


Mammography Educators at Sea




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1

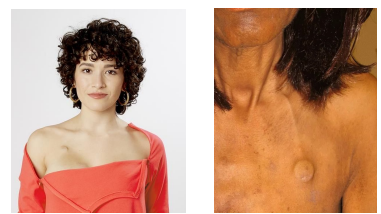

Question 1: An example of iatrogenic device would be

- a. Pacemaker
- b. Implant
- c. Skin marker
- d. Nipple marker



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2





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3

Question 2: The best additional view for imaging a patient with an iatrogenic device is

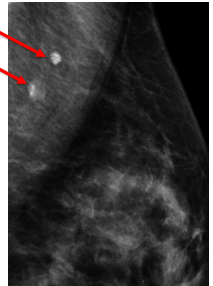

- a. LM
- b. ML
- c. LMO
- d. SIO



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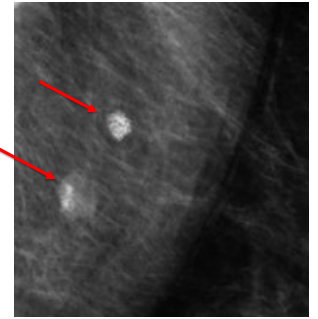

4

Question 3: What do you think these are?

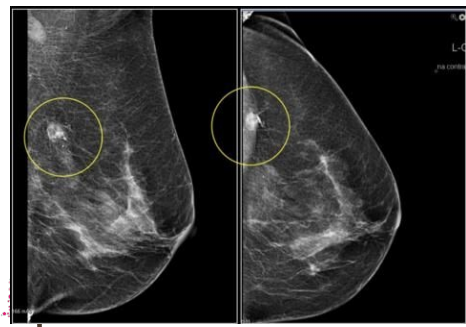
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5

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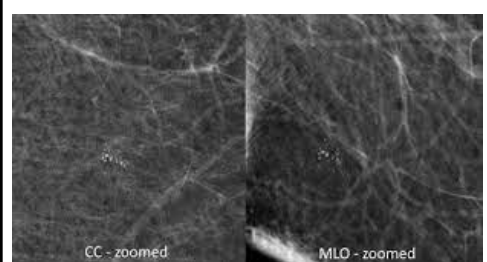


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7




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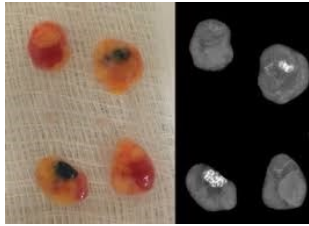
8

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9

Tattoo ink uptake in lymph nodes

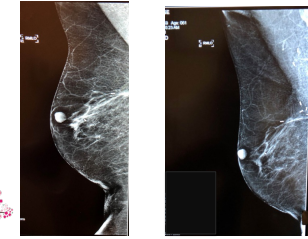


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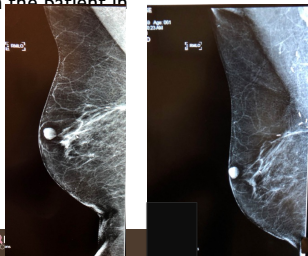
11

Question 4: What did the tech do to improve image quality?



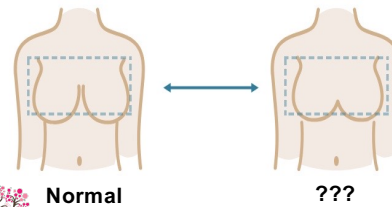
12

- a. Increase the angle
- b. Bring the latissimus dorsi in front of the IR**
- c. Got another tech to do it
- d. Turn the patient in



13

Question 5: What is the correct medical term for “webbed breasts”



14

Symmastia



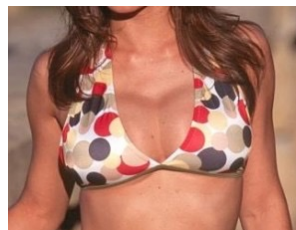
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Congenital Symmastia



