
Patient Name:	DECELIS, Louise	Accession Number:	43.1598269
Patient ID:	43.03415451	Requested Dates:	July 10, 2017 09:10 July 10, 2017 10:00
Gender:	Female	Report Status:	Final
Date of Birth:	April 29, 1978	Requested Procedures:	43.1598269_2, 43.1598269_1
Home Phone:	0404046385	Procedure Descriptions:	BREAST MRI - NON CLAIM CORE BIOPSY
Referring Physician:	SPILLANE**, Andrew	Modalities:	MR, US
Organization:	Mater Imaging AMI		

Findings

Reporting MD: MCKESSAR, M
Dictation Time:
Transcriptionist: Dobbins, Sue
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10th July 2017

Our Ref: 341545-1

Prof Andrew SPILLANE**
Melanoma Institute Australia
The Poche Centre, Rocklands Rd
NORTH SYDNEY 2060

Re: DECELIS Mrs Louise - DOB: 29/04/1978

cc: Dr Ben Forster
cc: Dr Ratna NEVILLE**

BREAST MRI

Reason for examination: A palpable lump in the left breast upper inner quadrant has proven to be a triple negative invasive duct carcinoma at core biopsy. Breasts are clinically very dense. There are bilateral silicone implants in situ (inserted November 2016).

Technique: Axial T1W 3D GRE non-fat suppressed, axial T2W, axial high resolution T1W fat-suppressed, pre and post contrast axial T1W 3D GRE fat-suppressed images, and DWI sequences have been obtained. 7.5mls Gadovist were given via an injector. Imaging interpretation has been performed using a CAD workstation. An axial silicone specific sequence has also been performed.

MR density: Dense parenchyma displaying mild background parenchymal enhancement.

Findings: There are bilateral silicone implants in situ. No abnormality is seen in relation to implants.

In the left breast, in the upper inner quadrant, at 11 o'clock in the posterior aspect of the breast there is a lobulated, irregularly marginated mass measuring 22mm anterior to posterior x 18mm superior to inferior x 17mm transverse diameter. It has malignant morphologic and enhancement characteristics, and corresponds to the known carcinoma. At its posterior aspect it abuts the implant capsule, however there is no adjacent implant capsular thickening or fluid.

The other significant finding in the left breast is an area of non mass enhancement throughout the superior aspect of the breast, centred at 12 o'clock, but extending from 10 to 2 o'clock 69mm anterior to posterior (radial) x 29mm superficial to deep x 54mm transverse diameter. No discrete mass is seen within this area however, parenchyma in this area does appear subtly diffusely distorted. The appearance is suspicious for DCIS. This extends to the periareolar region but not obviously into the nipple. No lymphadenopathy is identified.

In the right breast no significant abnormality is seen. No lymphadenopathy is identified.

Conclusion:

Left breast: Known carcinoma upper inner quadrant at 11 o'clock measuring 22mm. Suspicious non mass enhancement superior aspect of the breast centered at 12 o'clock over a 69 x 29 x 54mm diameter.

No abnormality seen in the right breast.

Recommendation: Targeted ultrasound with view to biopsy non mass enhancement area left breast 12 o'clock

ULTRASOUND CORE BIOPSY LEFT BREAST

The known carcinoma is identified at 10 o'clock, however no discrete mass is seen elsewhere in the left breast superiorly. There is possible subtle ductal hickening at 12 o'clock centered at 5cm from the nipple.

Under ultrasound guidance four 16 gauge core specimens were obtained through left breast parenchyma at 12 o'clock centered 5cm from the nipple. Specimens have been sent to Douglass Hanly Moir Pathology for assessment.

Thank you for referring Mrs Louise DECELIS

Dr Merran McKessar

?Mater Announcements

1 ? ?Mater Imaging has amalgamated with Nuclear Medicine , now providing a complete comprehensive Imaging Service.

2 ? General Xray is now available Sat/Sun from 9 am - 4pm

DECELIS Mrs Louise of