THE SONOGRAPHER'S SCAN TECHNIQUES QUICK REFERENCE GUIDE

ROLLED NIPPLE

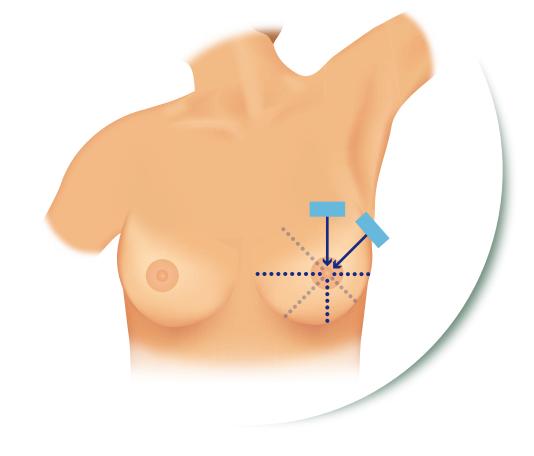
FOR NIPPLE

IMMEDIATELY BENEATH

australasian sonographers association

ANTIRADIAL/RADIAL PRIMARY INTERROGATION TECHNIQUE

LONGITUDINAL/TRANSVERSE SUPPLEMENTARY SCAN TECHNIQUE



DEEP TO NIPPLE

RETROAREOLAR



B R E A S T A N

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)



12

9 •••••••••••



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