

# What the Heck is That?

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*Special thanks to:  
Robyn Hadley, A.S., R.T.(R)(M)(ARRT)  
Breast Imaging Consultant, Mammography Educators*



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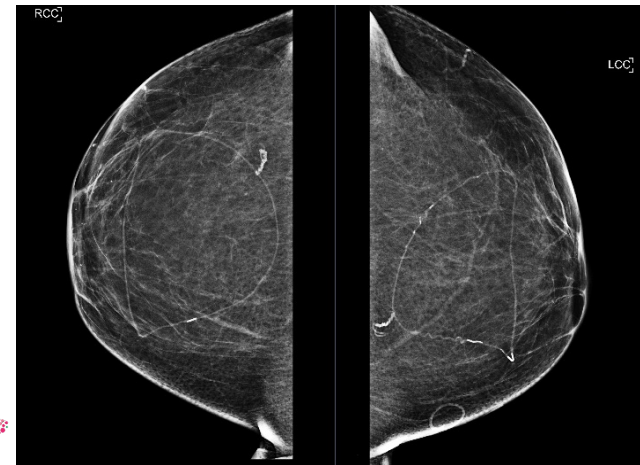
## Objectives

- Identify various patient conditions that affect mammographic images
- Describe how unusual clinical findings can alter the appearance of normal breast tissue on a mammographic image
- Recognize mammographic image findings that correlate with specific patient conditions



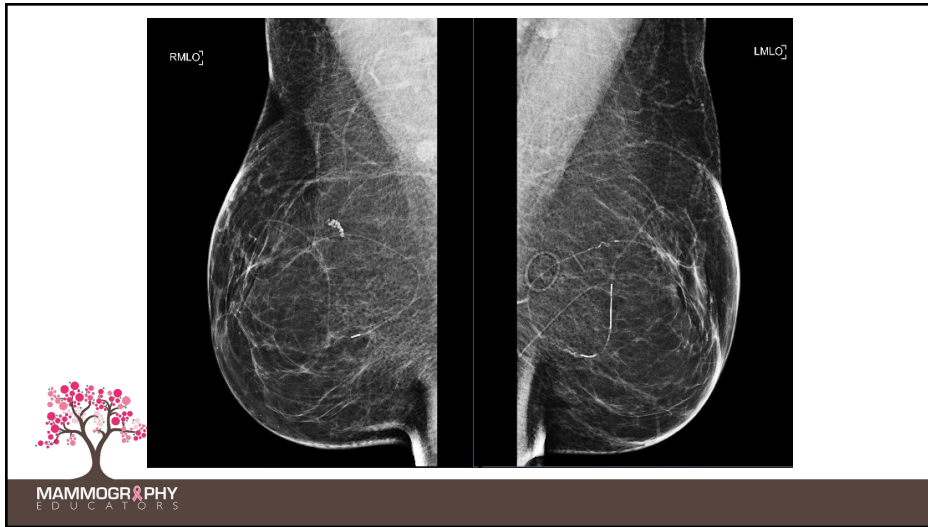
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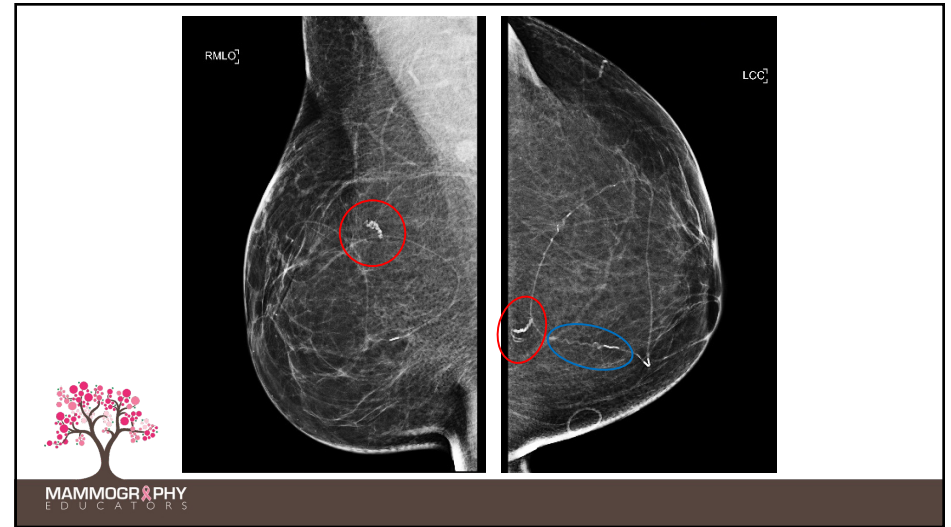


