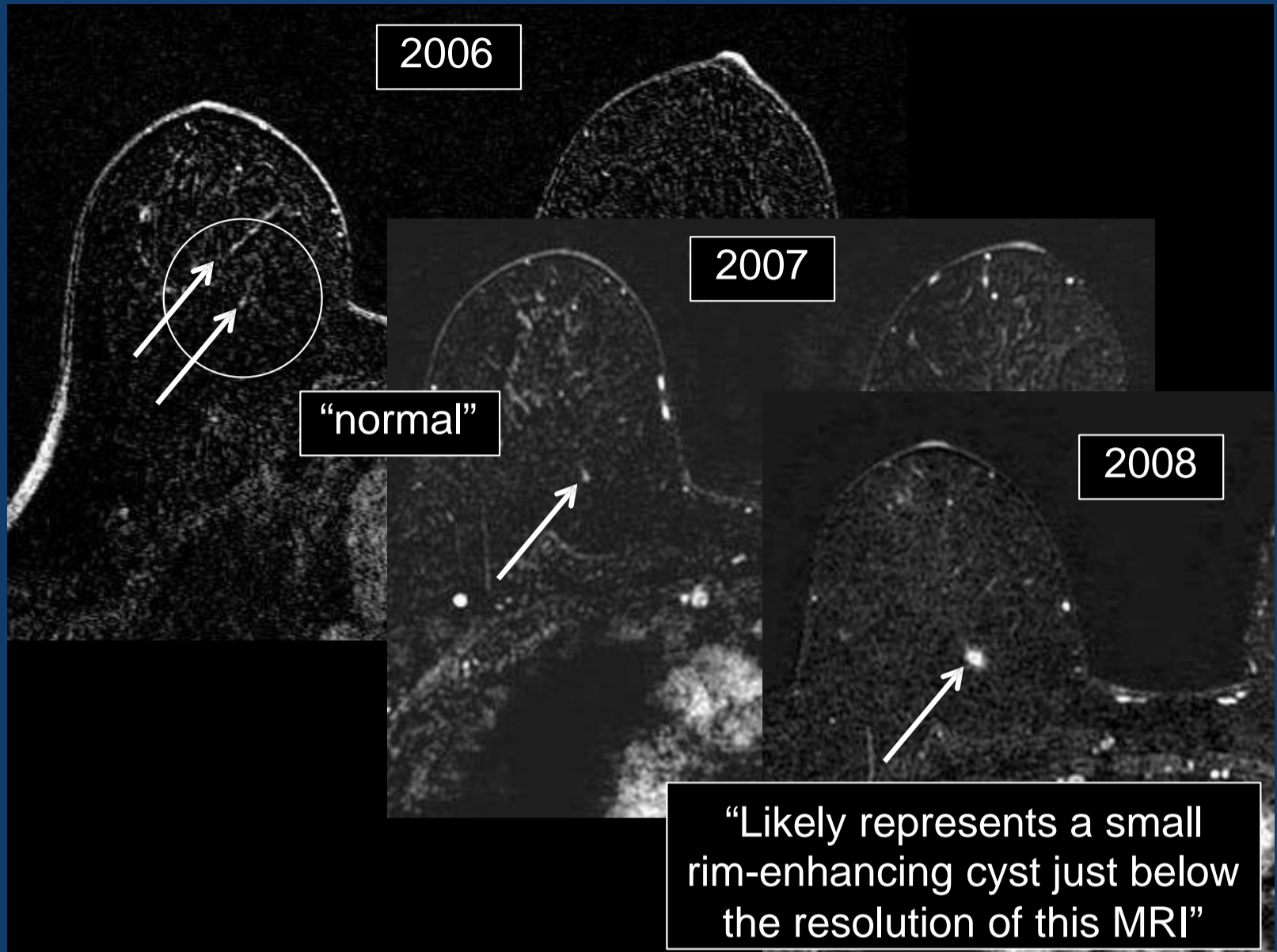
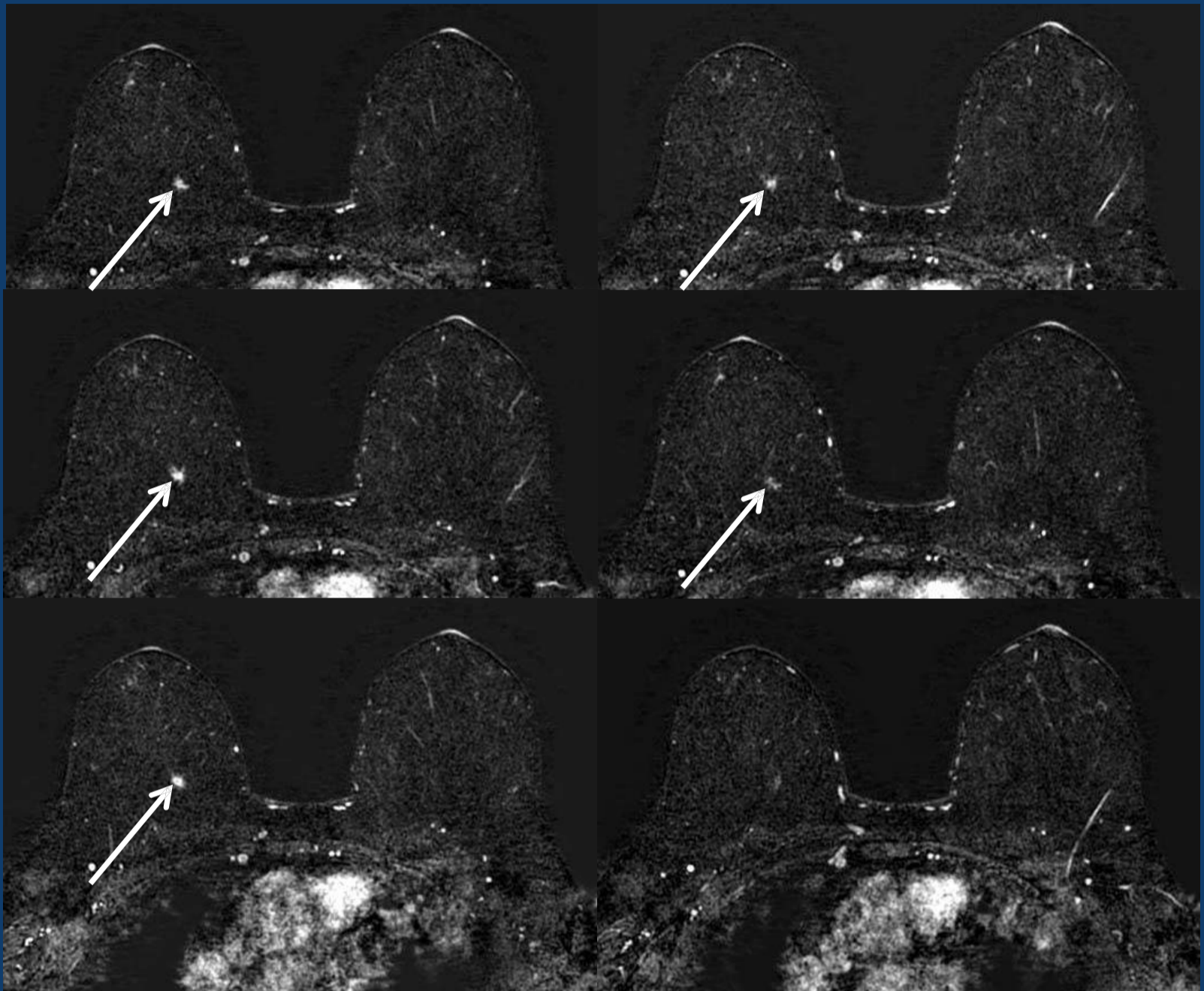


