

**Chettinad Hospital and Research Institute  
Department of Radio Diagnosis**

**Mammogram- Representative Reports**



Hospital & Research Institute

**Chettinad Academy**

of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**

(A Unit of Chettinad Academy of Research and Education),  
Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.  
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. ALAMELU  
Hosp. No. CARE093468862  
Ref by: OG

Age / Sex: 53/F

Date: 06.01.2024

K/C/O left mastectomy status

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**USG screening shows:**

A well defined "wider than taller" hyperechoic lesion measuring 7.5 x 5.5 mm noted in zone I at 12'o clock position in right breast.  
No evidence of internal vascularity.

Few (2) prominent lymph nodes measuring 6 mm and 4 mm in short axis diameter with preserved central fatty hilum.

Left chest wall and axillary region appears normal.

**IMPRESSION:**

K/C/O left mastectomy status

➤ A well defined "wider than taller" hyperechoic lesion in right breast as described

- Suggested interval follow up after 3 months.

**DR. G. LAVANYA, MD, RD.**

**DR. VIGNESH S M**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

Typed by: SWETHA

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. GEETHA  
Hosp. No. CARE093904464  
Ref by: OG

Age / Sex: 48/F

Date: 02.12.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

**DR. G. LAVANYA, MD, RD.,**

**DR. VIGNESH S M**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

Typed by: SWETHA

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. JAYANTHI  
Hosp. No. CARE094023812  
Ref by: OP

Age / Sex: 58 / F

Date: 09.03.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**Type - B breast composition.**

**USG SCREENING SHOWS :**

**Multiple morphologically normal lymph nodes noted in left axillary region, largest measuring up to 9 mm.**

**IMPRESSION:**

- No significant abnormality detected.

  
PROF. DR. A. EINSTIEN, MD, RD,

  
DR. JYOTHSANA

**Note:**

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DR. REVANTH VARMA

Typist: Kalpana

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. GUNA

Age / Sex: 46 / F

Date: 09.03.2024

Hosp. No. CARE093996233

Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- No significant abnormality detected.

PROF. DR. A. EINGTIEN, MD, RD,

DR. VIGNESH SM

**Note:**

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DR. DIVYA DHARSHNY

Investig. Software

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
K.P. AMBAKKAM





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. GEETHA  
Hosp. No. 4010143  
Ref by: OG

Age / Sex: 53/F

Date: 06.03.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**Few lymph nodes noted in bilateral axilla.**

**USG screening shows:**

**Few morphologically normal lymph nodes noted in bilateral axilla, largest measuring 6.4 mm on right side and 7.7 mm on left side.**

**IMPRESSION:**

➤ **No significant abnormality detected.**

**DR. ANUP CHAKRAVARTHY, MD, RD.**

**DR. JYOTHSANA**

***Note:***

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**DR. DIVYA**

Report by SWETHA

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. MONALISA  
Hosp No: CARE091623106  
Ref. by: OP / GS - IV

Age/ Sex: 32 /F

Date: 22.03.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

**Mass like radio opacity in lower inner aspect of right breast.**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**LEFT X RAY MAMMOGRAM**

**Faint egg shell calcification noted in retromammary space of left breast.**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Type C Breast composition.**

**USG SCREENING SHOWS:**

**Multilobulated, solid mass measuring 3.4 x 1.4 cm appears mildly heteroechoic and paralleling the skin surface noted at 1'o - 2'o clock in Zone II of right breast.**

- There is mild increased vascularity.

**Few prominent lymph nodes noted in right axillary region, largest measuring 8.1 mm in short axis diameter.**

**IMPRESSION:**

- **Multilobulated heteroechoic lesion in right breast as described - BIRADS IVA.**

DR. K.S. RAMPRASATH, MBBS, DNB.

DR. LINISH REDDY

**Note:**

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DR. PRUDEEP CHAITANYA / DR. BINDHU MADHAVI

Quality: Kalpana

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs.SUBBAMMA BATCHU

Age / Sex: 70 /F

Date: 06.02.2024

Hosp. No. CARE091898991

Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast. Vascular calcifications see.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast. Vascular calcifications see.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- No significant abnormality detected.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**DR. PRUDEEP**

**Note:**

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Text by sapty

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MALARVIZHI  
Hosp. No. CARE093648310  
Ref by: OP

Age / Sex: 61 / F

Date: 12.01.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of architectural distortion or suspicious calcification noted.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG SCREENING SHOWS:**

**Right breast:**

A well defined lobulated hypoechoic lesion measuring 2 x 1 cm with increased vascularity noted in the infra axillary region lateral to upper outer quadrant of right breast.