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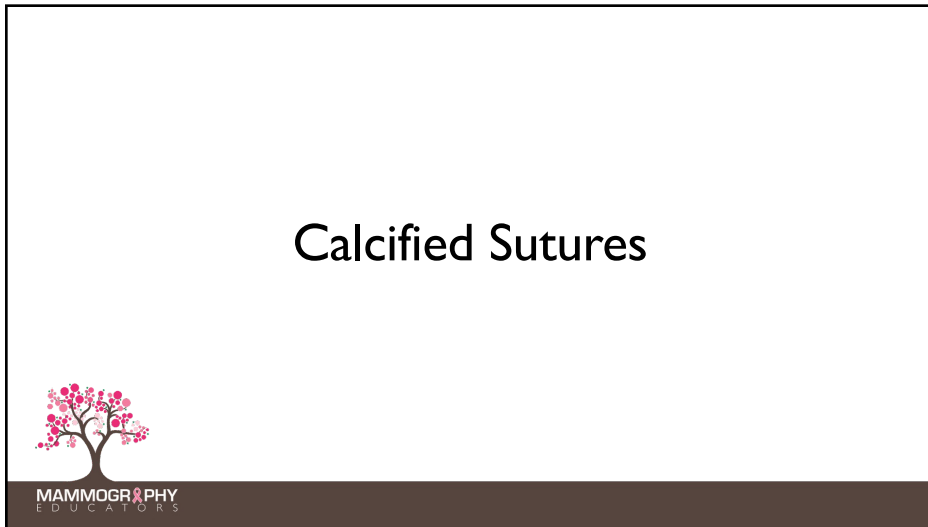
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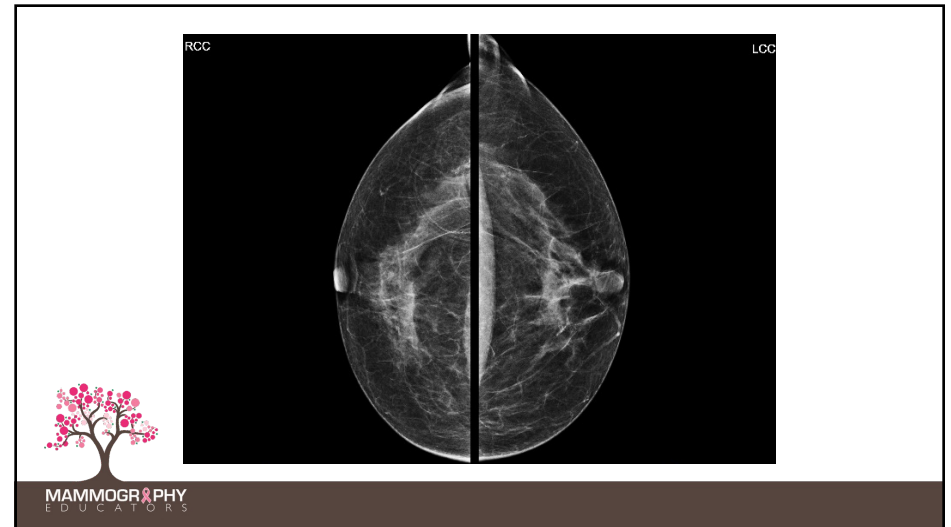
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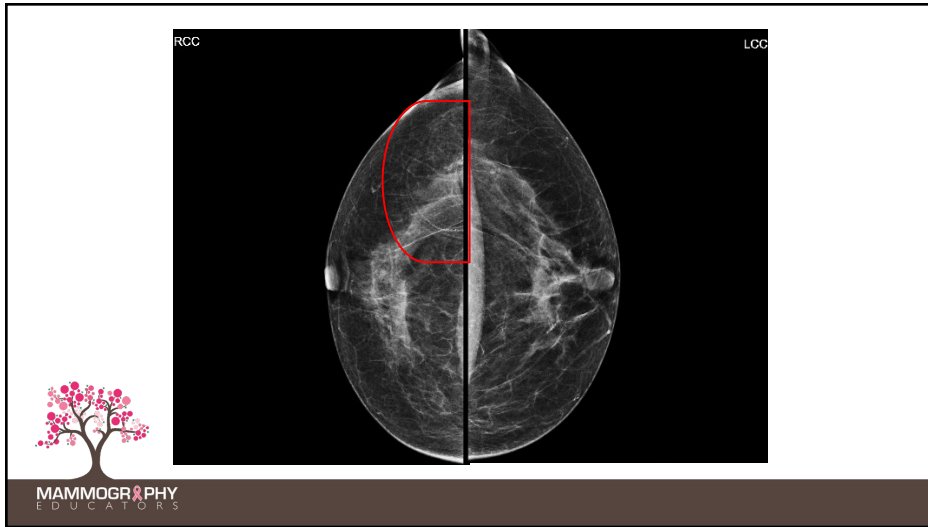
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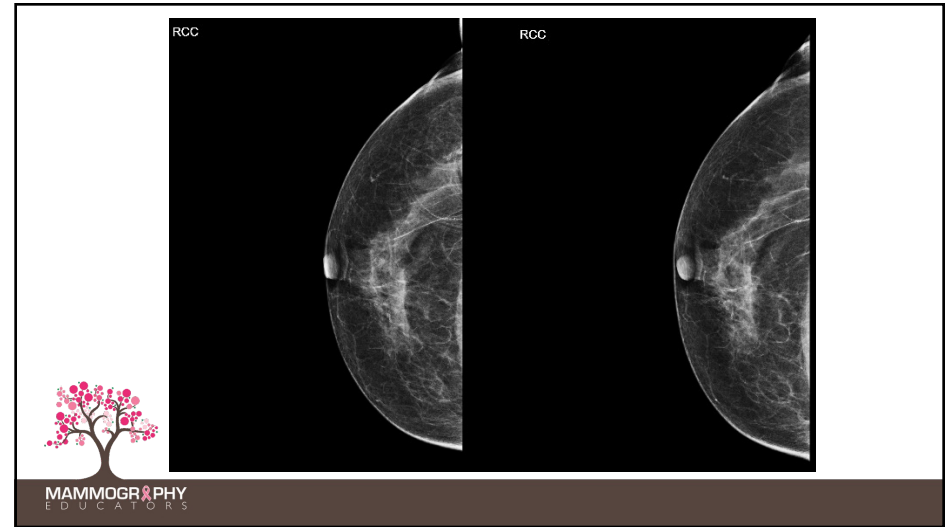
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## Filariasis

- Parasitic infection
- Obstruction of Lymphatic vessels by presence of active or calcified worms
- Larvae penetrates lymphatic vessels
- Fibrosis
- Lymphatic drainage changes
- Skin thickening
- Linear or serpentine calcifications



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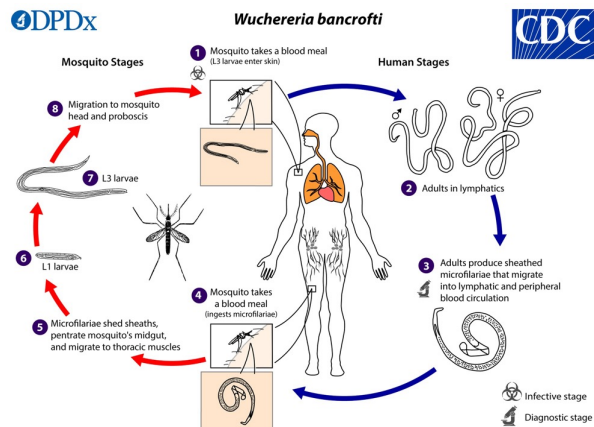
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## Wuchereria Bancrofti



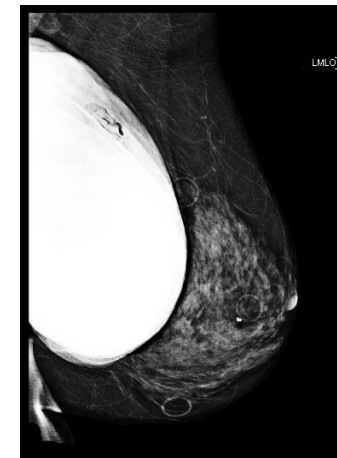
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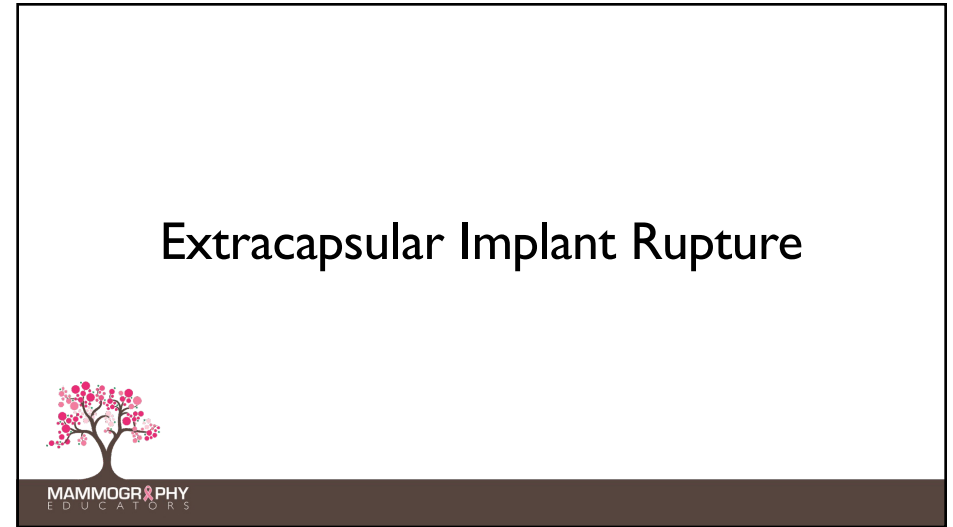


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RADIOLOGY DEPARTMENT  
Form # \_\_\_\_\_

MAMMOGRAPHY HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 AGE: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

CURRENT PROBLEM: \_\_\_\_\_

**A. BREAST HISTORY:** Do you have a personal history of Cancer?  Yes  No Type of Cancer: \_\_\_\_\_  
 • TUBERCULOSIS THERAPY:  Yes  No  
 • HORMONAL THERAPY:  Yes  No