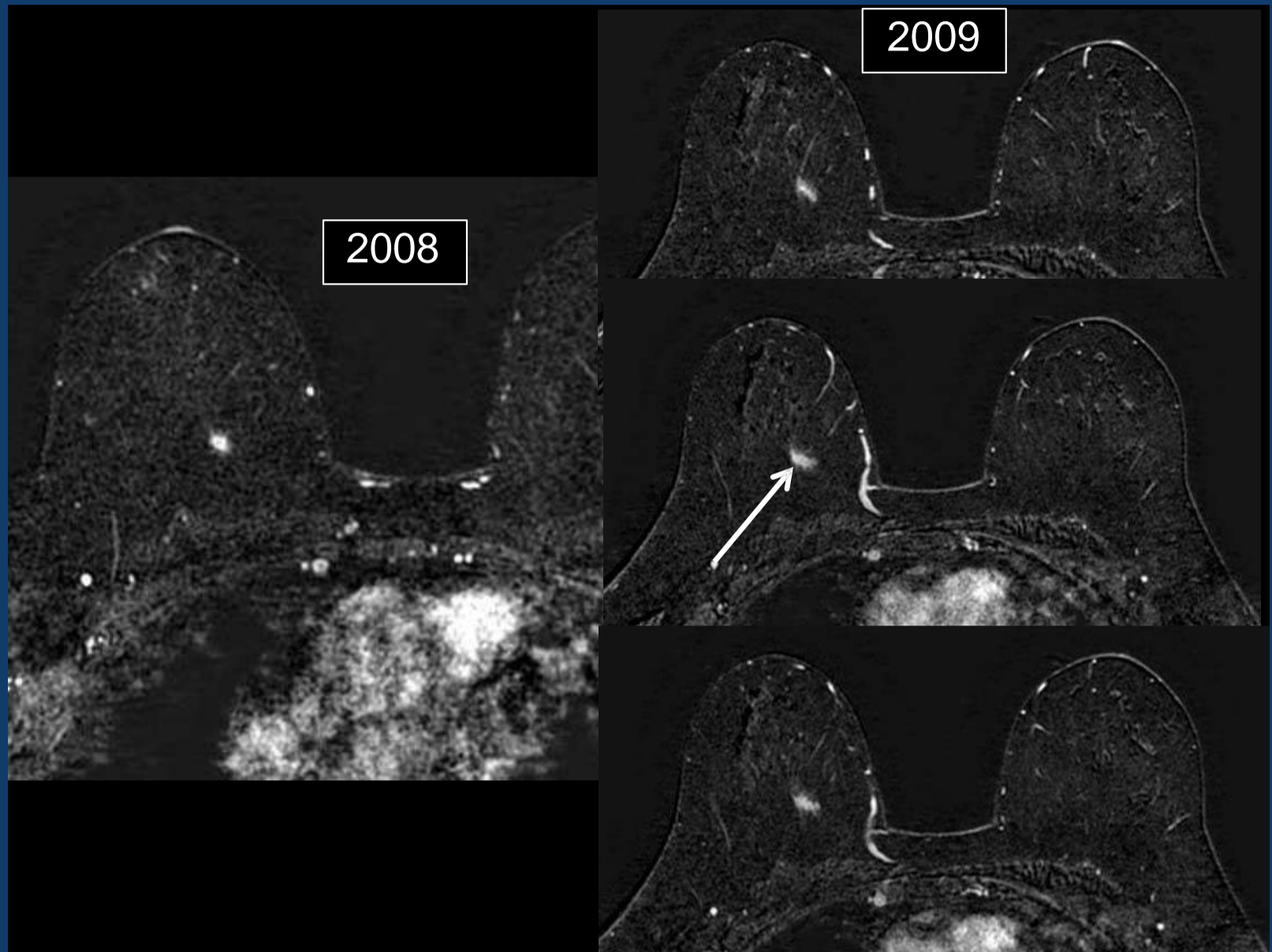
Case 4

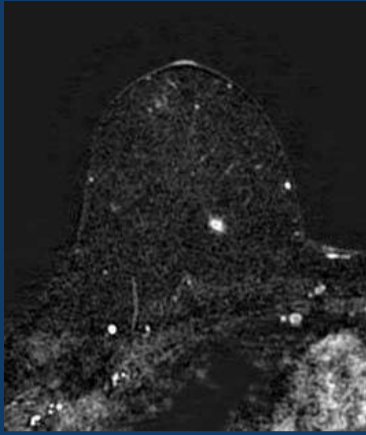


Case 4

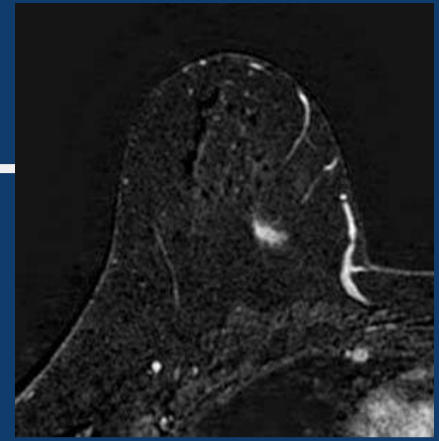