16

Defect of Surgical Breast Augmentation

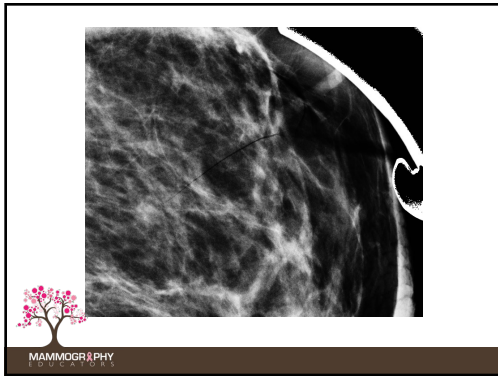


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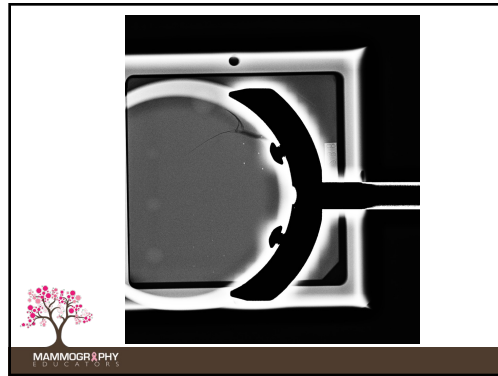
Question 6: Do you see anything wrong with this imageand if so, what do you think it is?



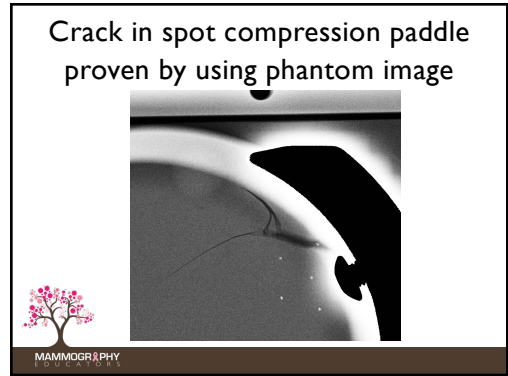
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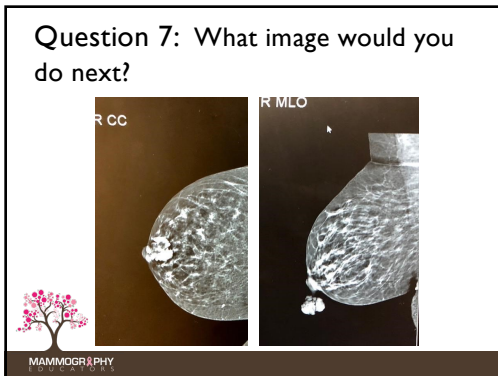
19



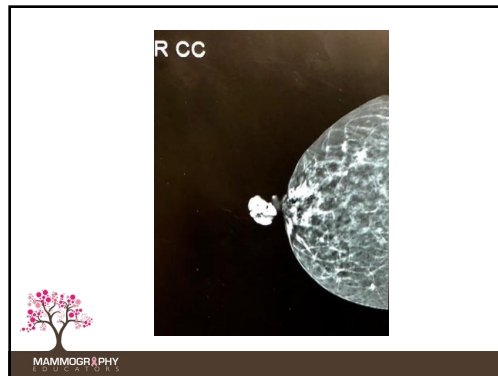
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21



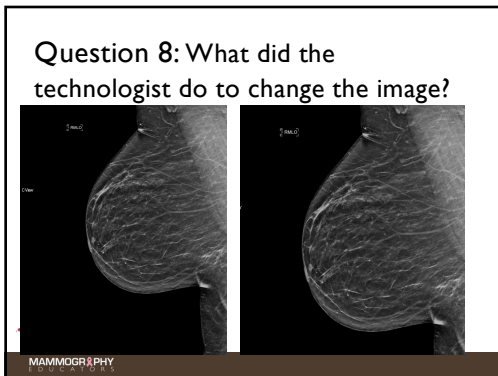
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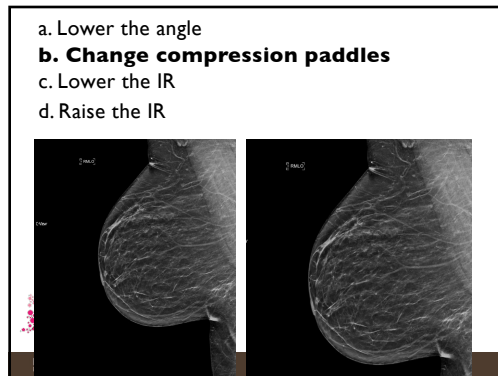
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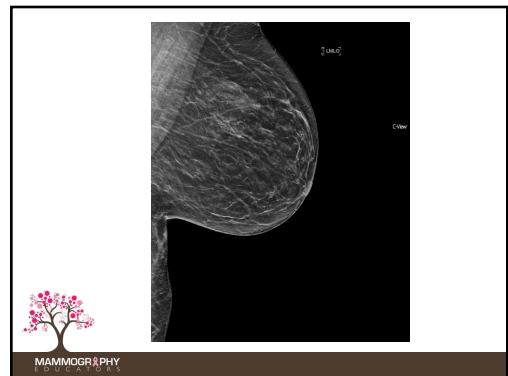
24