LUMP:  RT  LT  Bilateral: \_\_\_\_\_  
 BEELDING OR DISCHARGE:  RT  LT  Bilateral: \_\_\_\_\_  
 TENDERNESS:  RT  LT  Bilateral: \_\_\_\_\_  
 TRAUMA:  RT  LT  Bilateral: \_\_\_\_\_

LAST MENSTRUAL PERIOD: 11/2013 POSTMENOPAUSAL  Yes  No  
 Has your mother, sister, daughter had Breast Cancer?  Yes  No or  Don't know  
 Has your Grandmother or Aunt had Breast Cancer?  Yes  No or  Don't know

**B. SURGICAL PROCEDURES**

BIOPSY:  RT  LT  Bilateral: \_\_\_\_\_  
 CYST ASPIRATION:  RT  LT  Bilateral: \_\_\_\_\_  
 LUMPECTOMY:  RT  LT  Bilateral: \_\_\_\_\_  
 MASTECTOMY:  RT  LT  Bilateral: \_\_\_\_\_  
 IMPLANTS: 1/2 RT = 1/2 LT  RT  LT  Bilateral: \_\_\_\_\_  
 RADIATION THERAPY: RT  RT  LT  Bilateral: \_\_\_\_\_

**C. PREVIOUS MAMMOGRAMS:** WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

**D. SPECIAL INSTRUCTIONS:**  
 ARE YOU WEARING ANY DEODORANT, TALC, OR BODY LOTIONS:  Yes  No  
 HAVE YOU BEEN INSTRICTED IN BREAST SELF-EXAMINATION:  Yes  No

**CONSUMER COMPLAINTS:** If you have a suggestion or complaint regarding our mammography services, our main contact point is the Radiology Manager or the Hospital Administration department and it will be entered into the Quality Assurance Improvement Plan. If a written complaint cannot be resolved to your satisfaction you may contact the American College of Radiology (ACR) at 1-800-227-6448.

**E. PATIENT AGREEMENT:**  
 As a patient participating in mammography accreditation with the Food and Drug Administration (FDA) and American College of Radiology (ACR), as well as to maintain high standards, we are required to obtain results of any further studies done in consultation with your mammogram center or this facility. These results may be forwarded to your mammogram center, your physician, or other facilities and will be used for comparison and statistical use and will not be forwarded without your written permission.

I hereby consent to the disclosure of this information to the Radiology Department of \_\_\_\_\_  
 \_\_\_\_\_ If other than patient/representative \_\_\_\_\_  
 \_\_\_\_\_

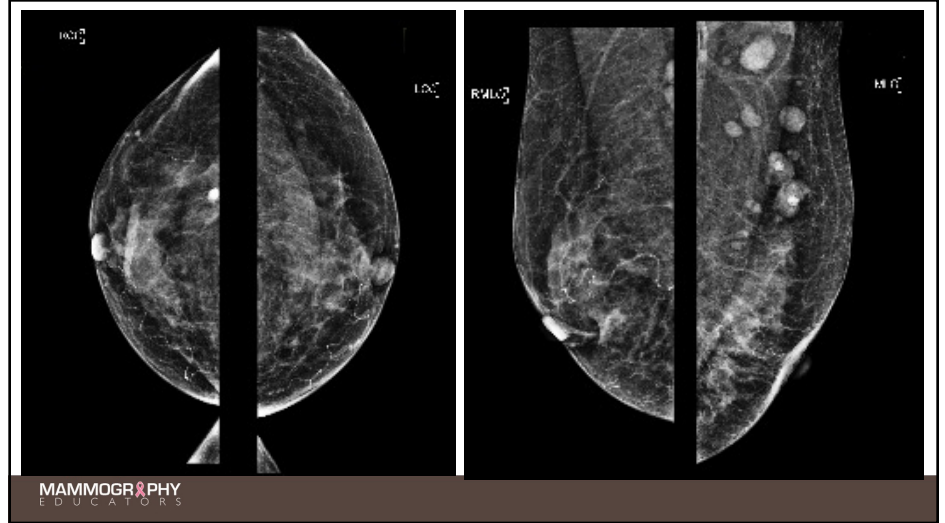
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# Extravasated Silicone

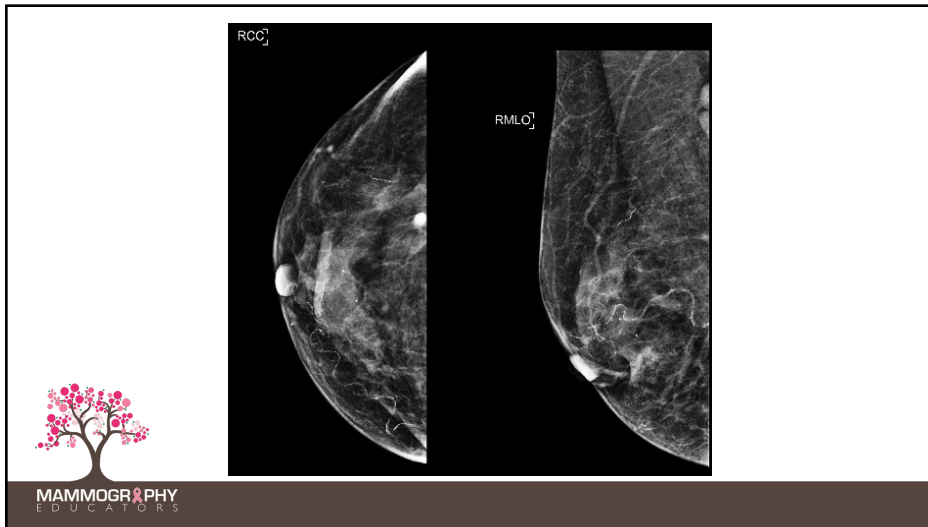


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## Nodes with Calcified Silicone Granulomas



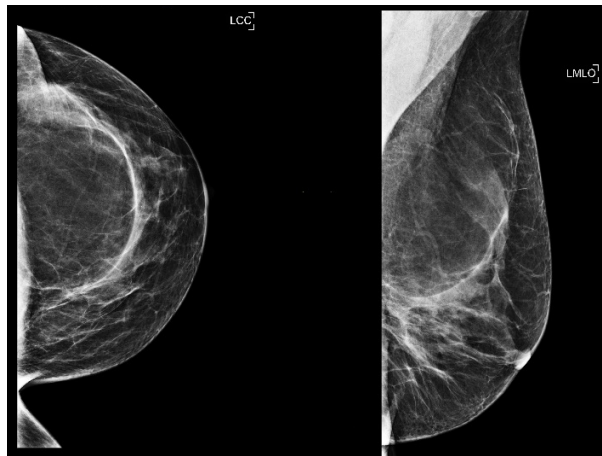
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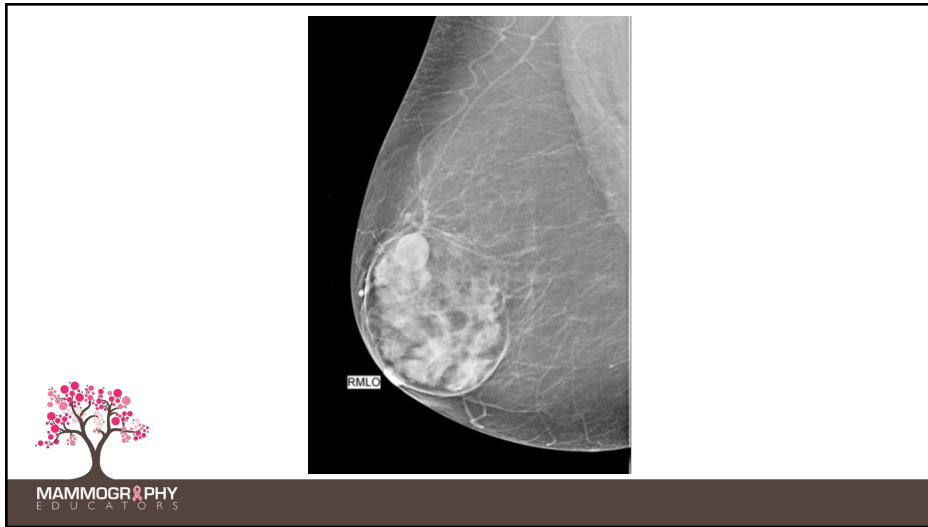
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## Lipoma