Case 4





Case 4

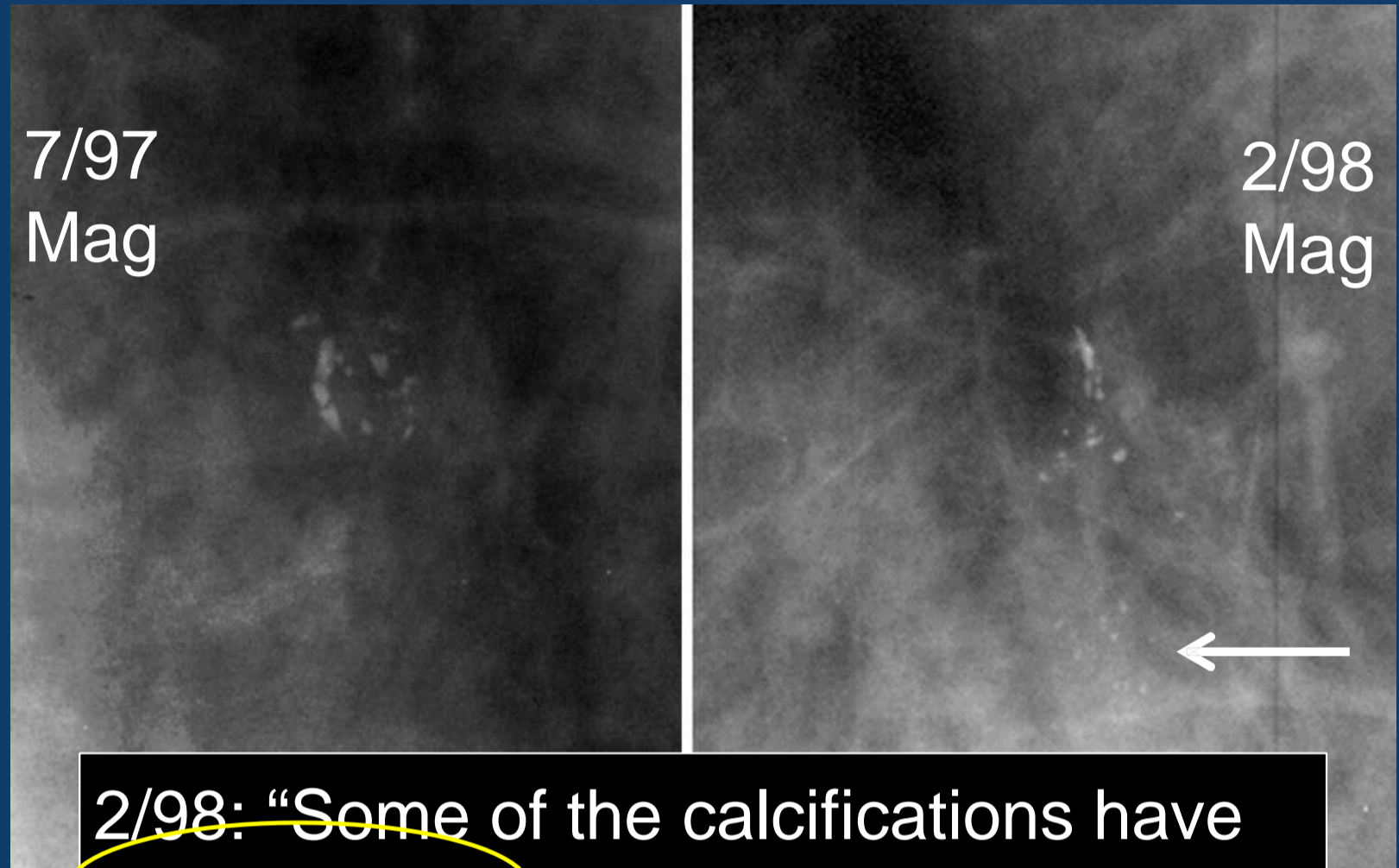


- Be careful about wishful thinking
 - cysts
 - lymph nodes

