M.E. at Sea 2025

Breast Ultrasound for Mammography Technologists

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Breast Ultrasound for Mammography Technologists

- **Certify**
- Basic Core Knowledge
- Correlation/Triangulation
- Positioning
- Scanning Technique
- Equipment/Knobology
- Documentation
- Imaging Protocols
- Ergonomics

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Where Do I Start?

Do you like performing breast ultrasound?

- Mammography Technologist – ARRT CERT BS
- Cross-trained Mammography Technologist

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Where Do I Start?

- ARRT credentials (Radiography and Mammography)
- ARRT Standards of Ethics

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Where Do I Start?

Post Primary Eligibility Pathway Handbook:

A. ARRT requires 16 credits pertaining to breast ultrasound
B. Clinical experience (220) exam in 24 months (on-site)
C. Verifier
D. Supervisor's sign off
E. Elective procedures (20)

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Where Do I Start?

- ARRT structured education requirements (16 hrs)
- Examination – break down of questions (182)

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Why Do Mammography Technologists Perform Breast Ultrasound?

- Improves continuity of care
- They already know how to triangulate and correlate

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Basic Core Knowledge

- Mammography is the foundation of breast imaging.
- The standard of care is that mammography, along with ultrasound, provides comprehensive imaging.
- If an area presses out, it is still recommended to document with an ultrasound.

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Basic Core Knowledge

- Ultrasound alone does not provide the complete interrogation of the breast.
- It can be a starting point for imaging women under 30 and pregnant women, but mammography may be needed.

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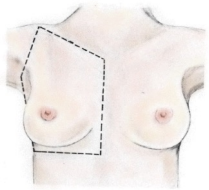
Basic Core Knowledge

Basic core knowledge of breast anatomy and the breast perimeter is necessary.



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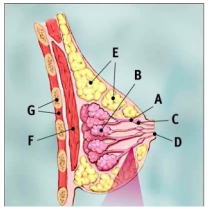
Basic Core Knowledge

- Skin
- Nipple
- Subcutaneous fat
- Cooper ligaments
- Superficial mammary fascia



- Breast parenchyma (ducts/lobules)
- Retromammary fat
- Pectoralis muscle (major/minor)
- Ribs
- Pleura

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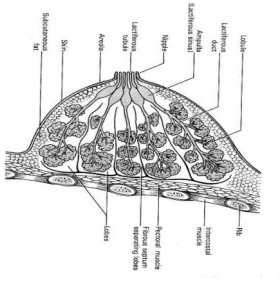
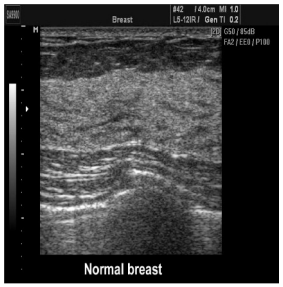
Basic Core Knowledge





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Basic Core Knowledge

Breast density composition is defined by four categories:

1. Almost entirely fatty
2. Scattered areas of fibroglandular density
3. Heterogeneously dense
4. Extremely dense

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Basic Core Knowledge

- The breast composition categories are assigned value by AI or a visual estimation of fibroglandular-density tissue within the breast.
- The assessment of the volume of attenuating tissue in the breast is to help indicate the relative possibility that a lesion could be obscured by normal breast tissue and that the sensitivity of the examination may be compromised by dense breast tissue.

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Basic Core Knowledge

When a patient is aware of their tissue density type, they can have a conversation with their health care provider regarding their risk assessment and what screening modalities can benefit them in the detection of breast cancer.

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Basic Core Knowledge

Other risk factors include:

- Age
- Ethnicity
- Family history
- Previous breast biopsies
- Gene mutations
- 50% of all women undergoing screening mammography have dense breasts

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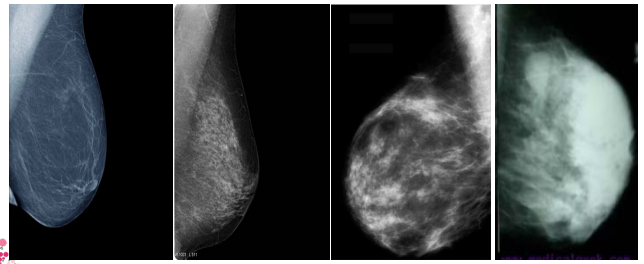
Basic Core Knowledge



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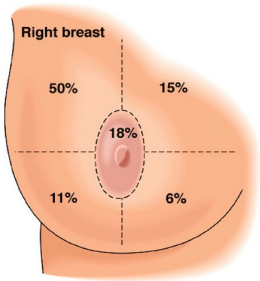
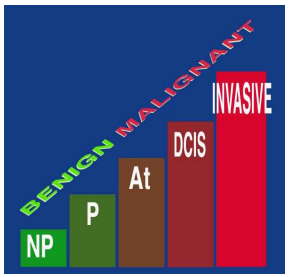
Basic Core Knowledge





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Basic Core Knowledge

- Approximately 75% of breast cancers occur in women who have no family history of the disease and are not high-risk.
- One in six breast cancers occur in women ages 40-49.

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Basic Core Knowledge

Prior to age 50, minority women are:

- 127% more likely to die of breast cancer
- 72% more likely to be diagnosed with breast cancer;
- 58% more likely to be diagnosed with advanced-stage breast cancer.