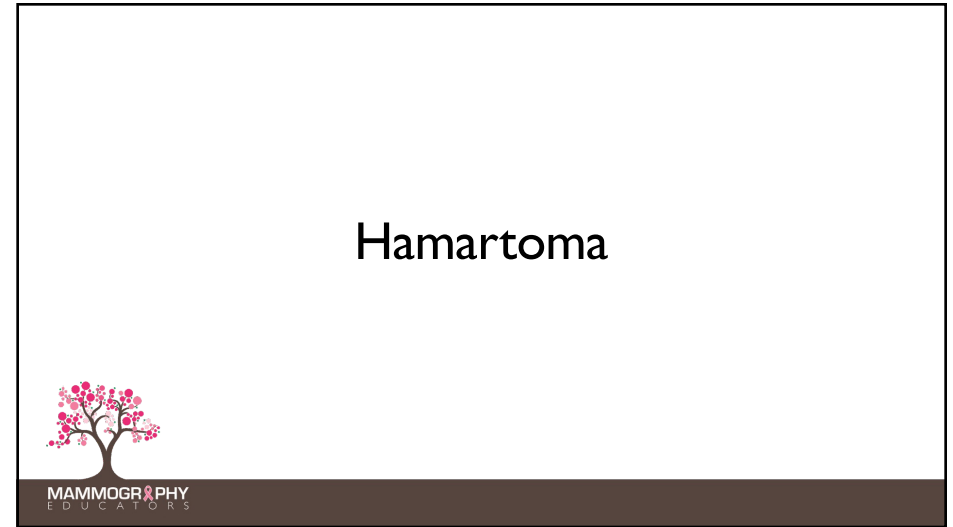


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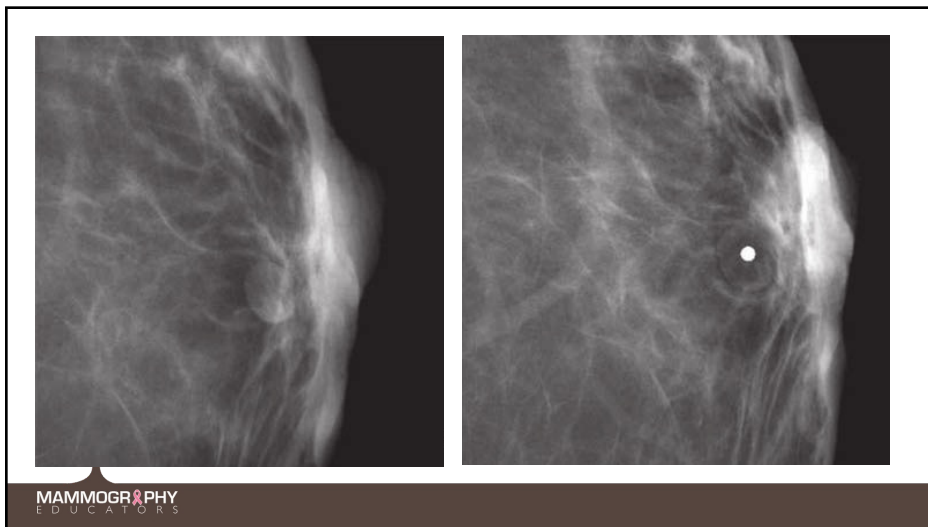
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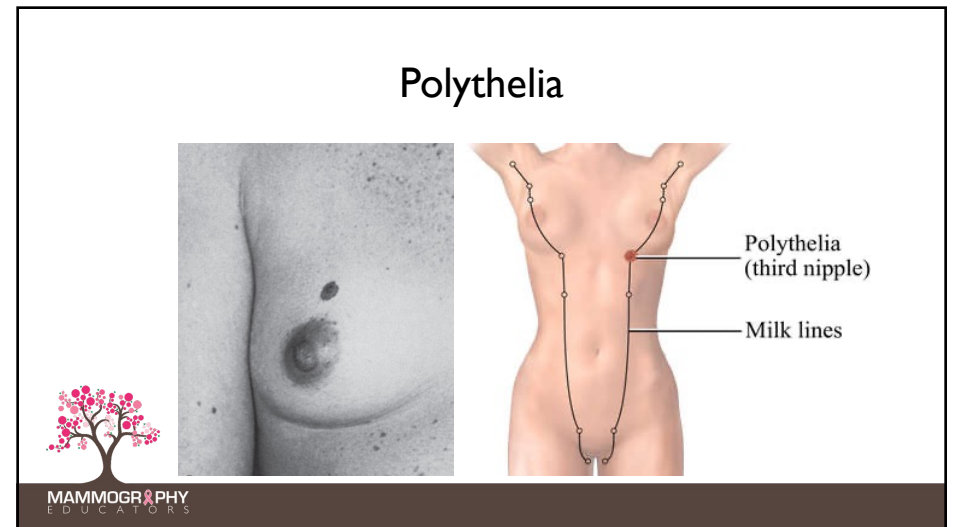
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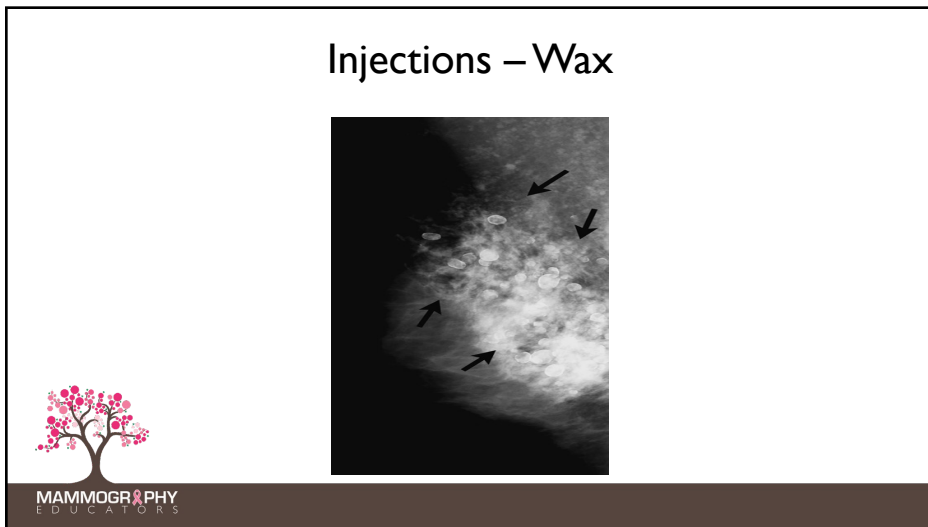
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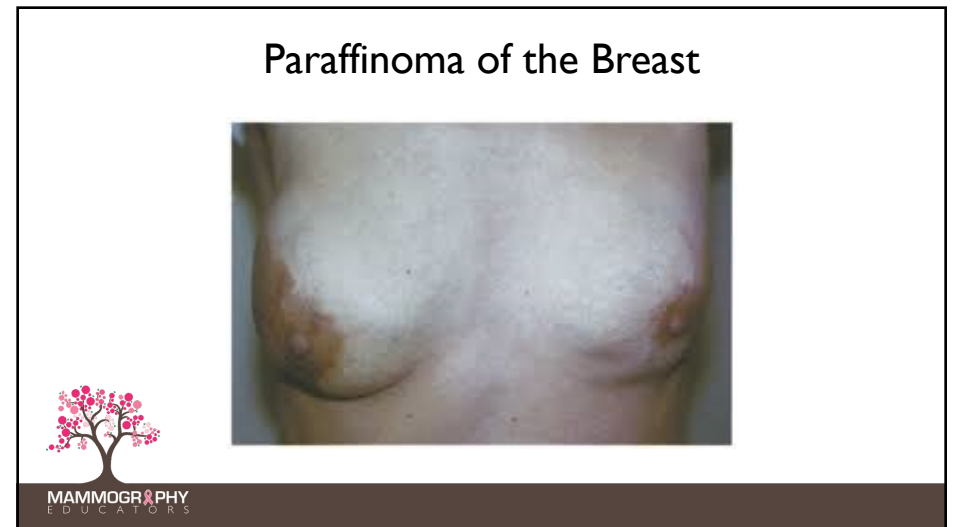
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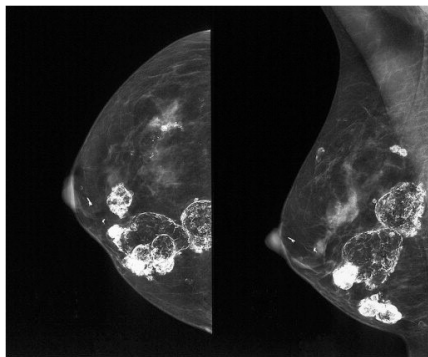