Multiple enlarged lymph nodes noted in right axillary region.

**Left breast:**

Focal areas of prominent fibroglandular tissue noted at 1'o to 2'o clock position in Zone II of left breast.

**IMPRESSION:**

- A well defined lobulated hypoechoic lesion in the infra axillary region of right breast as described - ? infected lymph node – suggested HPE correlation.
- Multiple right axillary lymph nodes.

DR. G. LAVANYA, MD, RD.,

DR. VIGNESH SM

**Note:**

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Typed by: Kalpana

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MEHAR NISHA

Age / Sex: /F

Date: 13.01.2024

Hosp. No. CARE09299283

Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Bilateral type C breast composition.**  
**well defined round radiodense areas noted in left axilla.**

**USG screening shows:**

**A well defined wider than taller hypochoic lesion measuring 3.8 x 2.6 mm noted at 6'0 clock position zone II of left breast 1 cm away from nipple areolar complex.**

- No evidence of internal vascularity.

**Few (2-3) morphologically normal prominent lymph nodes noted in both axilla largest measuring 9.5 mm on the right 7.1 mm on the left .**

**IMPRESSION:**

- **A well defined wider than taller hypochoic lesion in left breast as described above.**  
- **Fibroadenoma - BIRADS II.**

**DR. G. LAVANYA, MD, RD.,**

**DR. JYOTHSANA**

**Note:**

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Printed on: 13/01/2024

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs.MARY ABIRAMI      Age / Sex:73 /F      Date: 19.01.2024  
Hosp. No. CARE093961001  
Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

  
**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

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DR.PRUDEEP

Type the name

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. PARBATHI MOKRAN      Age / Sex: 61/F      Date: 17.01.2024  
Hosp. No. CARE093958325  
Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

  
**DR. K.S. RAMPRASATH, MBBS, DNB.,**

**Note**

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IM.VIGNINESH  
Typist/typist

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MOHANA  
Hosp. No. CARE092909389  
Ref by: OG

Age / Sex: 48/F

Date: 27.10.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

  
**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

  
**DR. BHUMIKA MAHESHWARI**

**Note:**

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DR. NAVEEN

Typist: SWETHA

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. USHA  
Hosp. No. CARE092892995  
Ref by: OG

Age / Sex: 53/F

Date: 18.11.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

- No significant abnormality detected.

  
DR. G. LAVANYA, MD, RD.,

  
DR. SANJITH

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. ANJANA

Typed by: SWETHA

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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Hospital & Research Institute

**Chettinad Academy**

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. RAMA PRABHA Age/ Sex: 57/F

Date: 15.11.2023

Hosp No: CARE093877001

Ref. by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

➤ No significant abnormality detected.

PROF. DR. ROSHINI ABRAHAM, MD, RD,

DR. VIGNESH SM.

**Note:**

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Typed by: usgpry

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SASIKALA  
Hosp. No. CARE092151633  
Ref by: OP

Age / Sex: 40 / F

Date: 30.06.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- No significant abnormality detected.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. SANTHANA LAKSHMI / DR. JYOTHSNA HARINI SUMA

Typed by: Kalpana

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. AMIRTHAVALLI    Age / Sex: 52 /F  
Hosp. No. CARE093582213  
Ref by: OG

Date: 28.02.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

**A well defined predominantly hyperechoic lesion noted in lower inner quadrant of right breast.**

Right breast was studied in craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
Normal vascular markings are seen in right breast.  
The nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows:**

**A well defined multilobulated "wider than taller" hypoechoic lesion with irregular margins measuring 1.4 x 2.3 x 1.8 cm (AP x TR x CC) noted at 4'o clock position in Zone II of right breast with multiple internal calcific foci and internal vascularity.**

Left breast appears normal.

- No evidence of mass / cyst / calcification is seen.
- No significant axillary lymphadenopathy.