Source: Applied Radiology

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Basic Core Knowledge

- It is important to be familiar with breast pathology because it indicates the relative risk of developing an invasive breast cancer.
- Pathology helps to determine the plan of care and assists in the tumor characteristics to determine neoadjuvant treatment.

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Basic Core Knowledge

Breast cancer can be multifocal and multicentric.

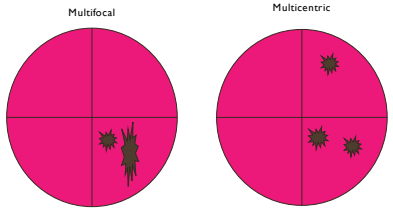

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Image Review/Correlation/Triangulation

- Review prior images, reports, and patient history.
- Look at your patient's breasts.

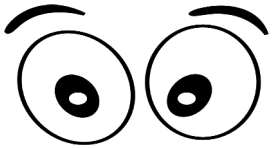

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Image Review/Correlation/Triangulation



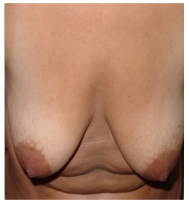

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Image Review/Correlation/Triangulation



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Image Review/Correlation/Triangulation



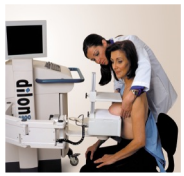


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Image Review/Correlation/Triangulation

How we view the anatomy is always changing, but the anatomy itself always presents the same.

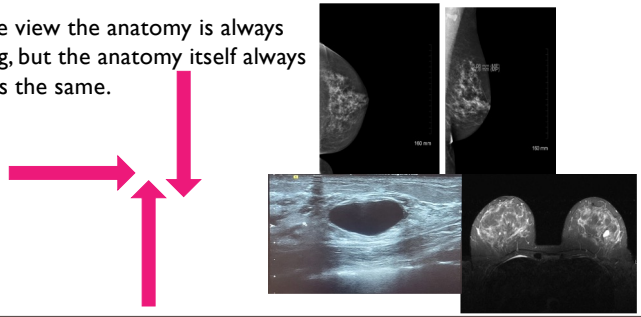

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Image Review/Correlation/Triangulation

Mammography:

- Craniocaudal view (CC view) – 0 degrees
- Mediolateral Oblique (MLO) view – 45 degrees

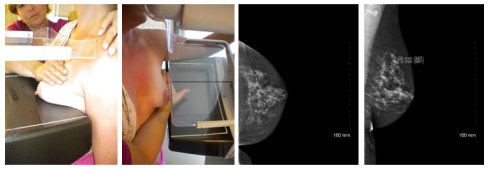

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Image Review/Correlation/Triangulation

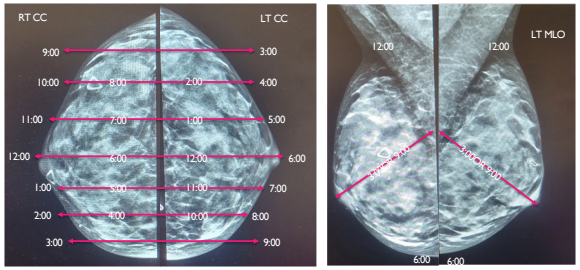

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Image Review/Correlation/Triangulation

- O'clock is determined by the location of the area of concern (AOC) on the CC view.
- The quadrant is determined by the MLO, either the AOC is above the nipple (upper) or below the nipple (lower).

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Image Review/Correlation/Triangulation

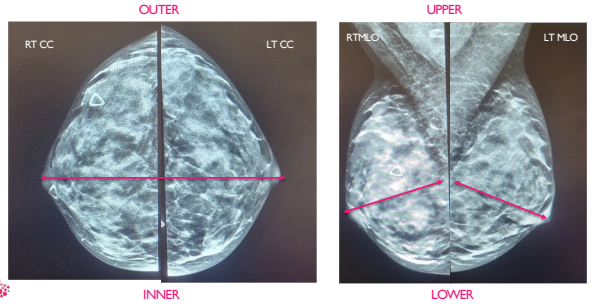

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Image Review/Correlation/Triangulation

- Medial – on CC, the lesion moves UP on lateral view
- Lateral – on CC, the lesion moves DOWN on lateral view

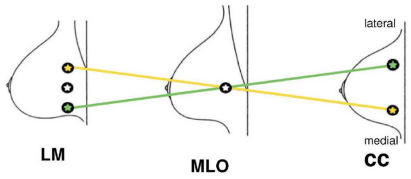

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Image Review/Correlation/Triangulation

If the AOC is seen in one view only, a 90-degree lateral (LM/ML) can help determine if the AOC is located in the medial breast.

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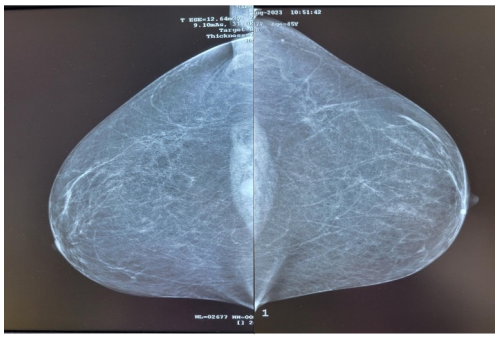
Case Review