Case 5

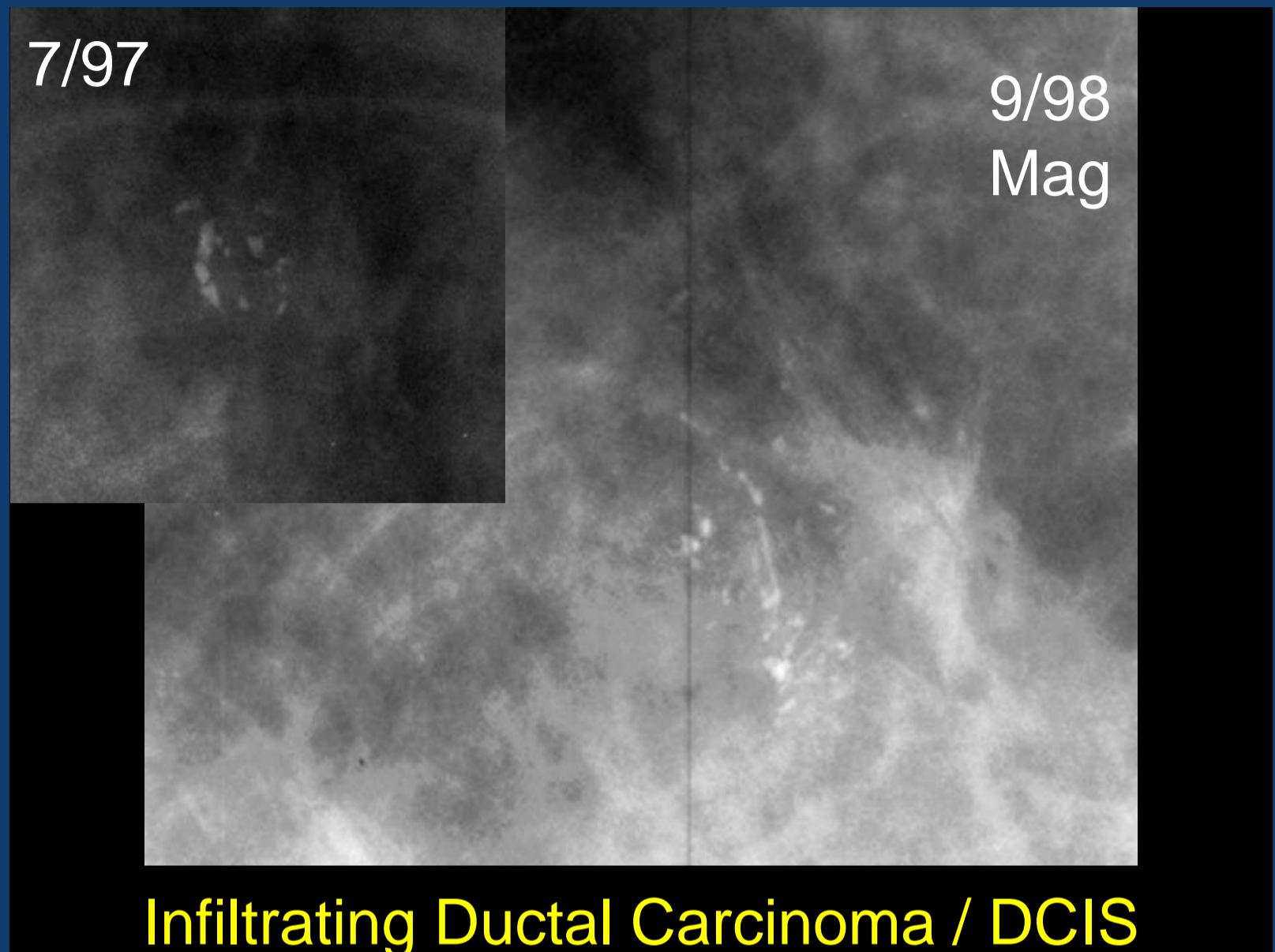
- 49 y.o.
- July 1997
 - 6-month follow-up of calcifications
 - outside facility