**IMPRESSION:**

- **Multilobulated "wider than taller" hypoechoic lesion in right breast – BIRADS IV.**  
- **For clinical correlation.**

**DR. G. RAJKUMAR, MD, RD.**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. NEELUFER ARSHIYA

Typist: Kalpana

**DR. G. RAJKUMAR, MDRD.**  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 01215





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SARASWATHI  
Hosp. No. CARE092532827  
Ref by: OP

Age / Sex: 45 / F

Date: 08.05.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows:**

A cyst measuring 28 x 15 mm with thin internal septation noted at 10'o clock position in Zone I adjacent to nipple areolar complex in right breast.

Multiple cysts (6-7) noted in the upper quadrant of left breast, largest measuring 9 x 8 mm at 12'o clock position in Zone II of left breast.

**IMPRESSION:**

- Left simple breast cysts.
- Right minimally complex breasts cyst.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. RAVI KAUSHIK / DR. VISHAL REDDY

Typist: Kalpana

RADIOLOGY  
CHRI  
REGD NO:19310



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SUPRIYA Age / Sex: 32 / F  
Hosp. No. CARE093735533  
Ref by: OP

Date: 30.06.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

A well defined soft tissue opacity lesion noted in medial and inferior aspect of right breast.

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows:**

Well defined (2) "wider than taller" hypoechoic smooth marginated lesion noted in right breast measuring

- i. 1.7 x 1.1 cm at 2'o - 3'o clock position in Zone II, 1 cm away from nipple areolar complex.
  - ii. 5.0 x 3.3 mm at 2'o - 3'o clock position in Zone II, 2 cm away from nipple areolar complex.
- No evidence of internal vascularity / calcifications.

**IMPRESSION:**

- Right breast fibroadenoma - BIRADS III.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. SANTHANA LAKSHMI / DR. JYOTHSNA HARINI SUMA

Typpo - Kalpana

DR. ROSHINI ABRAHAM, MD, RD.  
DEPARTMENT OF RADIOLOGY  
REGD NO: 19310



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. PARAMALA  
Hosp. No. CARE090767336  
Ref by: OP

Age / Sex: 32/F

Date: 29.07.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

➤ No significant abnormality detected.

**DR. C. BHAVYA SREE, MD, RD.,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. SANTHANA LAKSHMI / DR. VISHAL REDDY

(read by: 29/07/23)





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KASTHURI  
Hosp. No. CARE093789639  
Ref by: OP / GS

Age / Sex: 44 / F

Date: 21.08.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows:**

Right breast appears normal.

Left breast – post mastectomy status.

No obvious lesion noted in left extra thoracic soft tissue and axilla.

**IMPRESSION:**

**K/c/o left total mastectomy:**

- No significant abnormality detected.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. KHAIVEN KUMAR

Typist: Kalpana

**DR. ROSHINI ABRAHAM, MDRD.**  
**PROFESSOR**  
**DEPARTMENT OF RADIOLOGY**  
**CHRI**  
**REGD NO:19310**



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. DEVI  
Hosp. No. CARE093654413  
Ref by: OP

Age / Sex: 42 / F

Date: 21.08.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

  
**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

***Note:***

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. KHAVIN KUMAR / DR. PRUDEEP CHAITHANYA

Typed: Kalpana

**DR. ROSHINI ABRAHAM, MD, RD,**  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:19310





Hospital & Research Institute

**Chettinad Academy**

of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**

(A Unit of Chettinad Academy of Research and Education),

Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.

TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MALARVIZHI

Age / Sex: 50 / F

Date: 30.09.2023

Hosp. No. CARE093085488

Ref by: OP

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.

The breast is composed of glandular tissue interspersed with connective tissue.

There is no evidence of any mass, architectural distortion or suspicious calcification noted.

Normal vascular markings are seen in right breast.

The skin, nipple, areola and subcutaneous tissues appear normal.

No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

- K/C//O left mastectomy status.
- No significant abnormality detected.

  
**DR. G. LAVANYA, MD, RD.,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. G. LAVANYA, MD, RD.  
Typed by: saptha

DR. G. LAVANYA, MD, RD.  
ASSISTANT PROFESSOR,  
DEPARTMENT OF RADIOLOGY,  
CHRI  
REGD NO. 119166



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. PARVATHY  
Hosp. No. CARE093681923  
Ref by: OP / GS

Age / Sex: 46 / F

Date: 13.05.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

- No significant abnormality detected.