25



26



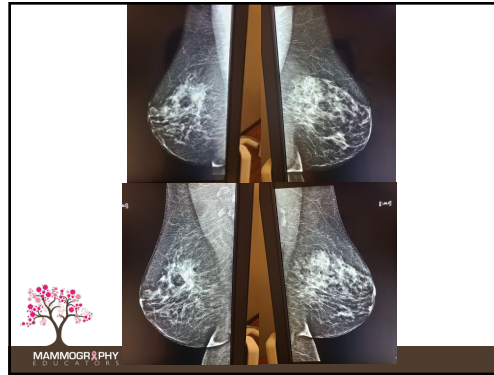
27

Question 9: What is the best angle to use for patients who have undergone reduction mammoplasty?

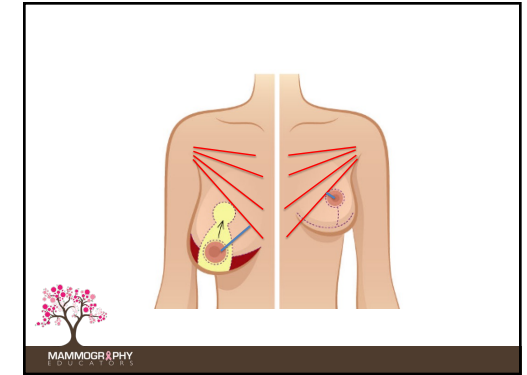
- a. 45 degrees
- b. 50 degrees
- c. 40 degrees
- d. **35 degrees**



28



29



30

Question 10: Which of the following are normal findings on post reduction mammoplasty:

- a. Fat necrosis
- b. Cranial displacement of the nipple
- c. Shortened pec muscle on the MLO
- d. **All of the above**



31

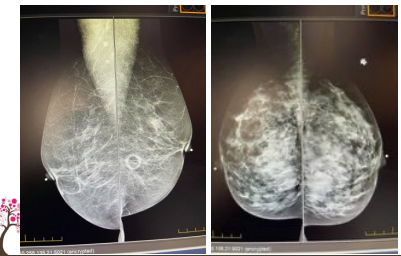
Radiographic changes after reduction mammoplasty

- Alteration of breast contour
- Elevation of the nipple
- Displacement of breast parenchyma
- Architectural distortion
- Fat necrosis
- Suture calcifications
- Skin thickening
- Retroareolar fibrotic band
- Disruption of subareolar ducts



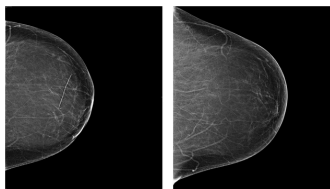
32

Question 11: Do you think these images should pass ACR?



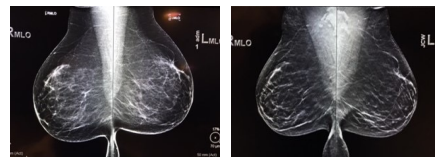
33

Question 12: What did the technologist do to improve this image? List 3 things



34

Question 13: What is the greatest difference in the two images?



35

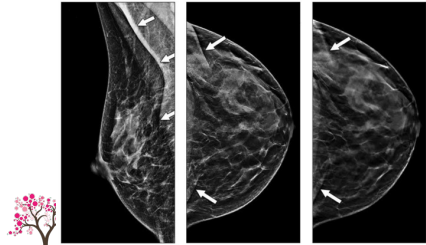
Question 14: What specifically did the technologist do to achieve this result?