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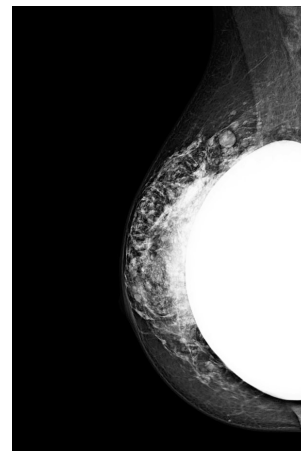
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## Injections – Autologous Fat



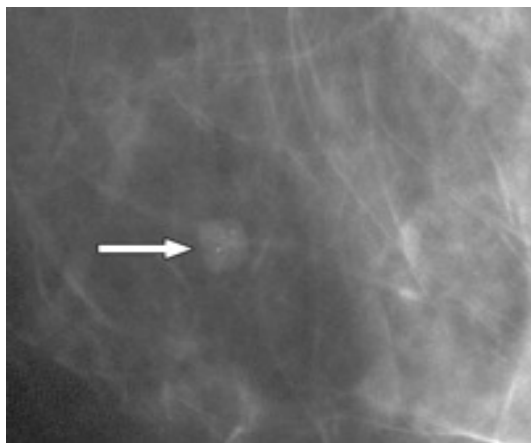
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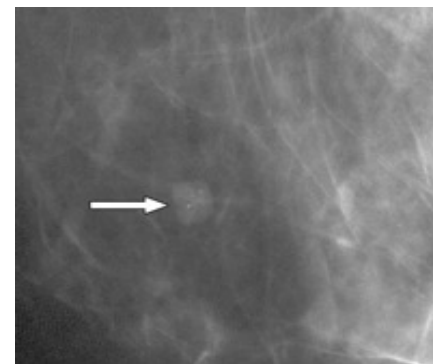
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## Hemangioma



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# Hemangioma



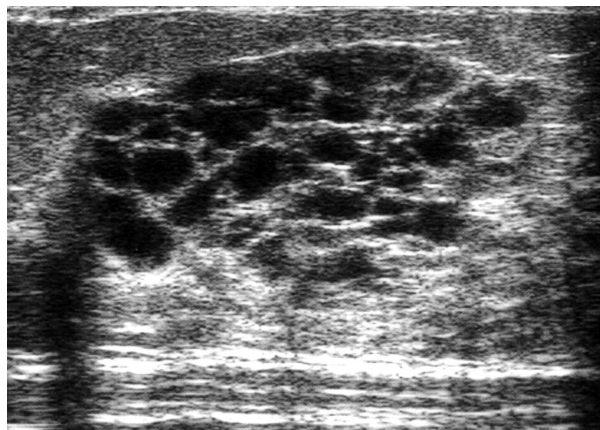
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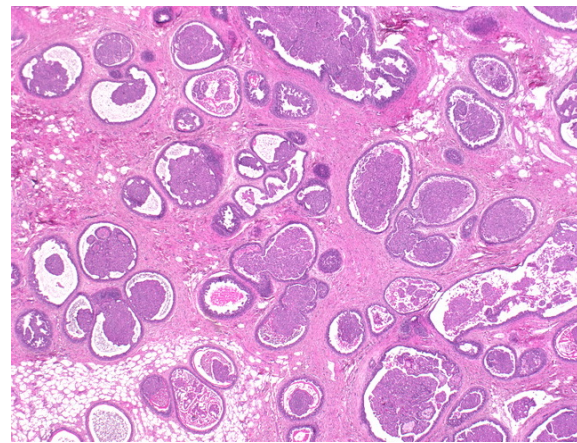
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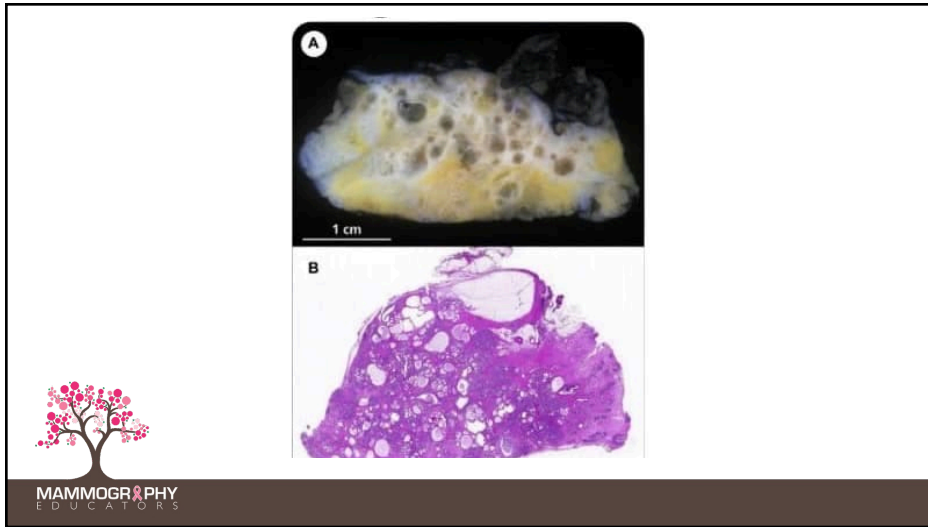
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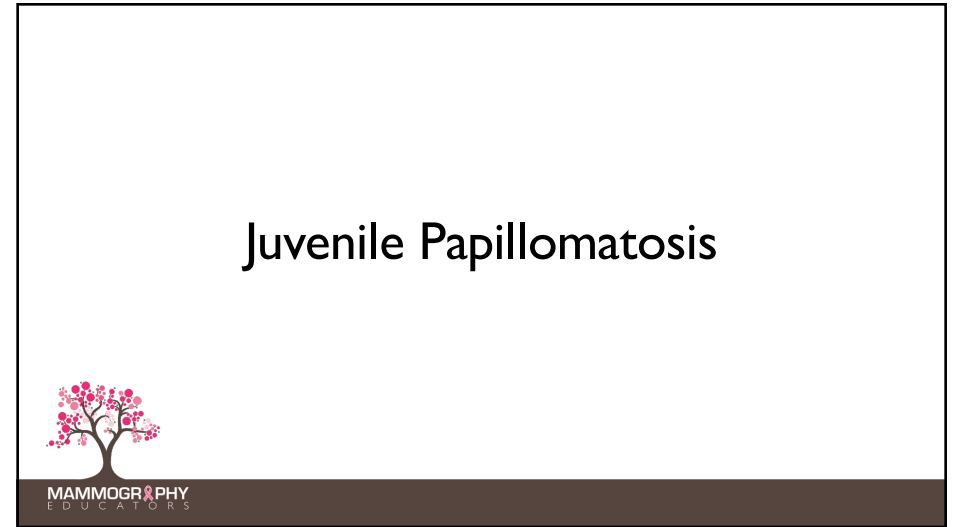