  
DR. V. SATHYANARAYANAN, MD, RD.,

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. RAVI KAUSHIK

Typed by: Kalpana

DR. V. SATHYANARAYANAN, MD, RD.  
SENIOR RESIDENT  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 122283





Hospital & Research Institute

**Chettinad Academy**

of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**

(A Unit of Chettinad Academy of Research and Education),  
Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.  
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. DEVI  
Hosp. No. CARE093654413  
Ref by: OP

Age / Sex: 42 /F

Date: 21.08.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

➤ **No significant abnormality detected.**

  
**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

***Note:***

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. KHAVIN KUMAR / DR. PRUDEEP CHAITHANYA

Typed by: Kalpana

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MEHAR NISHA  
Hosp. No. CARE09299283  
Ref by: OP

Age / Sex: /F

Date: 13.01.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Bilateral type C breast composition.**  
well defined round radiodense areas noted in left axilla.

**USG screening shows:**

A well defined wider than taller hypoechoic lesion measuring 3.8 x 2.6 mm noted at 6'0 clock position zone II of left breast 1 cm away from nipple areolar complex.

- No evidence of internal vascularity.

Few (2-3) morphologically normal prominent lymph nodes noted in both axilla largest measuring 9.5 mm on the right 7.1 mm on the left .

**IMPRESSION:**

- A well defined wider than taller hypoechoic lesion in left breast as described above.  
- Fibroadenoma – BIRADS II.

DR. G. LAVANYA, MD, RD.,

DR. JYOTHSANA

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

Typist: septy

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. ANNA JECINTHA  
Hosp. No. CARE093818331  
Ref by: OP / GS

Age / Sex: 45 / F

Date: 28.09.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Bilateral fibroglandular tissues appears prominent.**

**USG SCREENING SHOWS :**

**Left breast:**

Multiple "wider than taller" cyst noted in left breast at 11'o clock, 2'o clock and 4'o clock position in Zone II, largest measuring 33 x 22 mm at 11'o clock position.

Few (3-4) dilated anechoic structure noted in left subareolar region, with no evidence of any internal components.

Right breast appears normal.

**IMPRESSION:**

- Fibrocystic changes in left breast – BIRADS II.
- Ductectasia in left breast – BIRADS II.

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. VIGNESH SM

Typist: Kalpana

**DR. ROSHINI ABRAHAM, MDRD.**  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:19310



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KASTHURI  
Hosp. No. CARE093831181  
Ref by: OG

Age / Sex: 41/F

Date: 28.10.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.

**USG screening shows:**

A well defined heterogeneously hypoechoic lesion measuring upto 14x 10 mm noted at 2'o clock position, zone II approximately 2 cm from left nipple areolar complex.  
No evidence of vascularity / calcification.  
- BIRADS - II.

Few prominent lymph nodes noted in bilateral axillary region with preserved central fatty hilum largest measuring upto 11 mm in left axilla and 8.8 mm in right axilla.

**DR. V. SATHYANARAYANAN, MD, RD.,**

**DR. BHUMIKA MAHESHWARI**

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. NIKILLA

Typed by: SMETILA

DR. V. SATHYANARAYANAN, MDRD.,  
SENIOR RESIDENT  
DEPARTMENT OF RADIOLOGY  
CARE  
REGD NO:122283





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SUREKHA  
Hosp. No. CARE091166437  
Ref by: GS

Age / Sex: 43/F

Date: 31.10.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.

Few tiny well circumscribed round to oval radio-opaque areas noted in central breast parenchyma in zone II of right breast.

No evidence of internal calcification / surrounding architectural distortion.

**USG screening shows:**

Few cysts noted (4-5) in lower outer quadrant of right breast, largest measuring 4.9 x 4.0 mm.  
No evidence of internal septation / solid components.

Morphologically normal prominent lymph nodes noted in bilateral axilla, largest measuring 8.1 mm on the right side and 7.8 mm on the left side.

**IMPRESSION:**

- Right simple breast cyst – BIRADS - II.

