

SCREENING BREAST:

- Prep: None
- Basic Principles: Use high frequency linear transducer. Gain settings, focal zone selections and fields of view should be optimized to high-quality images. The patient should be positioned to minimize the thickness of “breast”.
- Make sure it is scheduled as a screening breast ultrasound in RIS.
- Examination should be performed as follows:
 - Scan entire breast first.
 - If no findings, document representative areas at 12, 3, 6, 9 and retroareolar region in both Radial and Anti-radial planes. Document the axillary tail as well.
 - Do not take “negative” color Doppler images.
 - Multiple cysts:
 - Document a few of the largest cysts with one or two images. If there are multiple large cysts (>1cm), measure the largest cyst in each quadrant.
 - In general, multiple small, simple, cysts less than 1 cm do not require measurement. For example: if multiple small cysts are located only in one or two quadrants, take one or two representative images of the cysts and then document the normal quadrants.
 - Multiple solid nodules: measure the largest 1-2 nodules in each quadrant, and take representative images showing numerous masses.
- Lesion measurement:
 - Take 3 measurements: 1 at maximum diameter and 2 measurements perpendicular to the maximum diameter.
- Label images with side, the o’clock, radial/antiradial, cm from nipple and patient position (supine, LPO, etc.)
- Screening breast ultrasounds are not shown to the radiologist at the time of examination. If the radiologist wants extra imaging, and/or biopsy the patient will be called back for this.
- Check with radiologist when questions arise