Case 5

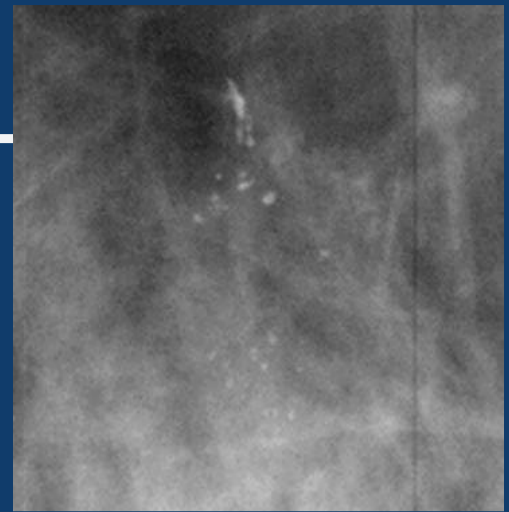
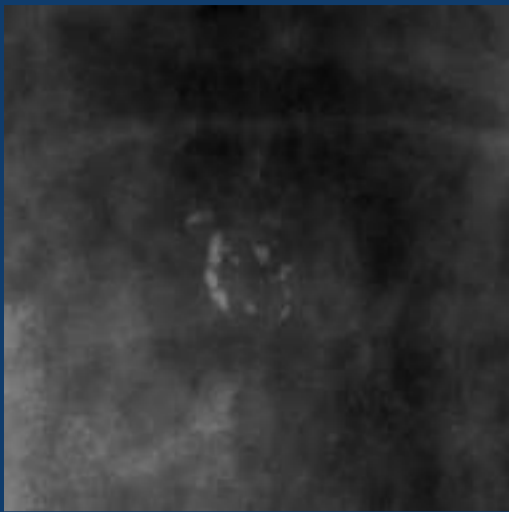


2/98: "Some of the calcifications have indeterminate features, but they are stable. Rec 4 mo f/u."

Case 5



Case 5

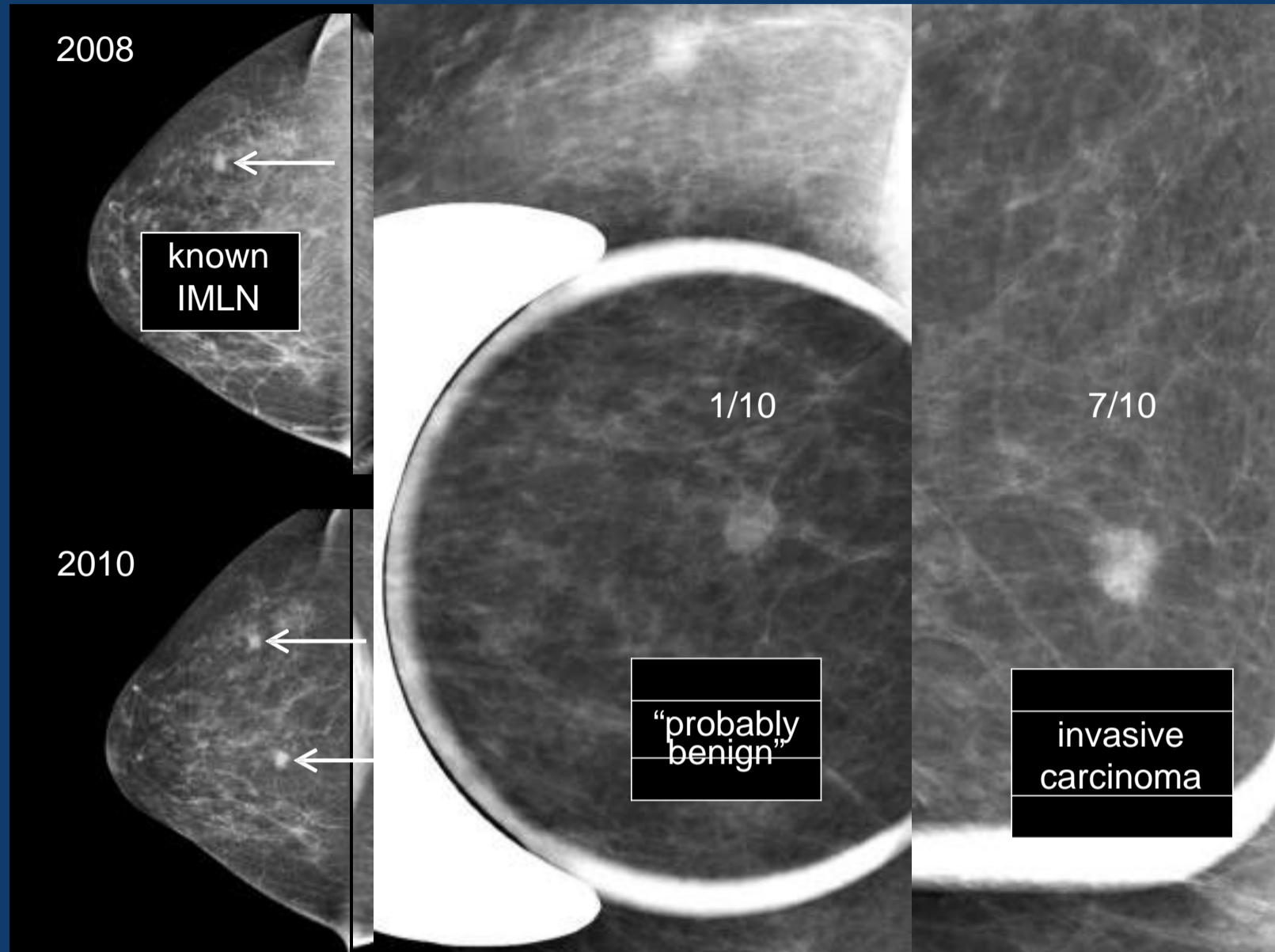


- Look for any change
 - eg., subtle tiny calcifications
- Was original assessment appropriate?
 - “Slight increase in number of calcs / size of mass”
 - “Lesion is slightly more conspicuous. . .”