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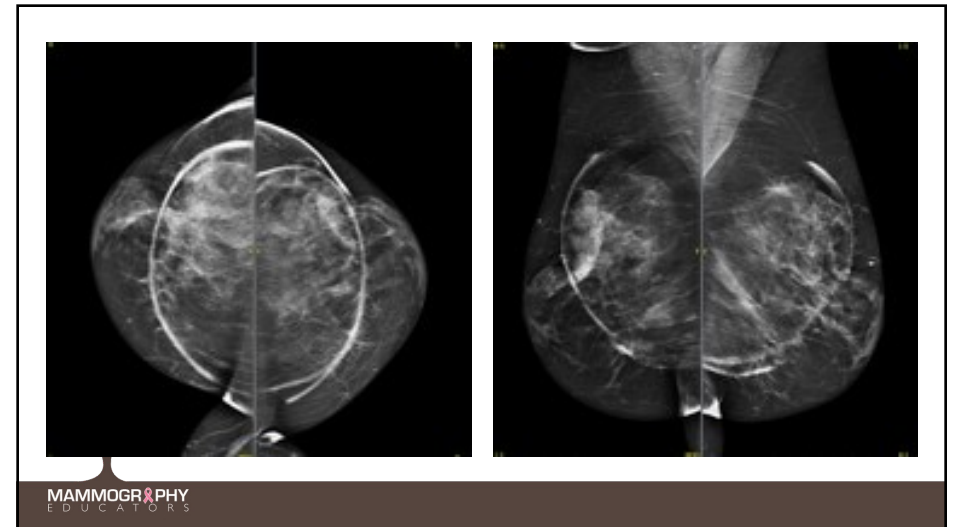
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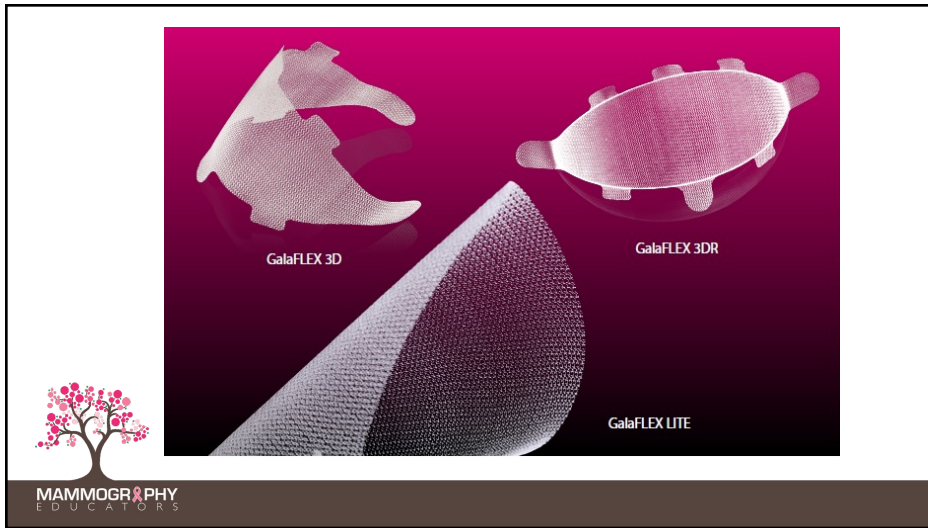
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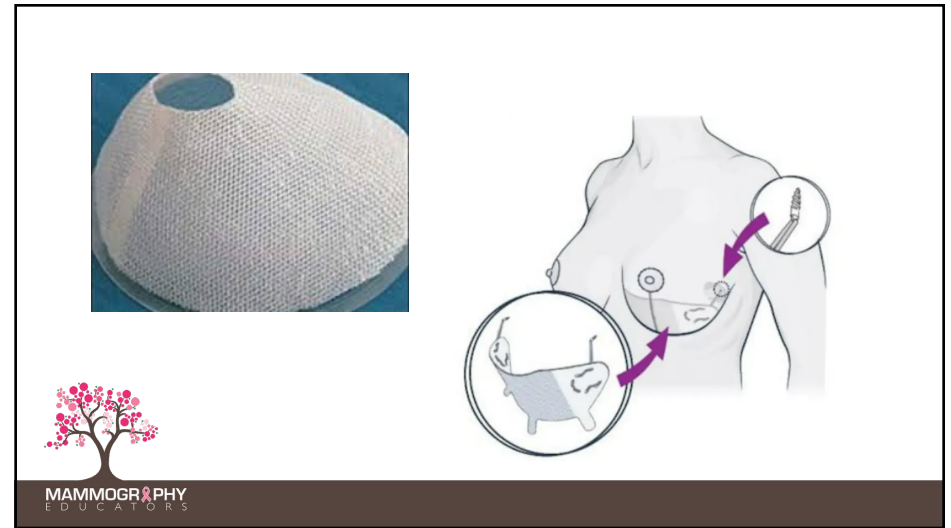
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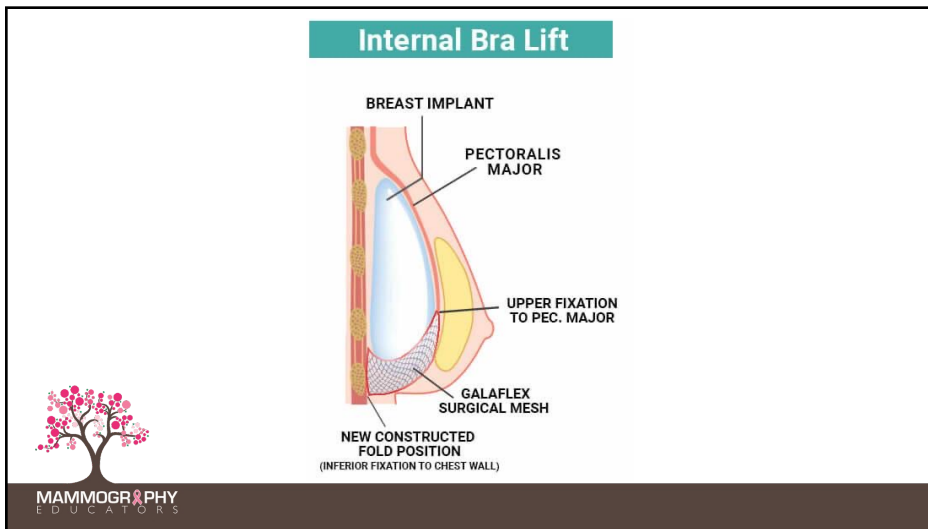
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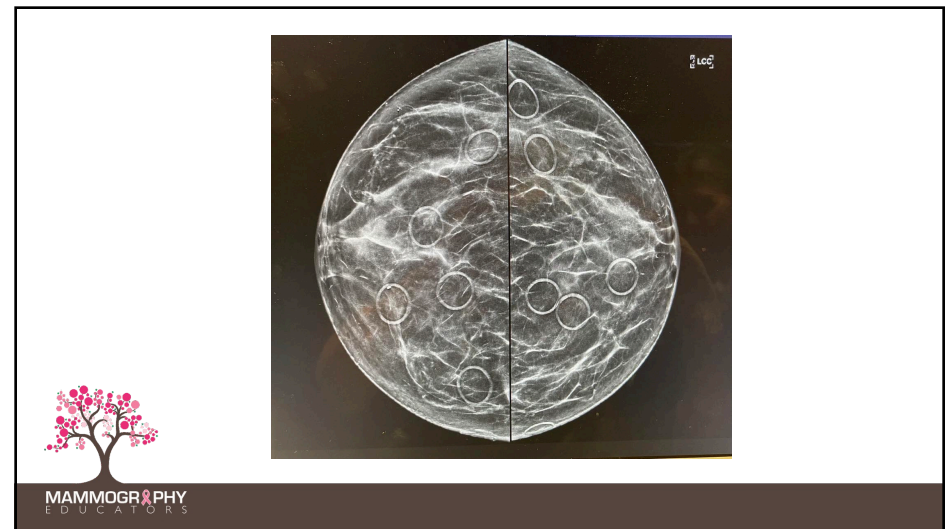
