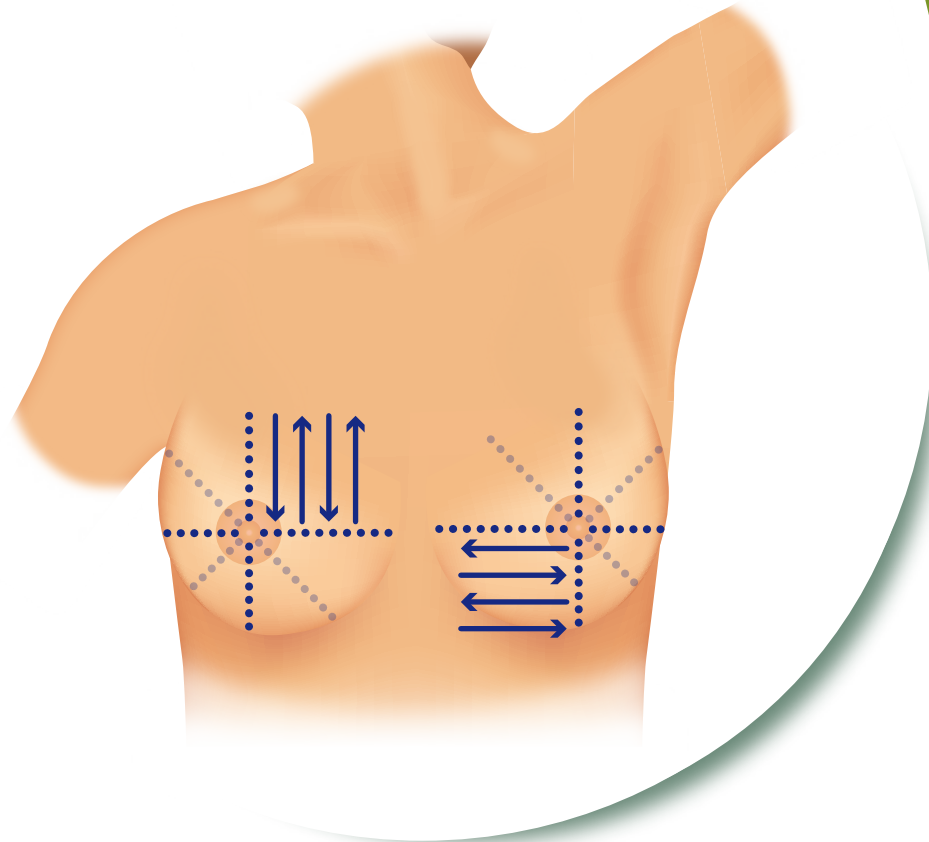
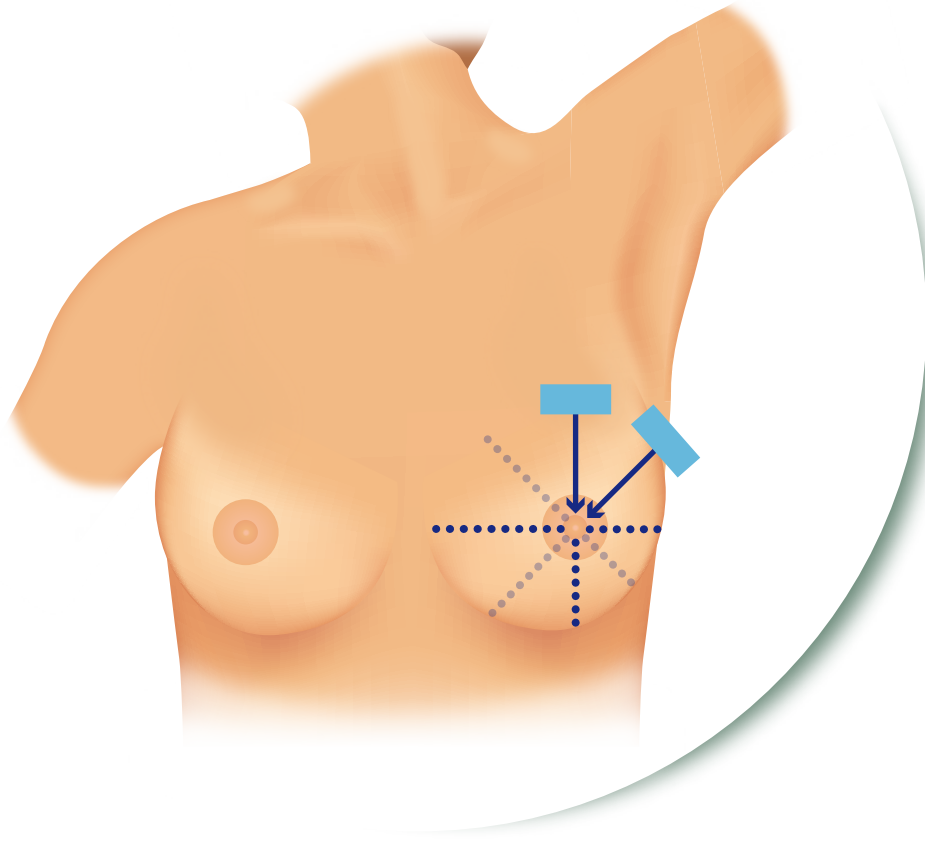