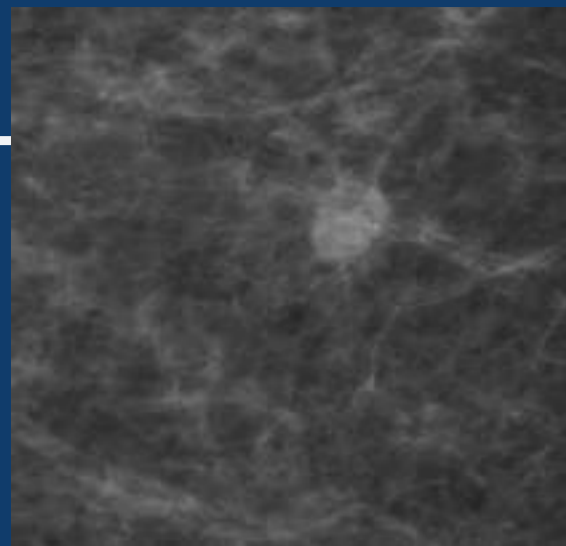
Case 6

- 69 y.o.
- screening
- new mass

Case 6



Case 6

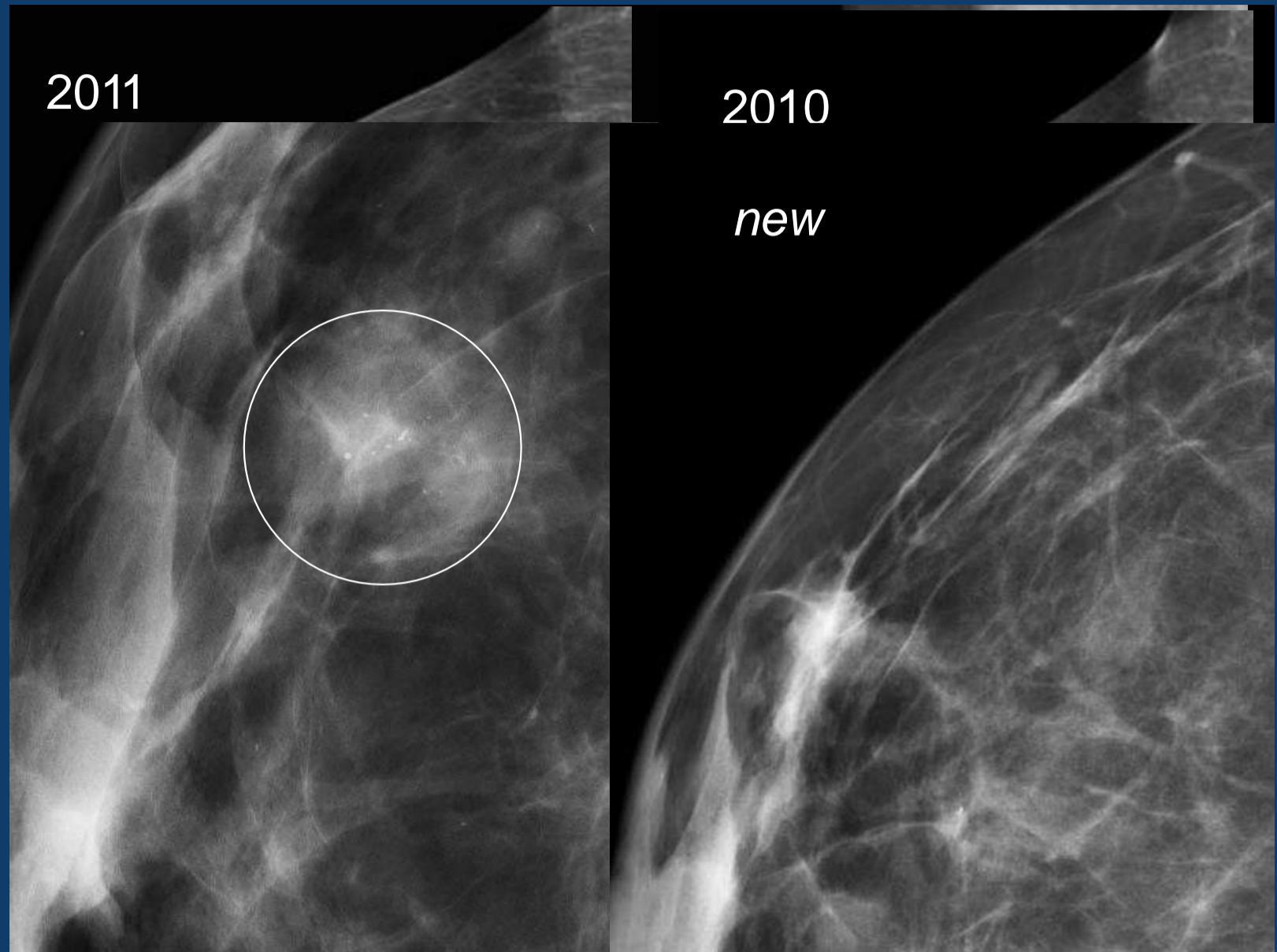


- If mass not seen at US, assume it is solid
- Any new or enlarging solid mass needs bx (unless BIRADS 2)