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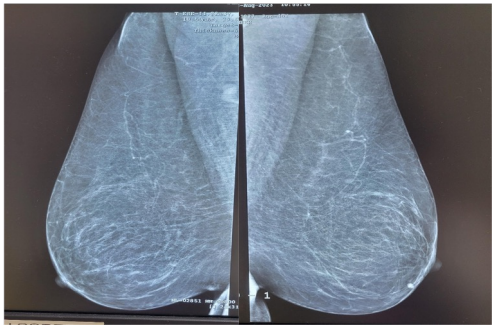
Case Review



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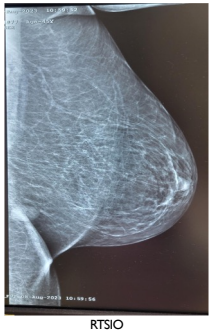
Case Review



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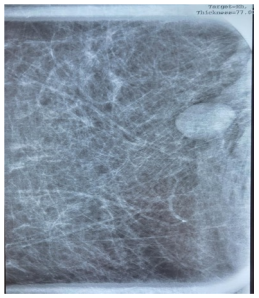
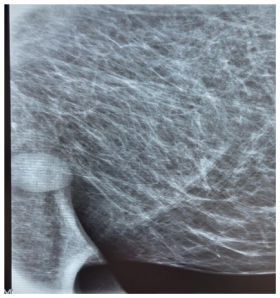
Case Review



RT CC MAG



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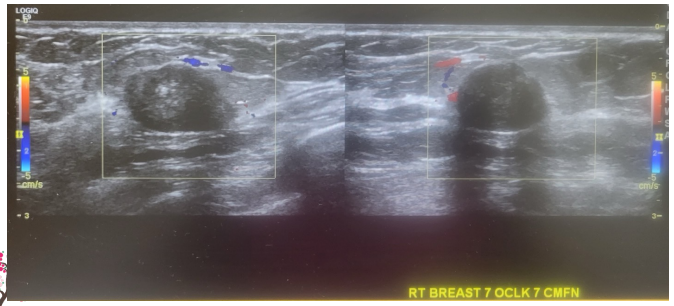
Case Review



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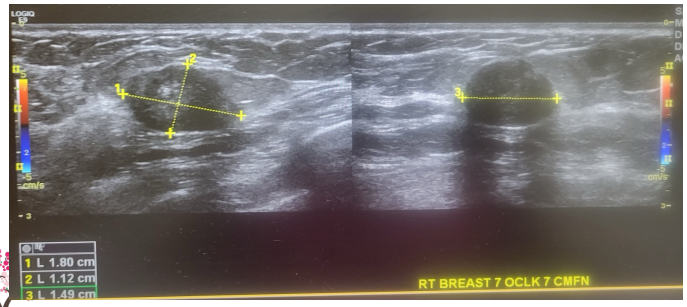

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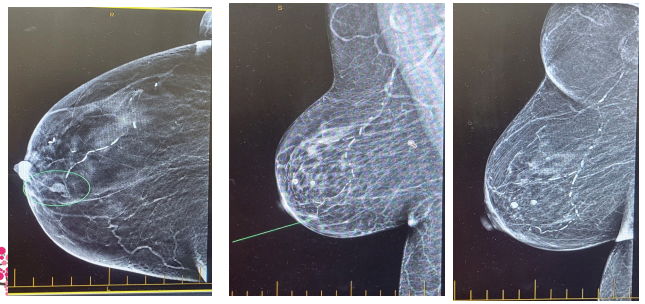
Case Review



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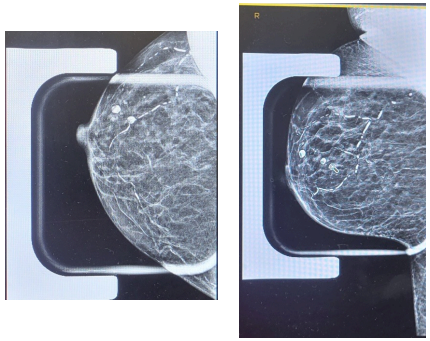

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Case Review

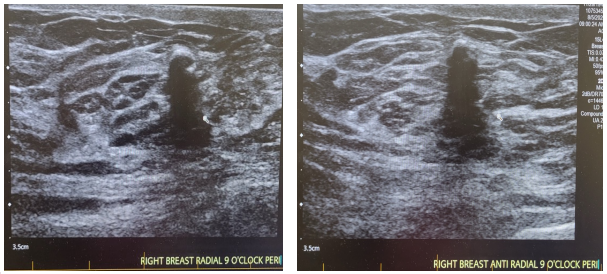

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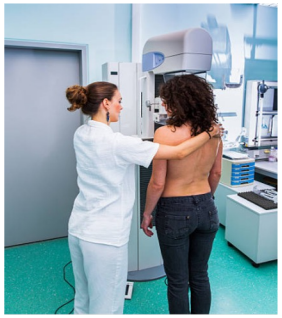
Image Review/Triangulation



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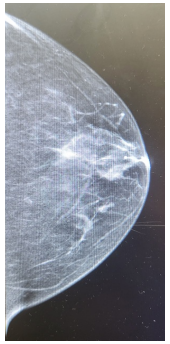

