

## BREAST ULTRASOUND

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 Sonographer: \_\_\_\_\_

Clinical Indications: \_\_\_\_\_

Palpable abnormality: YES NO

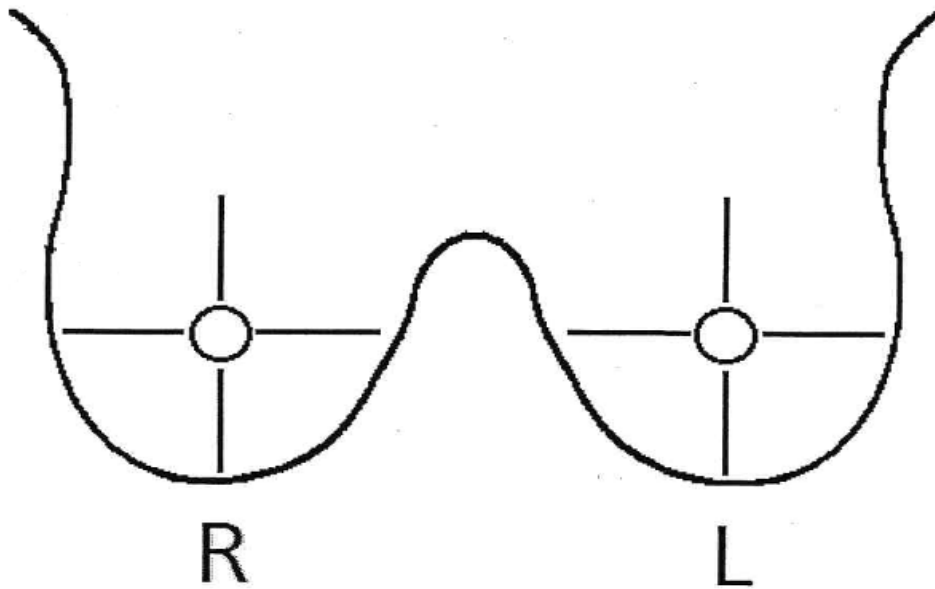
Nipple Discharge: YES NO

Breast Tenderness: YES NO

Lesion#1: Size \_\_\_\_\_ Distance from Nipple: \_\_\_\_\_(cm) Internal Flow: YES NO

Lesion#2: Size \_\_\_\_\_ Distance from Nipple: \_\_\_\_\_(cm) Internal Flow: YES NO

Lesion #3: Size \_\_\_\_\_ Distance from Nipple: \_\_\_\_\_(cm) Internal Flow: YES NO



Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_