THE SONOGRAPHER'S

SCAN TECHNIQUES QUICK REFERENCE GUIDE

ANTIRADIAL/RADIAL PRIMARY INTERROGATION TECHNIQUE

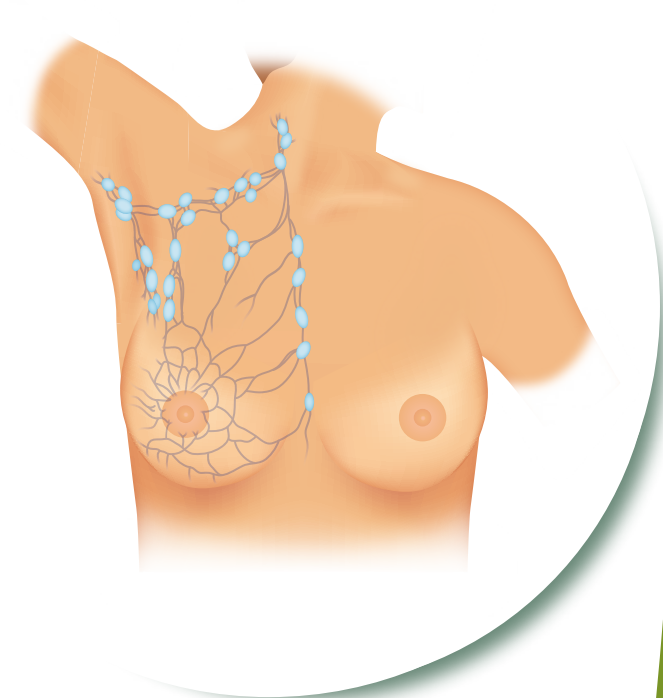
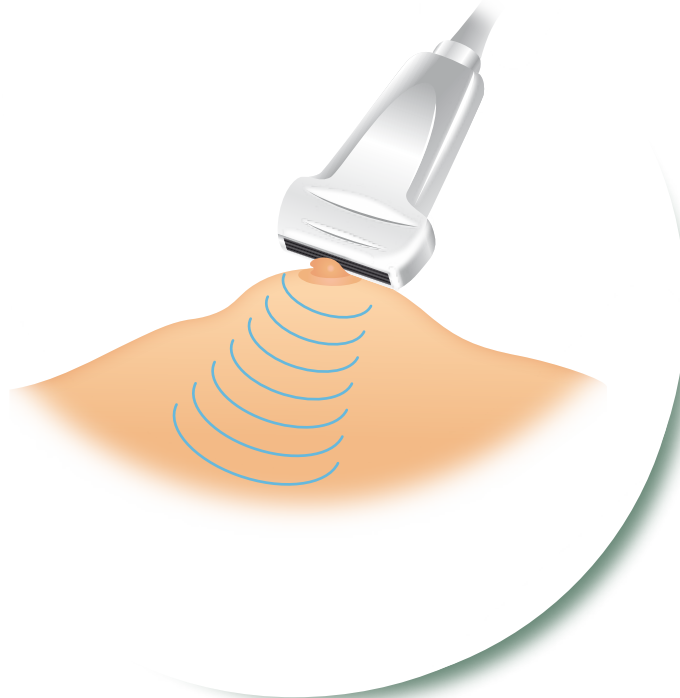
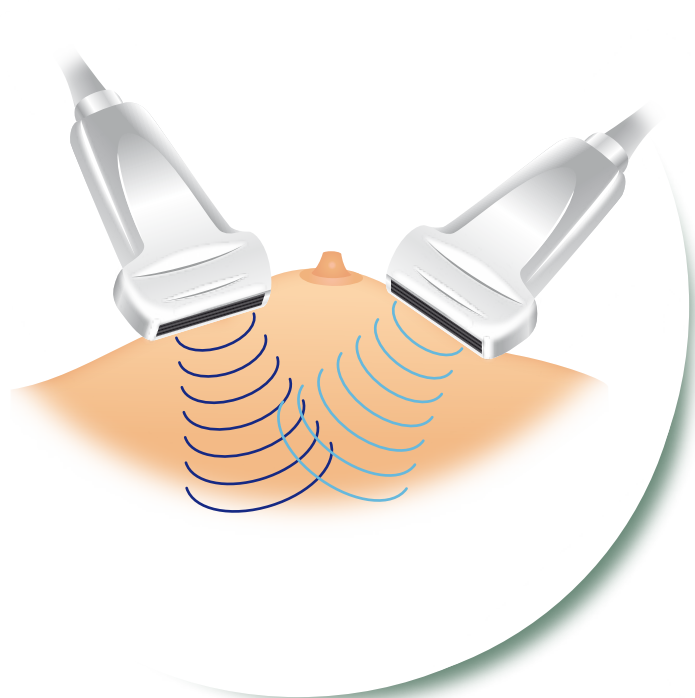
LONGITUDINAL/TRANSVERSE SUPPLEMENTARY SCAN TECHNIQUE