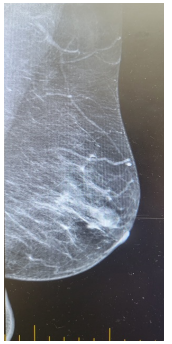

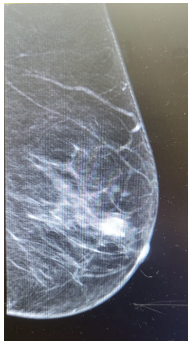

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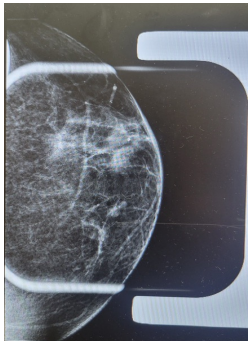
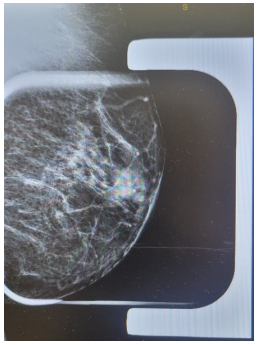
Case Review





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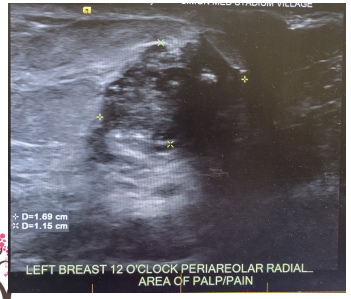

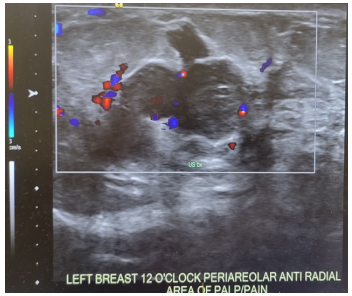

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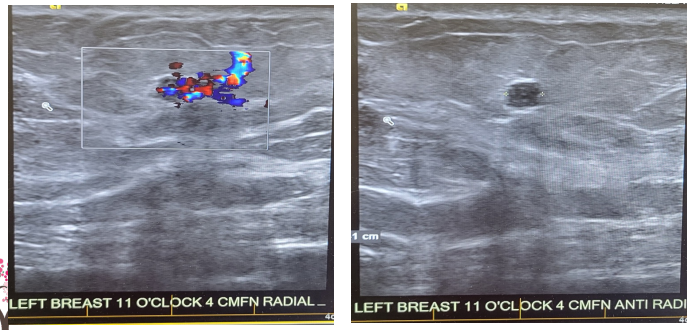
Case Review



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Case Review

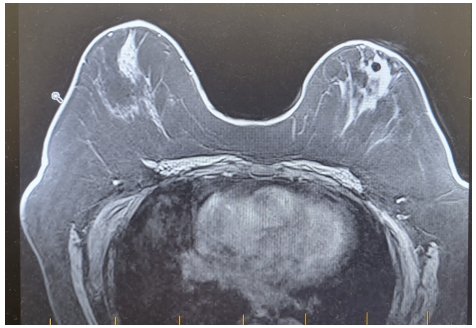

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Image Review/Correlation/Triangulation

When correlating findings found on prior breast imaging modalities, the operator performing handheld scanning should correlate the size, location of lesions, and match the type and arrangement of tissues surrounding the lesion to reduce the likelihood of misregistration.

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Image Review/Correlation/Triangulation

- If it is determined that a sonographic finding corresponds to a palpable abnormality, or to a mammographic or MRI finding, documentation should be noted.
- The radiologist will then state explicitly in the ultrasound report.

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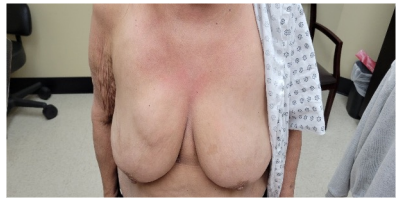
Image Review/Correlation/Triangulation

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Positioning

Patient should be rolled into a Cahan position, which reduces the thickness of the breast by evenly distributing the breast tissue and elongates the pectoralis muscle, allowing for better mobilization of the breast. This position helps in the imaging of the upper outer quadrants of the breast.

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Positioning

The arm should be raised above the head, even when the patient is rolled back to the supine position, to complete imaging of the inner quadrants of the breast.

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Scanning Technique

It is recommended that breast ultrasound be performed with 7MHz-15MHz (or higher) resolution, real-time, linear array transducer.

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Scanning Technique

- To survey the breast completely, sagittal and transverse scans are recommended.
- Supplemental radial and anti-radial scans ensure entire breast structures are interrogated.

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Scanning Technique

- Scanning in three directions while applying a firm, even compression provides a good interrogation of the breast.
- Then document in orthogonal views.

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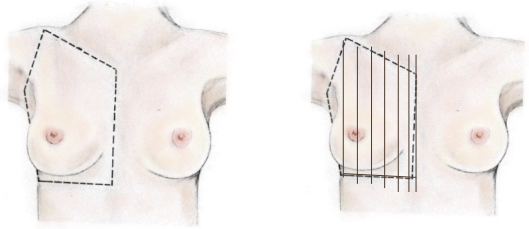
Scanning Technique



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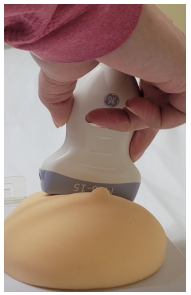
Scanning Technique



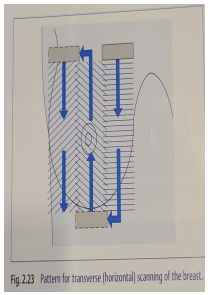


Fig. 2.23 Pattern for transverse (horizontal) scanning of the breast.