Case 7

- 51 y.o.
- 2011 – Diagnostic mammogram

Case 7



Case 7

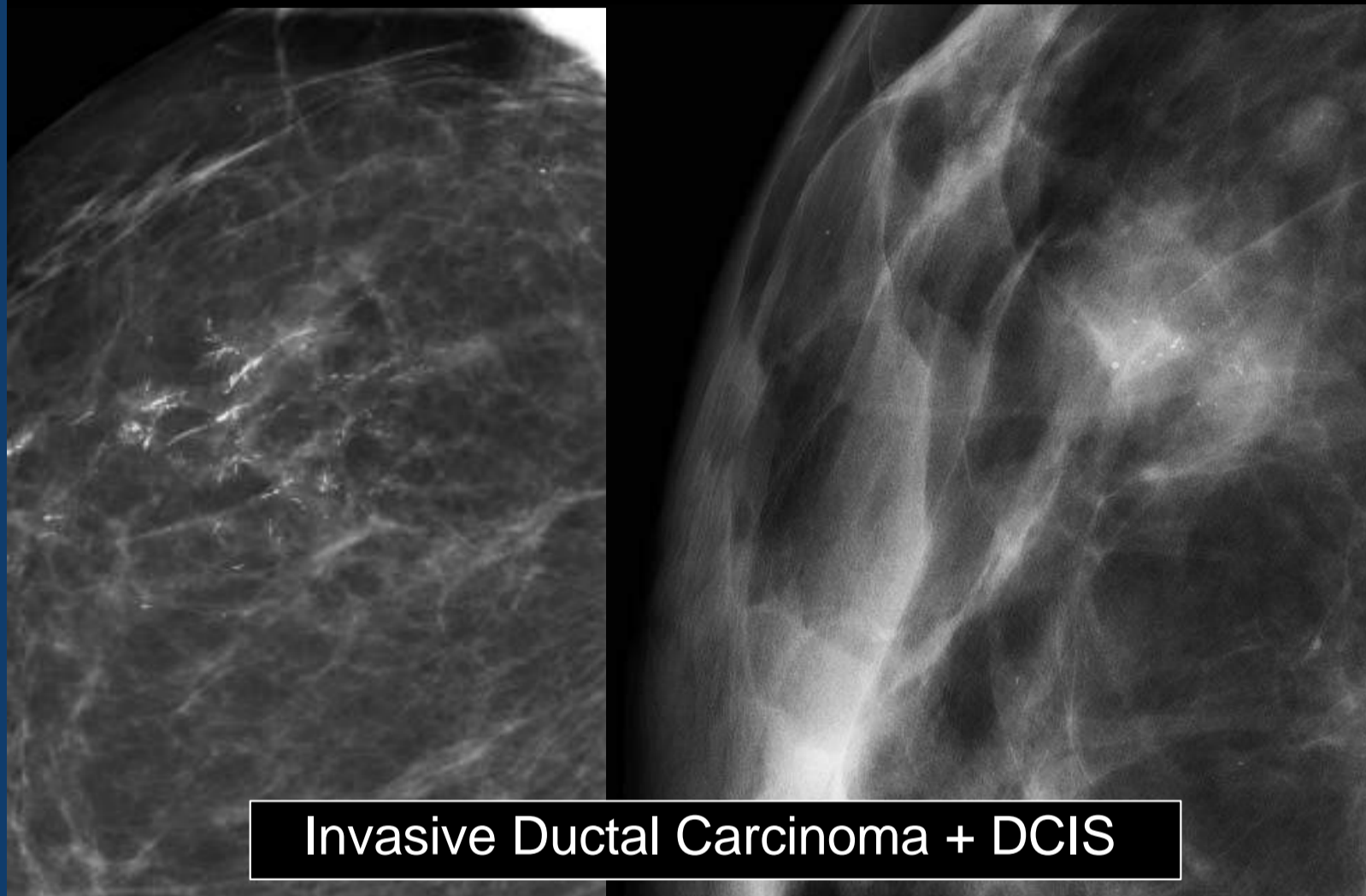
2011



“The grouped round calcifications in the right breast at 8 o'clock are new but likely benign. A 6-month follow-up mammogram with CC and ML magnification views is recommended to demonstrate stability.”

