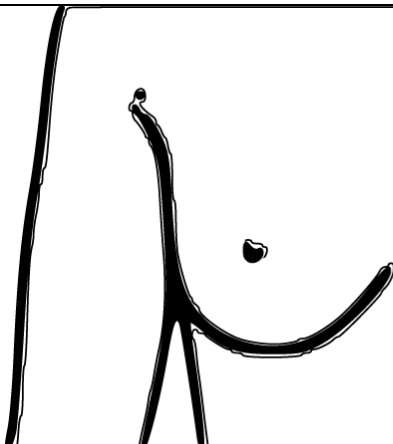
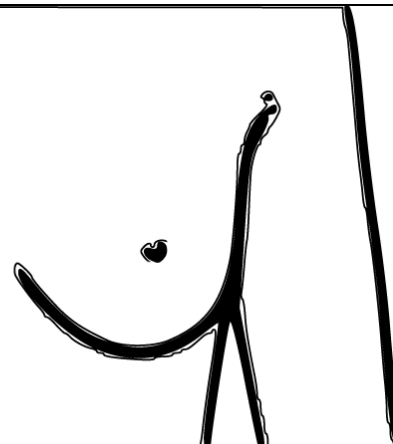


Breast Ultrasound

Patient Name	Date of Exam
History	
Palpable Mass	Mass on Mammogram
Location	
Right Breast UOQ UIQ LOQ LIQ Retroareolar Axillary	Left Breast UOQ UIQ LOQ LIQ Retroareolar Axillary
Findings	
Right Breast Cyst 1. _____ X _____ X _____ 2. _____ X _____ X _____ 3. _____ X _____ X _____ Mass 1. _____ X _____ X _____ 2. _____ X _____ X _____ 3. _____ X _____ X _____ No Mass/Cyst Seen	Left Breast Cyst 1. _____ X _____ X _____ 2. _____ X _____ X _____ 3. _____ X _____ X _____ Mass 1. _____ X _____ X _____ 2. _____ X _____ X _____ 3. _____ X _____ X _____ No Mass/Cyst Seen
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>Right Breast</p>  </div> <div style="text-align: center;"> <p>Left Breast</p>  </div> </div>	
Sonographer	