- a. Decrease the angle
- b. Raise the IR
- c. **Reposition the shoulder**
- d. All of the above



36

Question 15: Are these skin folds acceptable with DBT? **YES**



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37

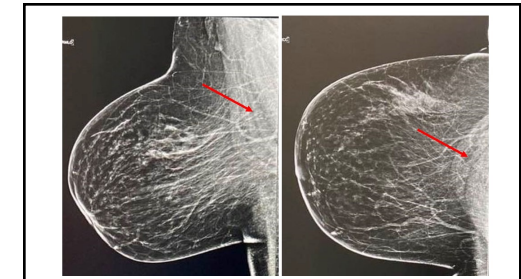
Question 16: What do you think this is?

FAT BETWEEN MUSCLE FIBERS



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38



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39

Question 17: What causes this?

- a. Poor positioning
- b. Poor compression
- c. Muscle tension
- d. Body building
- e. None of the above**



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40

Question 18: What is the most common area of the breast missed on a mammogram?

- a. Posterior and superior
- b. Medial and posterior**
- c. Medial and anterior
- d. Lateral and anterior



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41



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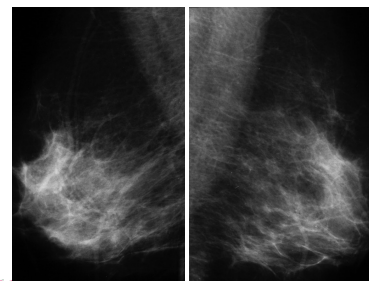
42

Question 20: Name the second most common area missed on the MLO



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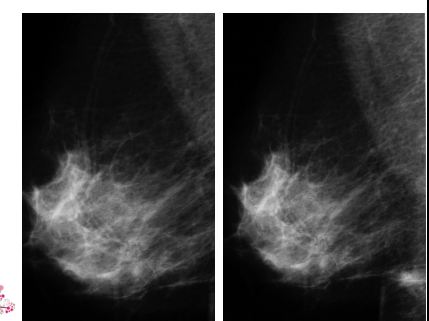
43



• Case Courtesy of Laszlo Tabar, MD

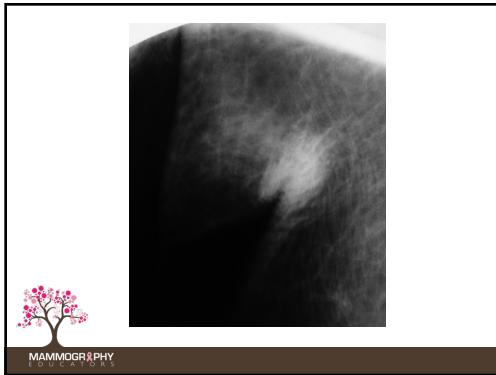
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44



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45



46

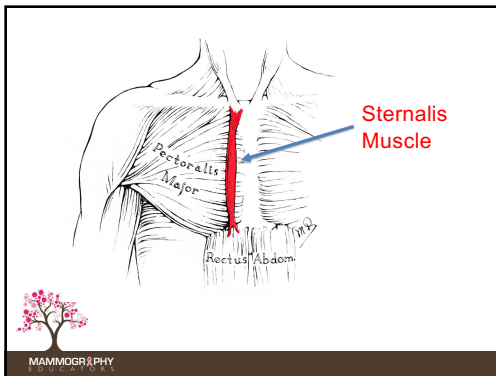
Question 21: Which of the following is NOT a finding that may be associated with breast cancer

- Asymmetric veins
- Chronic asymmetry**
- Skin thickening
- Nipple retraction or inversion
- Enlarged lymph nodes

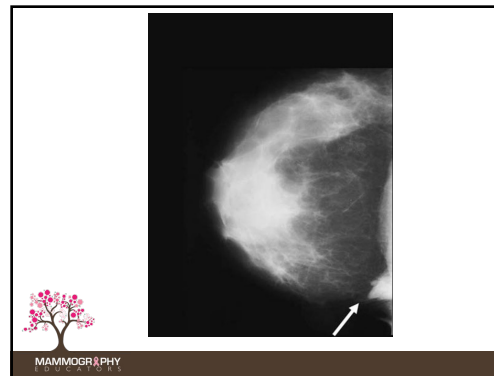
47

Question 20: What do you think this is?