Case 7

2012



Case 7

- New lesions generally NOT BIRADS 3
- Bx round calcs if new

Case 8

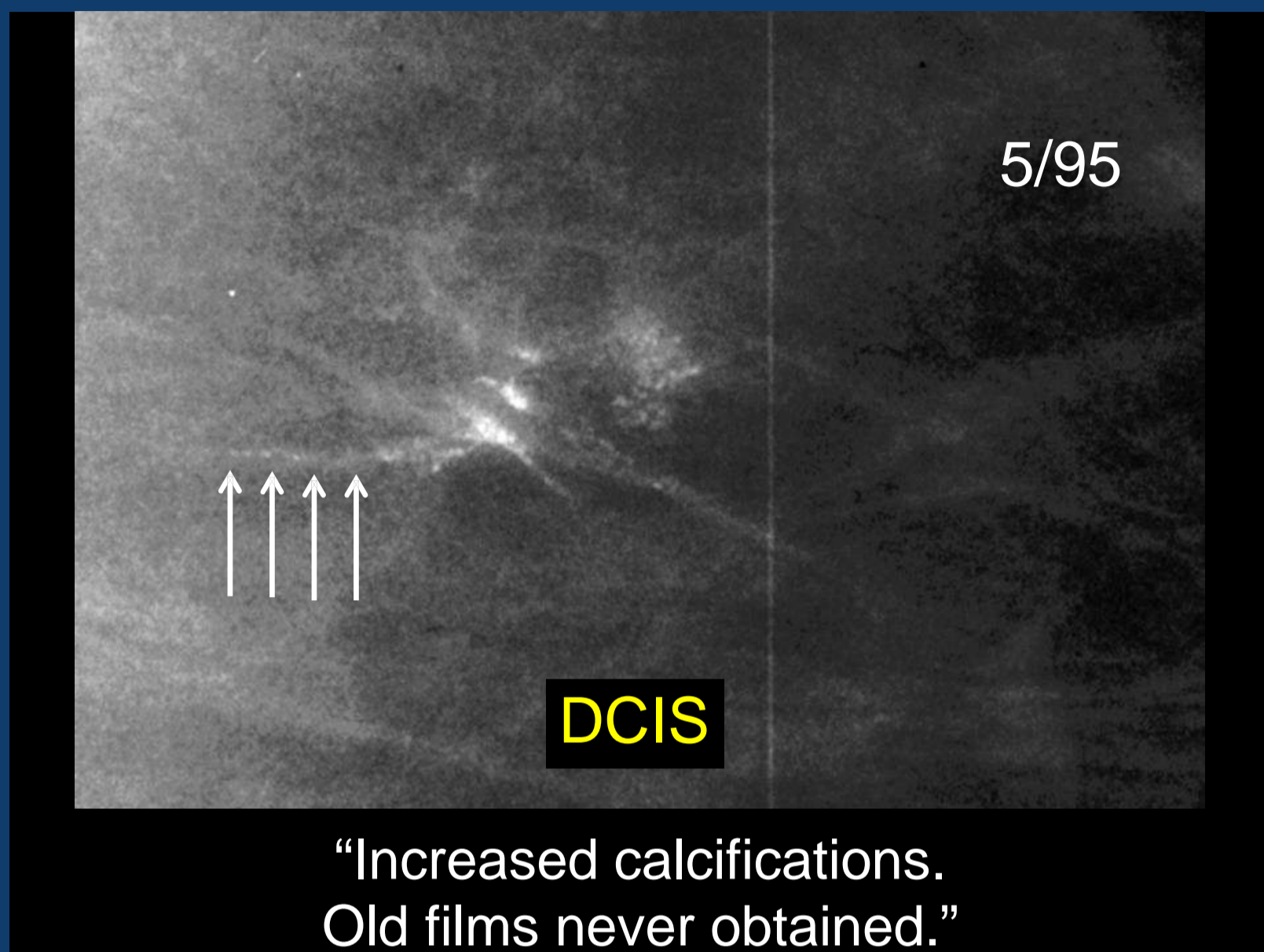
- 74 y.o.
 - Screening and magnification views
-

Case 8

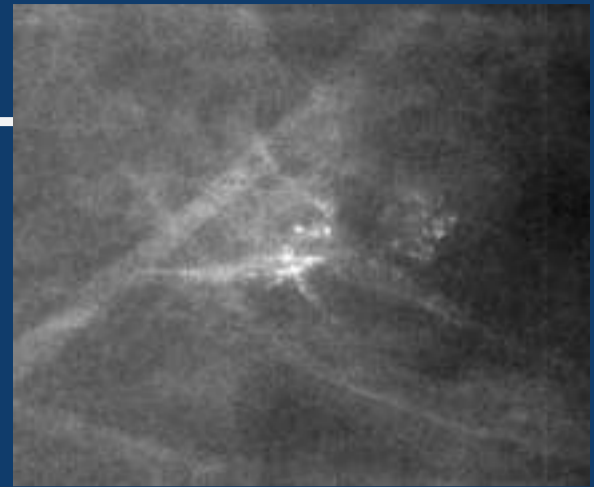


“Calcifications with *indeterminate* appearance with *pleomorphic* shapes on mag views. Outside prior films requested. If not available, recommend close *4 mo f/u*.”

Case 8



Case 8



- BI-RADS description and assessment should be concordant.
 - “round calcs”
 - “oval, circumscribed mass”
 - Don’t wait too long for priors.
 - If tempted to do < 6-month f/u . . . biopsy!
-

Conclusions

- Find and compare all prior exams.
- Any change is a change.
- Don’t perpetuate the mistake.
- Report should correlate with assessment.
- Avoid wishful thinking!