



OHSU Diagnostic Imaging Services

The Breast Center at OHSU

Scheduling: 503-494-4673 Fax: 503-418-8980

Patient **must** call 503-494-4673 to schedule

REQUIRED INFORMATION

Patient Name: _____

Patient Phone: _____

Date of Birth: ____/____/____

Can the patient stand unsupported for 20 minutes? YES NO

Reason for Exam: _____

ICD 10 Code: _____

Authorization #: _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Phone: _____

Signature: _____

Date: ____/____/____

I authorize study specific medications, lab work and additional imaging procedures per the OHSU department standard.

EXAM

FOCUS

Screening Mammogram

For asymptomatic patients ≥ 40 years, high risk, or history of breast cancer more than 5 years prior.

Left **WITH IMPLANTS** **WITH IMPLANTS**

Right \rightarrow 3D Tomosynthesis with CAD Digital with CAD

Bilateral (high risk, dense tissue, history breast disease) (Computer-Aided Detection)

All screening mammograms are reviewed by CAD technology on an annual basis.

Diagnostic Mammogram

Left **WITH IMPLANTS** **WITH IMPLANTS**

Right \rightarrow 3D Tomosynthesis (short term f/u, add views) Digital (short term f/u, add views)

Bilateral 3D Tomosynthesis with CAD (annual) Digital with CAD (annual)

If pt. has a new lump, nipple discharge, or focal pain, **also order a breast ultrasound.**

Consider 3D Tomosynthesis for high risk, dense tissue, history breast disease.

Ultrasound Breast Axilla

US Breast Left US Breast Right US Breast Bilateral

If pt. is ≥ 35 years and has: new lump, nipple discharge, focal pain, **also order a Diagnostic Mammogram.**

US Breast Density Screening Bilateral US Axilla Left US Axilla Right

MRI Breast

With and Without Contrast Bilateral

Without Contrast Bilateral (for silicone implant evaluation)

First day of last menses: ____/____/____

Order oral medications for patient pick up at pharmacy if patient had difficulty completing prior MRI scans.

Biopsy

Left Right Stereotactic Breast Biopsy and Lab: Surgical Pathology

Left Right US Breast Core Biopsy and Lab: Surgical Pathology

Left Right MRI Breast Core Biopsy and Lab: Surgical Pathology

Left Right US Axilla Core Biopsy and Lab: Surgical Pathology

FNA Aspiration

Left Right US Axilla FNA and Lab: Fine Needle Aspirate

Left Right US Breast FNA and Lab: Fine Needle Aspirate

Left Right US Breast Fluid Aspiration and Lab: Culture, Wound Abscess or Aspirate

Ductogram

Left Right Ductogram

Other: Specify

Patient Instructions Do not wear powder, deodorant, perfume or lotion.

OHSU Department Standard:

At the discretion of the radiologist, the following unilateral or bilateral exams may be performed.

Screening Mammogram	<p>For asymptomatic patients 40 years of age or greater, high risk screening, or for a history of breast cancer more than 5 years prior.</p> <p>For patients at high risk for breast cancer, annual screening mammography may commence at age 30 (or as specified in the scenarios below). This includes:</p> <p>Known genetic mutation or syndrome conferring increased breast cancer risk.</p> <p>No genetic testing but has a first-degree relative with a BRCA mutation.</p> <p>A 20% or greater lifetime risk for breast cancer based on breast cancer risk model(s).</p> <p>A first-degree relative with breast cancer may commence screening 10 years earlier than the age at which the youngest first-degree relative was diagnosed (but not before age 30).</p> <p>A history of chest (mantle) radiation received between the ages of 10 and 30 should begin screening 8 years after the radiation therapy, (but not before age 25). Biopsy-proven lobular neoplasia or atypical ductal hyperplasia and ductal carcinoma in situ, invasive breast cancer, or ovarian cancer should begin mammography at the time of diagnosis, regardless of age.</p>
Diagnostic Mammogram	<p>Performed for evaluation of the following:</p> <p>Patient is symptomatic: has a new lump/area of palpable concern, a persistent focal area of pain or tenderness, skin/nipple changes or nipple discharge.</p> <p>Patient has a history of breast cancer less than 5 years prior.</p> <p>Evaluation of abnormal imaging findings identified on screening mammography.</p> <p>Characterization of findings noted on imaging exams not specific to the breast (e.g. CT, MRI).</p> <p>Follow-up eval of a mammographic finding assessed as “probably benign” at prior diagnostic exam, as defined by the ACR Breast Imaging Reporting and Data System (BI-RADS®).</p> <p>Initial imaging: Age greater than or equal to 35.</p>
DBT	Digital Breast Tomosynthesis/3D Tomosynthesis: Will be done at the patient’s request.
US Breast	<p>Patient is symptomatic: has a new lump/area of palpable concern, a persistent focal area of pain or tenderness, skin/nipple changes or nipple discharge, history of breast cancer less than 5 years prior. Evaluation of problems associated with breast implants.</p> <p>Initial imaging: Any age (less than 30, 30-39, > 40).</p>
US Breast Density Screening	Performed to define the visually estimated content of fibroglandular-density tissue within the breasts as additional screening with mammography for dense breast tissue.
US Breast FNA	Performed for suspected abnormal lesion for the purpose of obtaining sufficient tissue/cells to establish a pathologic diagnosis or to guide appropriate patient management.
US Breast Fluid Aspiration	<p>Performed for cyst, abscess, or seroma fluid characterization.</p> <p>Performed for therapeutic drainage.</p>
US Breast Biopsy: Core or Vacuum Assisted	<p>Performed for complex cystic and solid masses, microcalcifications, asymmetries, and architectural distortions:</p> <p>May be performed in conjunction with marker/clip placement.</p>
Stereotactic Breast Biopsy: Vacuum	Performed for mammographically depicted findings, that are not well seen or identified with ultrasound guidance. May be performed in conjunction with marker/clip placement.
US Axilla R/L	Performed to evaluate abnormal imaging findings on breast ultrasound or mammography.
US Axilla FNA	<p>Performed for histopathologic proof of axillary nodal involvement, abnormal-appearing nodes, or axillary involvement in clinically node-negative patients.</p> <p>Performed to evaluate suspected abnormal lesions for the purpose of obtaining sufficient tissue/cells to establish a pathologic diagnosis or to guide appropriate patient management.</p>
US Axilla Core Biopsy	Performed when the suspicion of malignancy is high and if abnormal lymph nodes are seen within the axilla or axillary tail. May be performed at the time of initial imaging-guided core biopsy of a suspicious breast mass or at a later time.
Ductogram	Performed for evaluation of pathologic nipple discharge.
Lab Work:	Culture, Wound Abscess or Aspirate; Gram Smear routinely performed by Lab services, Sensitivity if indicated by results. FNA Fine Needle Aspirate, Surgical Pathology
Medications	<p>9 mL Lidocaine HCl 1%, 10 mg/ml, 1 mL Sodium Bicarbonate 8.4%, 1 mEq/mL. Local.</p> <p>Lidocaine 1% and Epinephrine 1:100,111. Local anesthetic. Lidocaine and Prilocaine Cream 2.5%/2.5%. Local anesthetic. 300mg/ml Omnipaque, 1mL. For ductogram.</p> <p>Spot Endoscopic tattoo ink. Marker Dye. Methylene blue. Marker dye.</p>