DIAGNOSTIC BREAST:

- Prep: None.
- Basic Principles: Use a high frequency linear transducer. Gain settings, focal zone selections, and fields of view should be optimized to obtain high-quality images. The patient should be positioned to minimize the thickness of the portion of the breast being evaluated. For evaluation of lesions in, on or just beneath the skin, a stand-off device of thick layer of gel may be helpful.
- The breast sonogram should be correlated with the clinical signs and/or symptoms and with mammographic and other appropriate breast imaging studies. If sonography has been performed previously, the current examination should be compared with prior sonograms, as appropriate.
- Image labeling should include the following:
    - Designation of the right or left breast
    - Anatomic location of the lesion using clock face notation
    - Transducer orientation – Radial or Antiradial
    - Distance of the lesion from the nipple – i.e 3cmfn
    - Patient position (supine, LPO, etc.)
- A lesion of any area of the breast studied should be viewed in 2 perpendicular projections. Its maximal dimensions should be imaged in three planes. At least one set of images should also contain the lesion without calipers.
- Careful evaluation of lesion margins for lobulation, irregularity and sharpness should be performed
- Color Doppler should be used as necessary.
- The area of the axilla should be recorded and any abnormal lymph nodes should be measured