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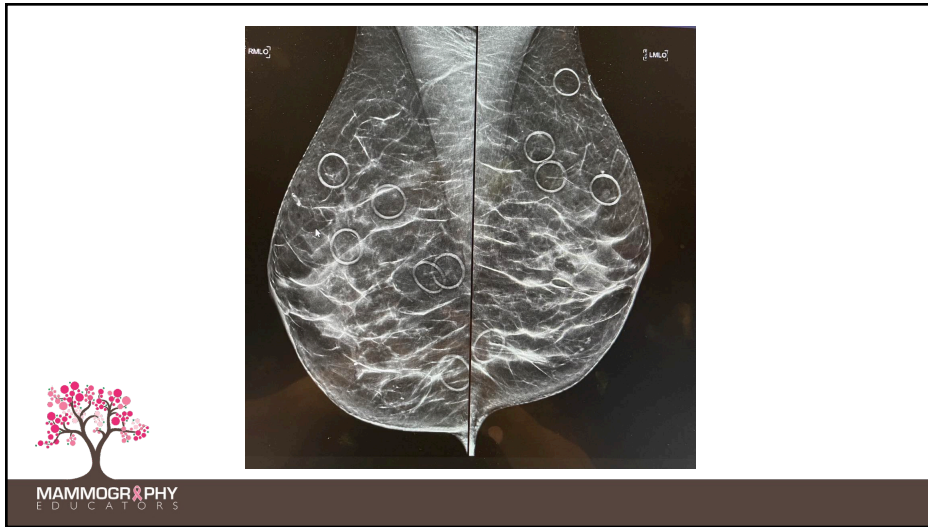
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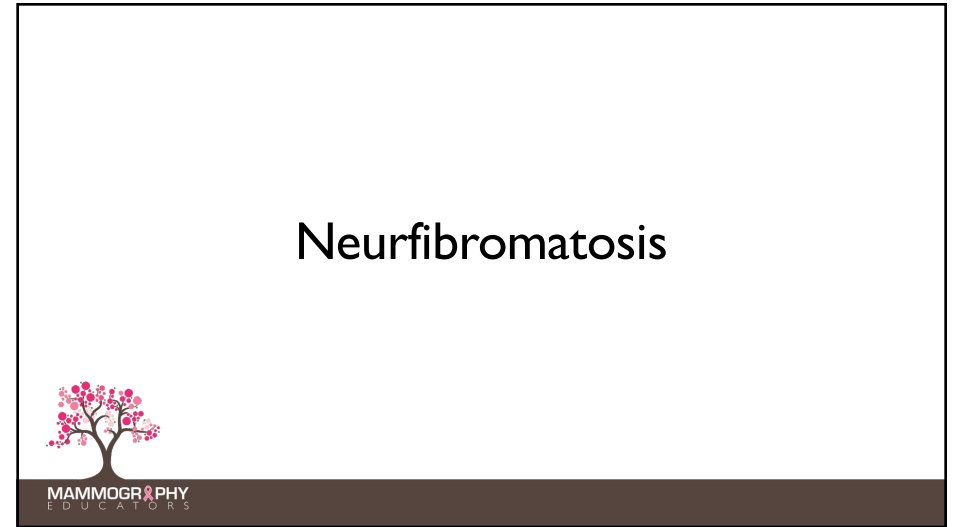
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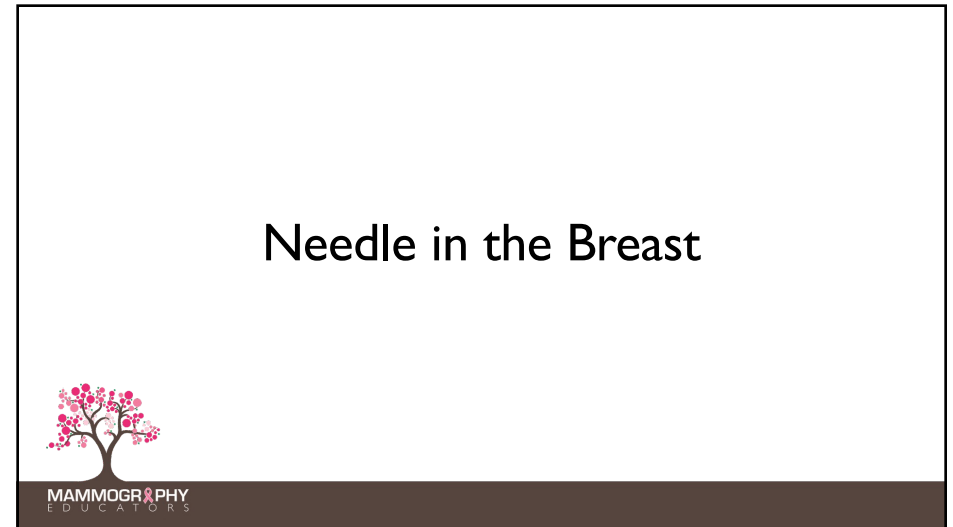
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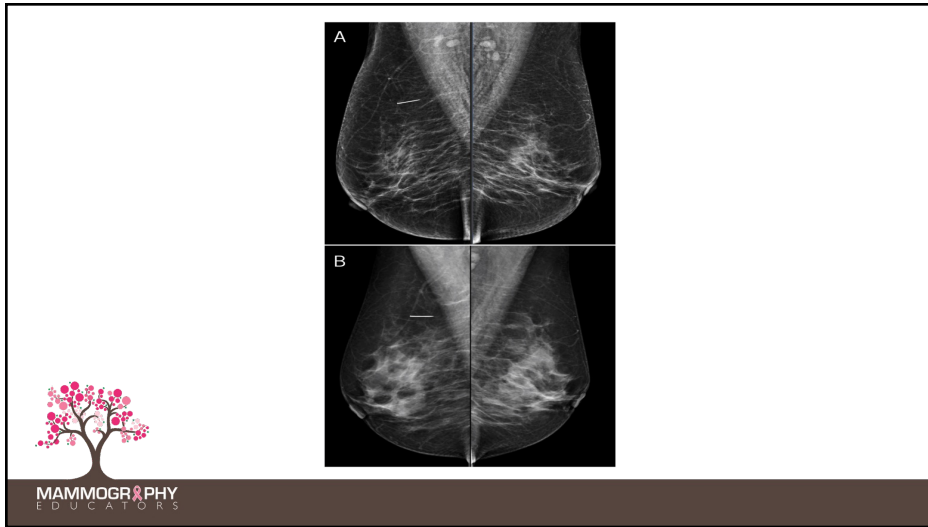
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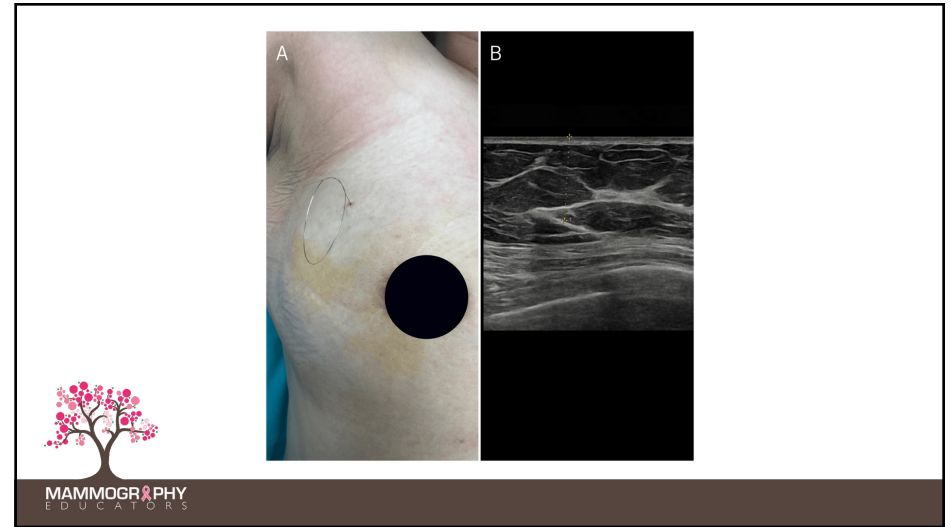