  
PROF. DR. ROSHINI ABRAHAM, MD, RD,

  
DR. JYOTHSANA

*Note: This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. NIKHILLA

Typed by: SWETHA

DR. ROSHINI ABRAHAM, MD, RD.  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
GHRI  
REGD NO:19310



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. LOURD MARRY  
Hosp. No. CARE093883058  
Ref by: OP

Age / Sex: 56/F

Date: 14.11.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

USG screening shows no obvious abnormality.

**IMPRESSION:**

- No significant abnormality detected.

PROF. DR. ROSHINI ABRAHAM, MD, RD,

DR. VISHAL REDDY

**Note:**

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

Trupti: sapte

DR. ROSHINI ABRAHAM, MDRD,  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:19310



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. FATHIMA  
Hosp. No. CARE090934865  
Ref by: OG

Age / Sex: 60/F

Date: 30.11.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows:**

Few tiny cysts measuring upto 2.2 mm noted in left upper inner quadrant.

**IMPRESSION:**

- Tiny simple breast cyst.

  
**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

  
**DR. LINISH REDDY**

*Note: This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. VISHAL REDDY / DR. JASVANTHI

Typed by: SWETHA

**DR. ROSHINI ABRAHAM, MDRD.**  
**PROFESSOR**  
**DEPARTMENT OF RADIOLOGY**  
**CHRI**  
**REGD NO:19310**





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. ANNA JECINTHA  
Hosp. No. CARE093818331  
Ref by: OP / GS

Age / Sex: 45 / F

Date: 28.09.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views,  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Bilateral fibroglandular tissues appears prominent.**

**USG SCREENING SHOWS :**

**Left breast:**

Multiple "wider than taller" cyst noted in left breast at 11'o clock, 2'o clock and 4'o clock position in Zone II, largest measuring 33 x 22 mm at 11'o clock position.

Few (3-4) dilated anechoic structure noted in left subareolar region, with no evidence of any internal components.

Right breast appears normal.

**IMPRESSION:**

- Fibrocystic changes in left breast – BIRADS II.
- Ductectasia in left breast – BIRADS II.

  
PROF. DR. ROSHINI ABRAHAM, MD, RD,

**Note:**

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DR. VIGNESH SM.

Specialist: Radiology

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MEHAR NISHA  
Hosp. No. CARE09299283  
Ref by: OP

Age / Sex: /F

Date: 13.01.2024

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**Bilateral type C breast composition.**  
**well defined round radiodense areas noted in left axilla.**

**USG screening shows:**

A well defined wider than taller hypoechoic lesion measuring 3.8 x 2.6 mm noted at 6'0 clock position zone II of left breast 1 cm away from nipple areolar complex.  
- No evidence of internal vascularity.

Few (2-3) morphologically normal prominent lymph nodes noted in both axilla largest measuring 9.5 mm on the right 7.1 mm on the left .

**IMPRESSION:**

- A well defined wider than taller hypoechoic lesion in left breast as described above.  
- Fibroadenoma – BIRADS II.

DR. G. LAVANYA, MD, RD.,

DR. JYOTHSANA

**Note:**

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Typed by: vapgy

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM





Hospital & Research Institute

**Chettinad Academy**

of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**

(A Unit of Chettinad Academy of Research and Education),

Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.

TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. DEVI  
Hosp. No. CARE093654413  
Ref by: OP

Age / Sex: 42 / F

Date: 21.08.2023

**MAMMOGRAM**

**RIGHT X RAY MAMMOGRAM**

Right breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in right breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**LEFT X RAY MAMMOGRAM**

Left breast was studied in medio-lateral oblique and craniocaudal views.  
The breast is composed of glandular tissue interspersed with connective tissue.  
There is no evidence of any mass, architectural distortion or suspicious calcification noted.  
Normal vascular markings are seen in left breast.  
The skin, nipple, areola and subcutaneous tissues appear normal.  
No evidence of axillary lymphadenopathy.

**USG screening shows no obvious abnormality.**

**IMPRESSION:**

- **No significant abnormality detected.**

**PROF. DR. ROSHINI ABRAHAM, MD, RD,**

***Note:***

*This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.*

DR. KHAYIN KUMAR / DR. PRUDEEP CHAITHANYA

Upto: Kallasa

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
KELAMBAKKAM