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Source: Practice of Breast Ultrasound Helmut Madjar, Ellen B. Mendelson 2nd edition

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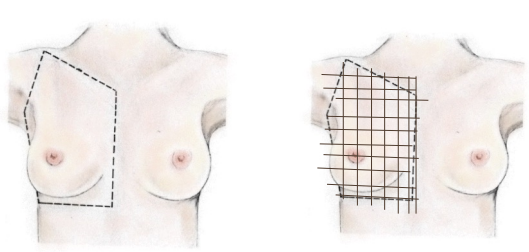
Scanning Technique



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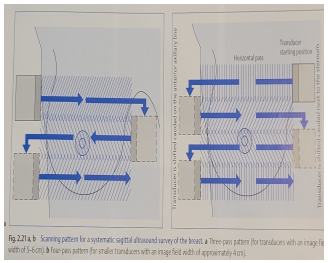
Scanning Technique



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Source: Practice of Breast Ultrasound Helmut Madjar, Ellen B. Mendelson 2nd edition

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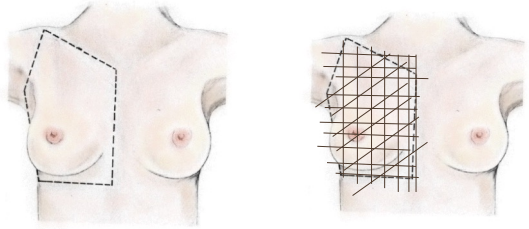
Scanning Technique



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Scanning Technique

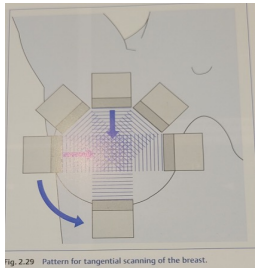
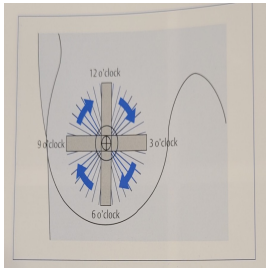


Fig. 2.29 Pattern for tangential scanning of the breast.



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Source: Practice of Breast Ultrasound Helmut Madjar, Ellen B. Mendelson 2nd edition

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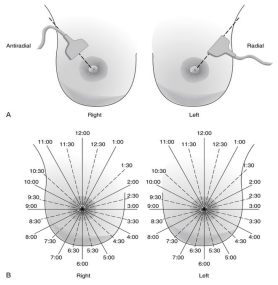
Scanning Technique



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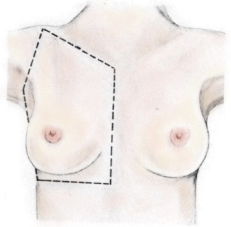
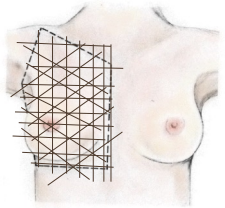
Source: Radiology Key

67

Scanning Technique





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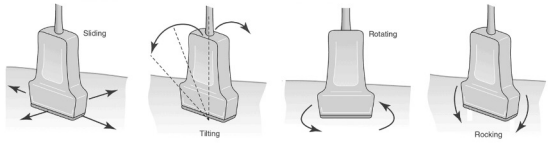
Scanning Technique

Cardinal Transducer Manipulation/Movement
(Sliding, Tilting, Rotating, and Rocking)



Source: The 4 Cardinal Ultrasound Movements (Adapted from Ramsingh 2018)

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Breast Ultrasound for Mammography Technologists

- Certify
- Basic Core Knowledge
- Correlation/Triangulation
- Positioning
- Scanning Technique
- **Equipment/Knobology**
- Documentation
- Imaging Protocols
- Ergonomics

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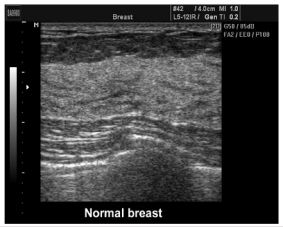
Equipment/Knobology

Settings should be adjusted at the center of the breast. This allows the breast to appear uniformly bright in near and far fields.



Normal breast

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Equipment/Knobology

- Gel is your friend.
- Apply even, firm compression.

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Focal Zone

- The narrowest part of the ultrasound beam
- The best lateral resolution
- Directly proportional to the frequency of the transducer
- Should be electronically adjustable

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Focal Zone

- The area of interest is where the ultrasound beam produces images that are of higher quality than images obtained from any other area of the sound beam.
- Lateral resolution is optimal at this segment of the beam.

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Focal Zone

- Should be placed in the anterior to middle third of the area of interest between the skin and chest wall (breast).
- Two or three focal zones are recommended.
- More than 3 focal zones causes a slow frame rate and lag in image generation.

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Field of View (Depth)

Focal Zone

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Field of View (Depth)

Controlled by image depth, it must be optimized to see the details of the breast.

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Field of View (Depth)

If the field of view is too large, information can be compressed or stacked at the top of the image.

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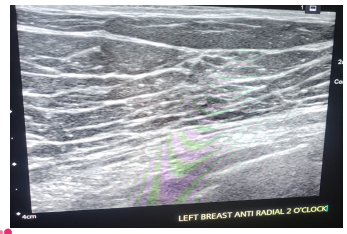
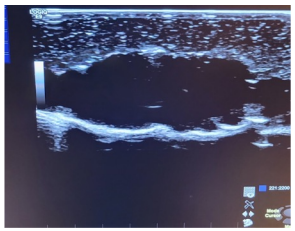
Field of View (Depth)





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Field of View (Depth)

If the field of view is too small, important information deep to your image will be not seen.