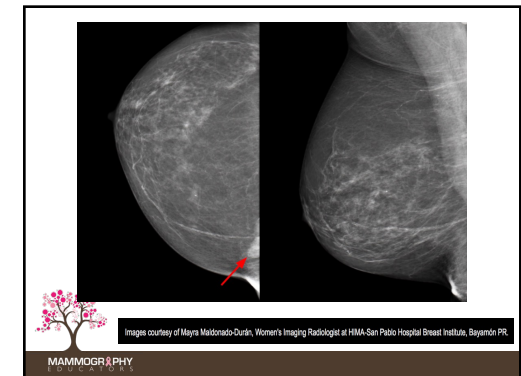
48



49



50



51

Sternalis Muscle

- Flame-like appearance (similar to an appendix)
- Present in only 7-10% of the population
- Seen medially on a mammogram
- Often misdiagnosed as the insertion of the pectoralis muscle

52

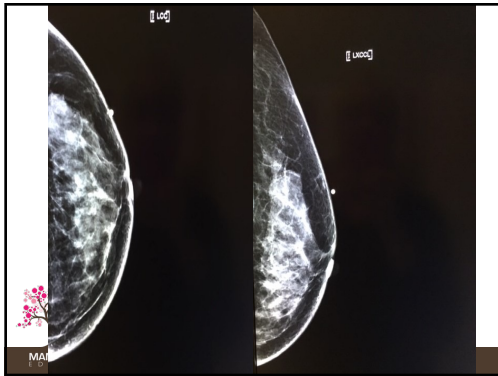
Insertion of the pec. NOT sternalis

53

Question 21 Which of the following are true about an XCCL true:

- It is used for visualization of posterior medial breast tissue in a CC projection
- Should be angled at 5-10%
- Patient's shoulder should drop
- All of the above
- None of the above**

54



55



56



57

An XCCL is a variation of the CC

- Should not be angled – Use 0 degrees
- Patient should not be angled, or leaning back
- Visualization of pectoralis muscle may occasionally be seen but is not a requirement and not preferred as it may indicate the tube or patient is “angled”.

58

Use of the XCCL in Screening

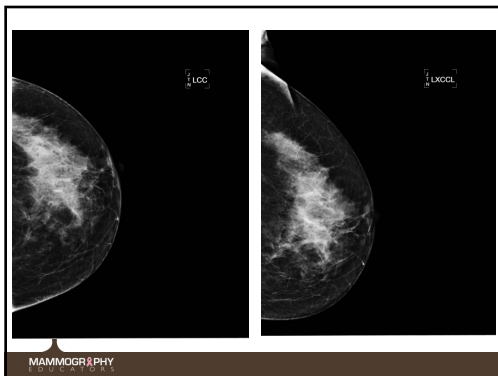
- Used on a baseline mammogram when lateral, posterior breast tissue is not visualized on the CC.
- On subsequent screening an XCCL is not necessary if, on the MLO, you have visualized glandular breast tissue back to the retromammary fat space.

59

Use of the XCCL in Screening

- The only published available data on the use of the XCCL in screening (Cardenosa, 1994) states that it is needed in less than 10% of all screening exams.
- Currently, expert breast imaging radiologists in the US, report that the XCCL is used/needed on less than 3% of all screening exams.

60



61

Pec or No Pec?

62

Question 22: What do you think this is?

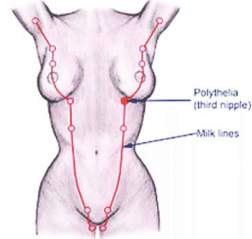
63

Polythelia or Ancillary Nipple



64

Embryonic Milk Line



65

Question 22: What do you think this is?



66

Ancillary/Accessory Breast



67

Axillary Fat Pad



68



69

FINAL JEOPARDY:

This is the labeling code for the Caudocranial View



70

Caudocranial - FB



71

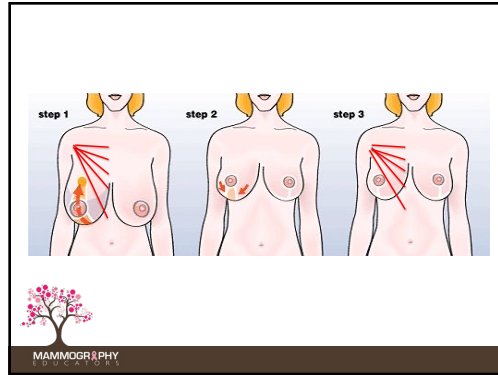
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72



73



74