ULTRASOUND PROTOCOLS

Reviewed: 01/29/22; 10/30/20

Breast Ultrasound Protocol Guideline

Indication	Breast pain, breast lump/mass, nipple discharge, galactorrhea (not associated with birth), nipple discharge, diffuse cystic mastopathy, abnormal mammogram, abnormal finding on another radiology exam of the breast.
Prep	Place patient supine, with shoulder and upper torso mildly elevated by pillow or foam wedge. The patient's arm should be positioned over the head, or on the hip with the elbow pointed back. (Depending on the size of the breast, multiple scanning positions may be required). Patient should point out any palpable mass or area of pain

Procedure	- Check prior breast imaging films - both mammogram and ultrasound.
	- Perform a general scan of breast tissue to relate normal tissue with any area that may be different sonographically.
	- Place transducer at the area of question.
	- Each image must be labeled according to the mammographic "clock", along with which breast is being imaged, and distance from the areola margin.
	- If a focal lesion is seen, document the images for the permanent record.
	  o a) In transverse, scan the region of concern. If a lesion is identified, measure in two or more orthogonal imaging planes (AP and transverse).
	  o b) In sagittal, scan the region of concern. If a lesion is identified, measure orthogonally (AP and transverse).
	- If no focal lesion is seen, document images of the area in sagittal and transverse.
	- If focal lesion is noted, a scan of patient's axillary region should be completed.
	- Apply Doppler to any measured lesion
	  o a) Doppler signals obtained in a questionable area should be compared to those obtained in the contralateral area.