

	Breast Ultrasound Protocol		
	Reviewed:	Date: 4/11/2024	R.Rice
	Revised:	Date: 4/11/2024	R.Rice

Most breast ultrasound patients will have a mammo first. In these cases, the mammo tech will come and find you when the mammo is complete. They will give you a slip of paper with the specific area that the radiologist wants you to image or verbally pass this information to you. If you have any question (or need clarification), speak with the radiologist directly before scanning. The mammo tech will bring the patient to you if you are ready or leave the patient in the dressing room to wait for you. Start the exam in EPIC and begin scanning.

For patients without a mammo prior to the ultrasound:

-Start the exam in EPIC

-Get a gown from the dressing room and bring the patient in from the waiting room and get changed.

-Review any related prior ultrasounds or patient history. If it is a follow up with ultrasound only, scan same area as on prior. If it is for a palpable lump or for focal pain, have the patient point to this area with one finger and scan only that area.

*Always make sure the patient is comfortable, offer a warm blanket if they are cold.

Images:

-Image mass/cyst in radial and anti-radial planes.

-Measure mass/cyst in radial and anti-radial planes. Measure longest axis and perpendicular to longest axis in one image (per ACR). Measure third dimension in second image. If imaging multiple areas, using volume measurements helps to keep measurements for each lesion together.

-Evaluate for blood flow with power doppler using light pressure.

-Label all images with side/breast/clock face position/centimeters from nipple/transducer orientation. (i.e. Radial/anti-radial of if under the nipple trans/sag)

Example: RT BREAST 200 4CMFN RADIAL or LT BREAST SUBAREOLAR TRANS

-For negative breast ultrasound document one representative image for each area scanned with side/breast/clock face notation and centimeters from the nipple in radial and anti-radial planes.

Example: RT BREAST 200 2CMFN RADIAL

*When a solid mass is found, image the ipsilateral axilla for irregular lymph nodes. If axilla is normal, document with 1 image. Document any abnormal lymph nodes in sagittal and transverse planes demonstrating irregularity and/or thickened cortex.

-After scanning the patient send your images to PACS, complete the exam in Pen Rad, and then go show the radiologist your images. If the radiologist asks for more images, scan and show them the new images.

-After no more imaging is required, the radiologist will either speak with the patient or will give you the information they want to relay to the patient about their exam.

-When imaging is complete, have the patient get dressed in the ultrasound room or the dressing room.

Worksheet:

-Draw cyst/mass in appropriate location on breast diagram.

-Document size in cm (Length X Width X AP) and location (ex: RT BREAST 200 4CMFN RADIAL) of finding.

-Note sonographic characteristics (ex: hypoechoic, shadowing, calcs)

- Note presence or absence of vascularity.

- If this is a follow up exam, the measurements from prior should be noted in parenthesis below current measurements. Ex: 1.0 X 0.9 X 0.3 CM

(0.9 X 0.7 X 0.3 CM)

- Write in comments if radiologist observed scanning or reviewed the images and note if radiologist scanned or spoke with patient. Note radiologist recommendations.

Example: Dr. Yu reviewed and spoke with patient. Recommends 6 month follow up.

Or

Dr. Yu reviewed. Recommends clinical follow up.

*When a radiologist recommends a biopsy, give the patient the biopsy info packet.

Clean room, Complete worksheet, scan worksheet and doctor's order into PACS, DICOM, end exam in EPIC.