DEEP TO NIPPLE RETROAREOLAR

ROLLED NIPPLE FOR NIPPLE IMMEDIATELY BENEATH

AXILLA



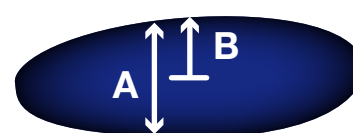
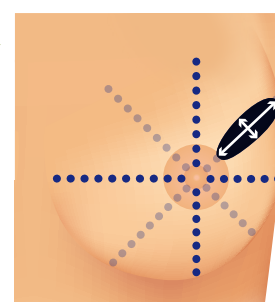
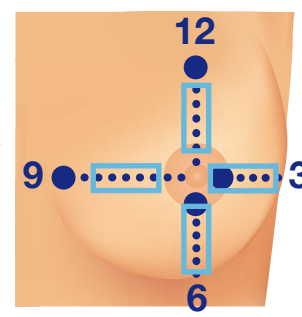
Breast positioned to stretch out to be as thin as possible, Scanned in quadrants
Record images in a radial plane of the clockface (probe orientated to normal anatomical position ie left of image is cephalad or to patient's right)

Minimum images: 12.3.6.9 O'Clock, Deep to Nipple, Axilla
Supplementary images: Axillary tail, Nipple, Palpable ROI, Area of Concern

Pathology: document in at least 2 orthogonal planes

- Longest length with length and depth measurements
- Transverse is widest plane and measurement
- Measure with ruler distance from centre of nipple - annotate as xxCMFN
- Presence or not of blood flow
- Try to determine and document cystic vs solid

Lymph nodes: Note shape, cortical margins, number, extend to Level 2/3 if suspicious nodes identified in the presence of a likely malignant lesion
Measure Axial Diameter and cortical thickness (>2.5-3mm may be of concern)



BREAST ANATOMY