

**BREAST IMAGING VICTORIA IS EXCITED TO ANNOUNCE
THE ADDITION OF****CONTRAST ENHANCED MAMMOGRAPHY (CEM)**

CEM is an effective alternative to breast MRI (with a lower cost & shorter procedure time), has improved breast cancer detection, unaffected by dense breast tissue & can evaluate the extent of breast cancer for treatment planning.



Breast
Imaging
Victoria

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Re: Mrs Mika Matsumoto DOB: 03/03/64
15 Klang Road
GLENROY VIC 3046

Chart No: 68553

Exam date: December 13, 2024

CLINICAL NOTES

Left breast suspicious lesion.

(Ms Matsumoto has expressed reluctance to have a mammogram today as she is concerned about radiation. I have discussed with her that the relatively small amount of radiation from a single mammogram is extremely unlikely to be associated with a significant risk to her compared to background radiation, particularly related to airline travel. The patient still has declined mammography today.)

BILATERAL BREAST ULTRASOUND

Systematic ultrasound throughout both breasts has been performed.

As previously noted, there is an irregular hypoechoic mass noted in the left breast 12 o'clock position 2 cm from the nipple corresponding to the palpable lump currently 14.6 x 10.9 x 11.9 mm (9 x 9 x 8 mm 18/10/2024 (capital radiology), 10 x 8 x 10 mm 18/10/2023(lumus). Minor posterior acoustic shadowing, and minimal peripheral vascularity noted. This appears to show a broad spiculations, including one superiorly causing this lesion is look taller than wide in one projection. The slow rate of progress since October 2023 suggests a low-grade malignancy.

Normal morphology left axillary lymph nodes noted showing thin cortex up to 2.3 mm surrounding a fatty hilum.

Patient has reported a small palpable lump in the left breast 11 o'clock position however this corresponds to minor glandular ridge. No focal breast pathology noted here.

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No cystic or solid lesion identified in either breast.
No axillary lymphadenopathy seen on either side.

CONCLUSION

Palpable lump corresponds to a persistent concerning area superiorly in the left breast suggestive of a 12 mm primary breast malignancy. This is only increased slightly compared to October 2023, but ultrasound-guided core biopsy is recommended along with specialist (breast surgeon) review. If the patient still declines mammography, MRI may be worth considering.

Today the patient has expressed reluctance to proceed to ultrasound-guided core biopsy or further imaging.

Explanation of the risk versus benefits for further investigation should be provided to counteract misinformation from non-medical sources.

Breast Imaging Report and Data System BIRADS 4b (Moderate Probability Malignant) => Biopsy
Any further clinical concern should be investigated without delay, based on its own merits.

DR ANDREW HA, RADIOLOGIST
Ngoc Le, Sonographer (ASAR 7567)

Report electronically verified by radiologist.

For additional information and referral forms, please visit www.breastimagingvictoria.com.au

NOTE: We prefer to receive referrals and correspondence electronically via argus@breastunit.com.au (ARGUS) &
breastun (healthlink)