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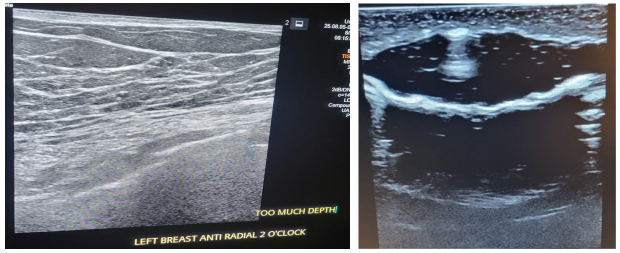
Field of View (Depth)



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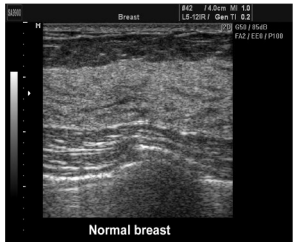
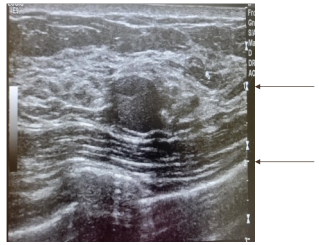
Field of View (Depth)

Depth is indicated on the monitor by a line of cm markers.





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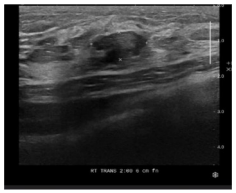
Field of View (FOV/Depth)

Search with a larger FOV and narrow it down when characterizing a lesion.



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Use of Calipers

- Measure what is real.
- If in doubt, mark the skin.

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Use of Calipers

- Lesions should be measured in at least two dimensions and documented in two planes.
- Images documented, required with and without calipers.
- If suspicious of malignancy, the axilla is to be interrogated and documented accordingly.

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Use of Calipers

- To make the caliper measurement, record the dimensions to include the longest dimension.
- Acquire one view in the scan plane demonstrating the longest dimension, which may not correspond to the two orthogonal views.

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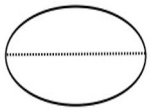
Use of Calipers

Note that the scan plane of the lesion's longest diameter may be in any plane.



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Doppler

- Indicates a specific area where blood flow is being measured.
- Provides a real-time, two-dimensional display documenting the direction of blood flow using the colors of red and blue.
- One color analyzes blood flow away from the transducer, the other color analyzes blood flow towards the transducer.

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Doppler

- Brightness indicates the velocity of blood cells.
- Brighter shades of color = higher velocities of blood cells.
- Mean velocity is calculated by color doppler.

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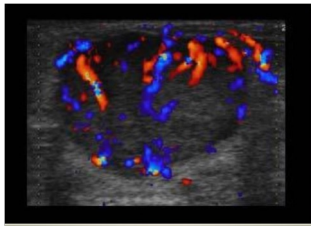
Doppler

BART: **B**lue **A**way **R**ed **T**owards



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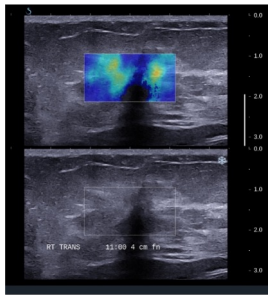
Elastography



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Harmonic Imaging

- Improves the quality of the displayed image, which is of suboptimal quality.
- The harmonic frequency travels through the body with less beam distortion.

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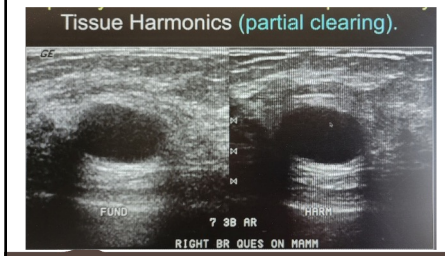
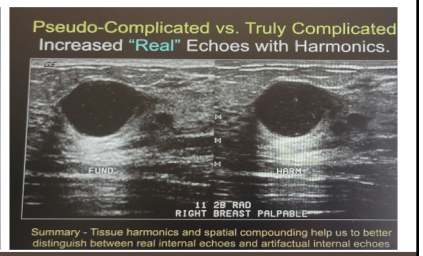
Harmonic Imaging

Less beam distortion = Improved image quality





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Source: Dr. Tom Stavros

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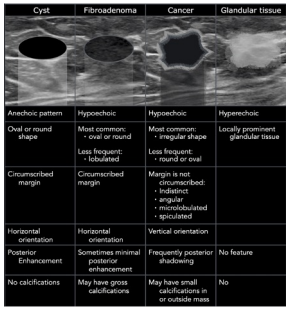
Evaluation of Echo Pattern



Cyst	Fibroadenoma	Cancer	Glandular tissue
Anechoic pattern	Hypoechoic	Hypoechoic	Hyperechoic
Oval or round shape	Most common: • oval or round Less frequent: • lobulated	Most common: • irregular shape Less frequent: • round or oval	Locally prominent glandular tissue
Circumscribed margin	Circumscribed margin	Margin is not circumscribed: • indistinct • angular • microlobulated • spiculated	
Horizontal orientation	Horizontal orientation	Vertical orientation	
Posterior Enhancement	Sometimes minimal posterior enhancement	Frequently posterior shadowing	No feature
No calcifications	May have gross calcifications	May have small calcifications in or outside mass	No

