



# PARGAON SONOGRAPHY CENTRE

At Post-Pargaon (Salu-Malu), Tal-Daund, Dist-Pune 412203.

Mob.: 8605305536 / 8605475536

DIGITAL XRAY, 3D/4D SONOGRAPHY, COLOUR DOPPLER, ECG & PATHOLOGY LAB.

## USG BOTH BREAST

PATIENT NAME : MISS. SAMIKSHA GAWALI

AGE : 18 YEARS/ F

REF. CLINICIAN : DR. SHEETAL SHITOLE

DATE: 16/07/2025

Real time USG of Breast was done with linear high frequency probe.

### **RIGHT BREAST :**

The skin is seen as homogenous echogenic band. The skin thickness is normal.

Nipple areolar complex appears normal.

Well defined solid oval hypoechoic lesions is noted in right breast measuring

- 1) Lobulated 4.6 x 2 cm is noted at 12 'O' position at a distance of 2.1 cm from nipple. .
- 2) 3.8 x 2.9 cm is noted at 3 'O' position at a distance of 2.0 cm from nipple. .

- 3) 2 x 1.7 cm is noted at 7 'O' clock position at a distance of 5.1 cm from nipple.

No evidence of increased vascularity. No evidence of deeper tissue extension.

Mildly enlarged right axillary lymph node with maintained hilum, largest measuring 2.0 X 0.8 cm ? reactive.

Rest of the breast parenchyma appears normal.

The visualised retromammary region is normal.

The axillary fat shows normal thickness and echotexture.

### **LEFT BREAST :**

The skin is seen as homogenous echogenic band. The skin thickness is normal.

Nipple areolar complex appears normal.

Well defined solid oval hypoechoic lesions is noted in left breast measuring

- 1) Lobulated 4.8 x 3.2 cm is noted at 11-12 'O' position at distance of 4 cm. Mild internal vascularity with PSV 25 cm/s.
- 2) 3 x 2.1 cm is noted at 9 'O' clock position at a distance of 4.6 cm from nipple.
- 3) 1.9 x 1.5 cm is noted at 3 'O' position at a distance of 2.7 cm from nipple. .

No evidence of increased vascularity. No evidence of deeper tissue extension.

Mildly enlarged left axillary lymph node with maintained hilum, largest measuring 1.6 X 0.5 cm ? reactive.

Rest of the breast parenchyma appears normal.

The visualised retromammary region is normal.

The axillary fat shows normal thickness and echotexture.

(P.T.O.)



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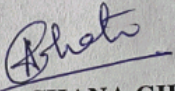
DIGITAL XRAY, 3D/4D SONOGRAPHY, COLOUR DOPPLER, ECG & PATHOLOGY LAB.

## IMPRESSION -

- Bilateral oval hypoechoic lesions as described - possibility of multiple fibroadenomas (BIRADS -3).
- Lobulated hypoechoic lesion in the left breast with mild internal vascularity - likely fibroadenoma. However FNAC is suggested from this lesion.
- No sonographically detectable abnormality seen.

Clinical correlation and SOS follow up USG is suggested.

Thanks for reference.

  
DR. ARCHANA GHATE  
MBBS, DNB (Radiodiagnosis)  
Fetal Medicine Foundation (UK)  
FMF ID: 278820

Investigations have their limitations. Solitary pathological / radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.





# मंगलमूर्ती हॉस्पिटल

पारगांव (सालू-मालू), ता.दोंड, जि.पुणे - ४१२ २०३.

संपर्क : 8380062724

डॉ.शीतल सुमंत शितोळे  
M.D.

डॉ.सुमंत तुकाराम शितोळे  
M.D.

पेशंटचे नांव : Miss - Samiksha Gawali  
Age - 18 year Date 20 / 7 / 2025

Rx

Adv.

Histopath Specimen of  
Both (R) & (L) Side Breast

H/O - Bilateral oval hypoechoic  
lesion - possibility of multiple  
fibroadenomas (BIRADS-3)



& Advice

od Test

G

TO 13 WEEKS

SG NT Scan

ouble Marker

ANC Profile

Exercise Chart

16 TO 18 WEEKS

TT 1st

## RISK FACTORS

T/t Infertility

B.O.H.

Prev. L.S.C.S.

IUGR

Incomp os

Hydramnios

Rh Incompatibi

PIH

Allergy

Prematurity

Diabetes

Anaemia

APH