

Patient Name : MRS. HEMAMALINI	Patient Id/ Bil No. : 2407-0944
Gender/Age : Female / 54 Years	Reg. Date : 31-07-2024
Referred By : DR.E.P.FANNY ROWENA M.S GEN SURG	Reported Date : 02-08-2024

## **DEPARTMENT OF RADIODIAGNOSIS AND IMAGING SONOMAMMOGRAPHY OF BOTH BREASTS**

### **Clinical history : Lump in left axilla**

**Technique:** Ultrasound scan of breasts was performed with 7.5 MHz linear array transducer.

### **Findings:**

Small well defined irregular heterogenous hypoechoic lesion with spiculated margins noted in mammary space of left breast at 2 o clock position .The lesion measures The lesion is showing small internal cystic component (5 x 3mm ) with increased vascularity in solid component .The lesion is infiltrating retromammary space with anti parallel core

Few enlarged rounded oval inhomogeneous hypoechoic lesions noted in left axillary tail of breast showing internal solid and liquid/necrotic component. Largest hypoechoic lesion measures 56 x 32mm most of the lymph node as showing necrosis (50%) with increased flow in the solid components

Rest of both breasts reveal predominantly fibroglandular parenchymal pattern with scanty fatty components.

No other discrete focal mass/ collection / inflammatory changes dilated ducts.

Pre mammary, mammary and retromammary spaces are normal.

Both nipples, skin and subcutaneous tissues appear normal.

Visualized pectoralis muscles appear normal.

Few small right axillary lymph nodes noted with preserved benign morphology. No necrosis / matting / lymphadenitis.

### **IMPRESSION:**

- **Small well defined irregular heterogenous hypoechoic lesion with spiculated margins in mammary space of left breast at 2 o clock position**  
- BIRADS IV- suspicious of malignancy - advised FNAC correlation.
- **Few enlarged rounded oval inhomogeneous hypoechoic lesions in left axillary tail of breast showing internal solid and liquid/necrotic component - likely neoplastic axillary lymphnode with internal hemorrhage/necrosis. DDff: tubercular etiology/hematoma**
- **Suggested clinical / HPE correlation.**

**DR PRIYANKA  
RADIOLOGIST**