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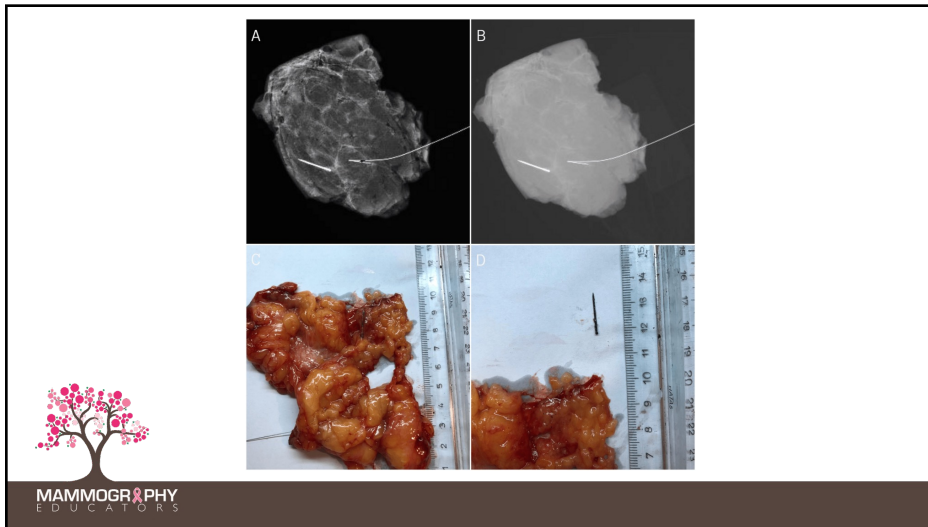
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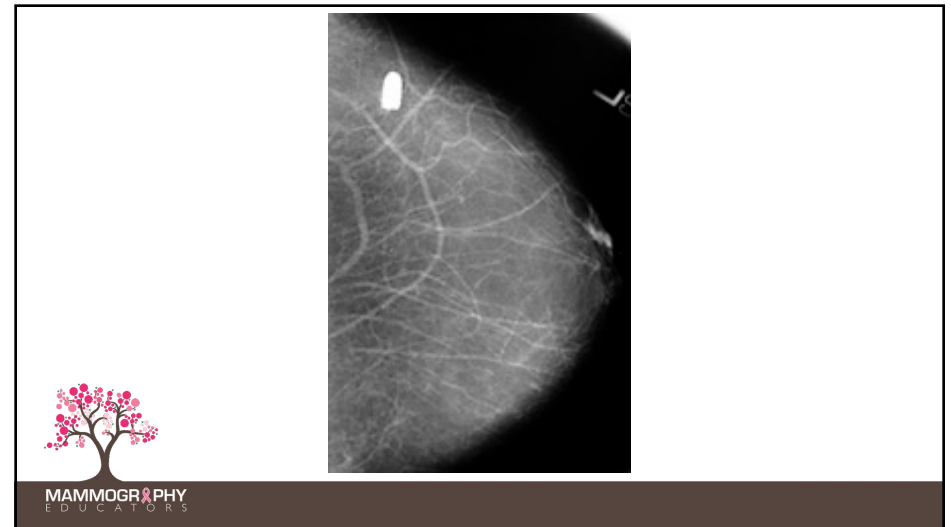
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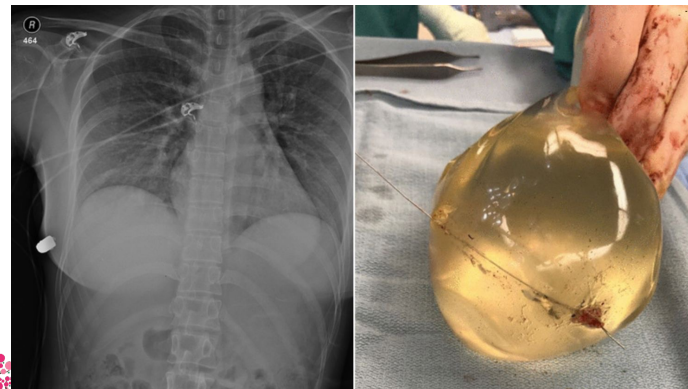
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## Bullet in the Breast



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## Thank You!

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