

Name: Roxann Abrams
Patient ID: [REDACTED]
Age: [REDACTED]
DOB: [REDACTED]
Phone: [REDACTED]
Acc #: [REDACTED]
Pt Status: Routine Patient
Primary Care Physician:

Exam Date: 7/29/2024 11:55 AM
Exam Name: MRI Breast (Bilat) w/ and w/o Contrast [REDACTED]
Reason: [REDACTED]
Referrer: [REDACTED]
2nd Referrer: [REDACTED]
Referrer #3: [REDACTED]
Ordering Physician:

Exam: MRI Breast (Bilat) w/ and w/o Contrast BILATERAL
Accession: [REDACTED]

History: Bilateral lobular breast carcinoma. Status post bilateral mastectomy. Left skin lesions. Currently on systemic therapy. MRI is performed for restaging.

Comparison: MRIs dated 6/3/2024, 12/5/2023 and 10/30/2023.

MRI TECHNIQUE:

Sagittal FSE T2, axial T2 fast STIR, precontrast axial VIBRANT single phase T1, and postcontrast axial VIBRANT multi-phase T1 images were obtained. Postcontrast images were obtained at 90 second intervals up to 7 minutes post injection. 10 mL of Gadavist was injected intravenously. Using a DynaCAD imaging workstation, computer-aided detection (CAD) was used for real-time image analysis.

FINDINGS:

Right breast:

Status post mastectomy, which appears nipple sparing. There is reconstruction with a prepectoral silicone implant. There is no suspicious enhancing mass or areas of nonmass enhancement.

CAD analysis of the dynamic postcontrast images demonstrates no suspicious enhancement pattern.

There is no nipple retraction, skin thickening, axillary or internal mammary lymphadenopathy.

Left breast:

Status post mastectomy. There is reconstruction with a prepectoral silicone implant. Again seen is skin thickening along the inferior, medial and lateral aspects of the breasts. There are multiple subcutaneous enhancing foci, which are predominantly along the lateral aspect of the breasts. Compared with the previous MRI, these are stable. The largest measures 0.8 cm as seen on series 1102, image 51. Previously, it measured 0.8 cm.

CAD analysis of the dynamic postcontrast images demonstrates no suspicious enhancement pattern.

Previously seen tiny enhancing sternal lesions are stable. These are seen on series 1103, images 54 and 60 measuring up to 5 mm.

There is no evidence for axillary or internal mammary lymphadenopathy.

Arm pit

Swollen lymph nodes)


IMPRESSION:

1. No significant change since 6/3/2024. On the left, again seen are multiple subcutaneous enhancing nodules, which are stable. The largest measures 0.8 cm compared with 0.8 cm. As noted previously, these are suspicious for residual or recurrent tumor, although may represent posttreatment change.
2. No MRI evidence for active malignancy in the right breast. There are bilateral silicone implants, which are intact.
3. Again seen are subcentimeter sternal lesions, which are stable. As noted previously, these are worrisome for metastases. No new metastasis is identified.

ASSESSMENT: Suspicious (BI-RADS 4)

RECOMMENDATION:

1: Appropriate Oncological Management Bilateral


Report Electronically Signed by: [REDACTED]
Report Electronically Signed on: 7/31/2024

Patient Name: Roxann Abrams
Patient ID: [REDACTED]
Completed Date: 7/29/2024 11:55 AM
Transcribed By:
Transcribed Date: 7/31/2024
Technologist: [REDACTED]

Exam: MRI Breast (Bilat) w/ and w/o Contrast
Acc #: [REDACTED]
Interpreting Rad: [REDACTED]
Finalized Date: 7/31/2024 09:52 AM