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Evaluation of Echo Pattern

Anechoic:

- Area is black, small, or a complete lack of returning echoes
- Appears black on the monitor

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Evaluation of Echo Pattern

Hyperechoic:

- Area is brighter than the surrounding tissue
- Larger amplitude of returning echoes
- Increased echogenicity relative to fat or equal to fibroglandular tissue
- Appears white on the monitor

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Evaluation of Echo Pattern

Hypoechoic:

- Area has very few echoes (low level)
- Appears darker than surrounding tissue
- Appears gray on the screen

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Evaluation of Echo Pattern

Complex:

- Contains both anechoic (cystic) and echogenic (solid) components

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Evaluation of Echo Pattern

Isoechoic:

- Area is the same brightness as the surrounding area
- Same echogenicity as fat

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Breast Ultrasound for Mammography Technologists

- Certify
- Basic Core Knowledge
- Correlation/Triangulation
- Positioning
- Scanning Technique
- Equipment/Knobology
- **Documentation**
- Imaging Protocols
- Ergonomics

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Documentation

Communication, along with image and report review, is essential for continuity of care.

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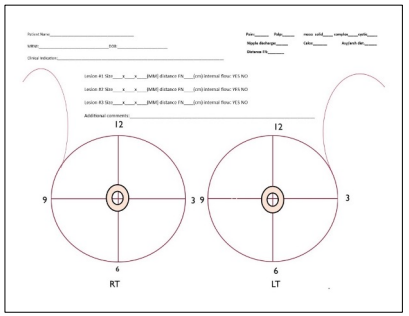
Documentation



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Documentation

Allows for reproducible images:

- Moles- ◯
- Scar- ∿∿∿
- Palpable lump- △
- Pain- □

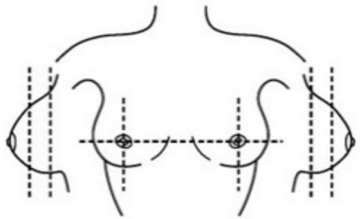

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Image Documentation

- Distance measurement is from the nipple, not the areola.
- Should be measured by using a ruler.

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Source: ACR

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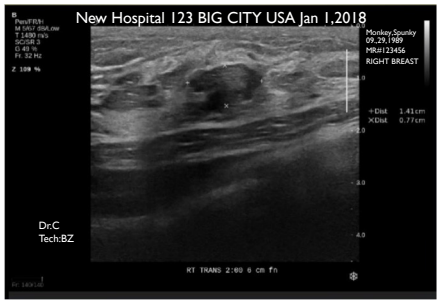
Image Documentation



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Specific Documentation

ACR Guidelines

- Facility Name and Location
- Exam Date
- Patient Identification, Name, DOB, MRN
- Physician ID, Tech ID

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Specific Documentation

- Designation of Breast or Axilla (Anatomy)
- Laterality
- O'clock Position
- Distance from Nipple
- Transducer Orientation
- Lesion Measurement

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Specific Documentation

Reports need specific information regarding location in the breast, distance from the nipple, and what type of abnormality needs to be imaged. Additional imaging should be specific.

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Specific Documentation

From the radiologist, for example:

Rt breast calcification 9 O'clock, 6 cmfn. Recommend 90 standard lateral, with CC and 90 Lat magnification spots. Whole Breast Ultrasound Right Breast.

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Specific Documentation

- Reports that say additional imaging with ultrasound is not specific.
- Specific reports, along with **annotated AOC on images,** aid in the triangulation between modalities (Mammo, US, MRI).
- Also needed if patients go to another facility for workup.
- Vital, especially with teleradiology communication.

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Specific Documentation

- For example: if the radiologist annotates only the images and sends a message to do spots (mags or spot compression), then send to US, it's not specific.
- The communications should state what the abnormality is (mass, calcs, asymmetry), location, and distance.

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Specific Documentation

- Specific documentation from the technologist with accurate and complete history taking is also important.
- If working in an environment where the patient is passed on to another department for imaging, strong communication is important along with accurate documentation.

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Specific Documentation

Work sheets, history sheets, and instant messaging are vital for continuity of care for the patient, the staff, and the radiologist, and should include:

- Gender, age of the patient, and ethnicity
- The type of abnormality or symptom being worked up, the location, and the distance from the nipple

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Specific Documentation

From the **mammography** technologist:

- For example: 52 yr. old Hispanic female, c/o palp lump right breast 9 o'clock, 3 cmfn x 1 month.
- Use of skin markers and diagrams are important and necessary.

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Specific Documentation

From the **ultrasound** technologist:

- For example: 52 yr. old Hispanic female, c/o palp lump right breast 9 o'clock, 3 cmfn x 1 month.
- Documented worksheets, history sheets are important and necessary.

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Specific Documentation

- Is it real?
- Is it solid, cystic, complex?
- Is it round or irregular?
- Is there flow?
- Did you measure?

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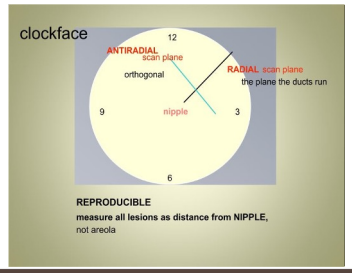
Image Documentation

The Why = Reproducible



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Breast Ultrasound for Mammography Technologists

- Certify
- Basic Core Knowledge
- Correlation/Triangulation
- Positioning
- Scanning Technique
- Equipment/Knobology
- Documentation
- **Imaging Protocols**
- Ergonomics

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Imaging Protocols

- Standardized imaging protocols allow for image reproducibility, accountability, and provide measurable information.
- Staff understand that imaging requirements improve patient flow, productivity, and work environment.

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Imaging Protocols

Radiologists on board with standardized imaging protocols reduces interruptions, reduces confusion, holds accountability, empowers the staff, improves patient flow, improves productivity.

HAPPY RADIOLOGIST = HAPPY STAFF

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Imaging Protocols

- Accountability for following the protocol
- Measurable information provided if staff need more training
- Reduced radiologist interruption and productivity

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Imaging Protocols

- Pain
- Lump
- Calcifications
- Asymmetry
- Architectural distortion
- Nipple discharge
- Skin changes
- Follow-up imaging
- Dense breast
- High-risk

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Breast Ultrasound for Mammography Technologists

- Certify
- Basic Core Knowledge
- Correlation/Triangulation
- Positioning
- Scanning Technique
- Equipment/Knobology
- Documentation
- Imaging Protocols
- **Ergonomics**

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Ergonomics

- Roughly 90% of sonographers have musculoskeletal related injuries.
- One in five have a career ending injury.
- On average, a sonographer works 5 years before experiencing pain.

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Ergonomics

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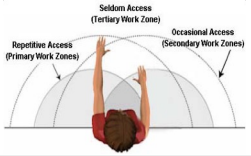
Ergonomics

There is a certain perimeter that the worker can perform in, without overextending for a long period of time, known as: **primary** work zone, **secondary** work zone, and **tertiary** work zone. Understanding this workspace will help with your ergonomics



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Ergonomics

- Console should be fully adjustable for seated or standing use.
- Adequate clearance for legs and feet when seated.

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Ergonomics

- Base of console width should not interfere with ability of user to reach patient and console.
- Touch screen and keyboard should not restrict neutral posture, including excessive reaching beyond primary reach zone.

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Ergonomics

- Monitor height, horizontal and tilt adjustments to minimize excessive neck rotation, flexion and extension.
- Exam table should be raised to allow arm abductions of less than 30 degrees.

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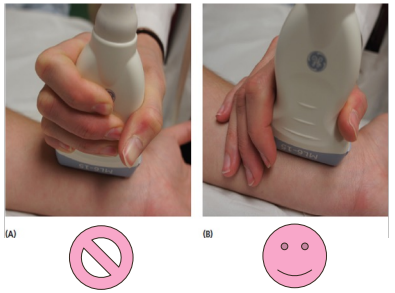
Ergonomics



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Ergonomics

- Use customized preferences to reduce keystrokes.
- Transducers should be lightweight and balanced to reduce torque in wrist.
- Designed that facilitate palmer grip/neutral wrist position.

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Ergonomics

- Exam chair should have lumbar, thigh support, footrest and swivels.
- Chair or stool adjusted to you
- Monitor at eye level
- Machine within proper reach

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Ergonomics

- Feet flat or supported (fatigue mats)
- Move the patient close to you
- Adjust the height of the bed if possible
- Flip the patient

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Test Your Knowledge

- 55 yr old female Caucasian
- Hx MVA 5 yrs ago
- No fm hx ca breast or other cancers.
- Recent weight loss 55 lbs.
- C/o palp lump rt breast x 5 yrs
- No bx, surg, HRT, meds
- Nulliparous, 14 menstrual, 50 menopause

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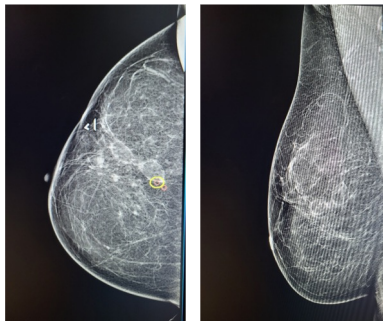
What do you see?



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What do you see?

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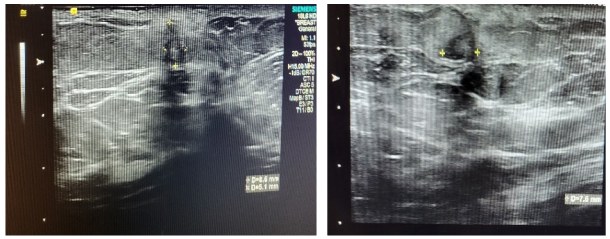
What do you see?



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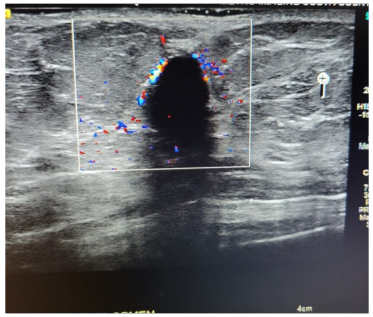
What do you see?



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What do you see?

Taking the time to look at your patients' breasts, reviewing prior images, patient history, speaking with the patient and providing the best images possible takes time and discipline., but that time makes the difference in detecting breast cancer, and that is our responsibility to our patients.

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Thank yourself for taking that time.

Saving lives is a tough job, but someone has to do it.

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Thank You!

Services we offer, include:

- Onsite Positioning Training
- Assistance with Accreditation & Inspection
- Live Webinars and Conferences
- On-Demand Continuing Education

For questions or more information:

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