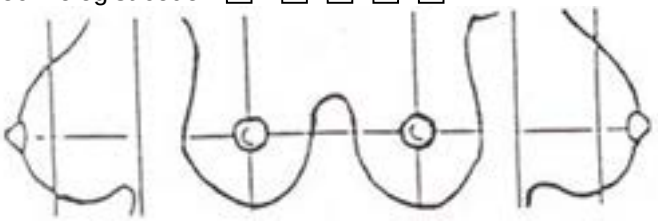
CAROLINA MAMMOGRAPHY REGISTRY SIDE B

Technologist code: ☐ ☐ ☐ ☐ ☐



Which breast(s) are being imaged?
☐ Both ☐ Right ☐ Left

What is the reason for this visit?
☐ Asymptomatic (screening mammogram)
☐ Symptomatic, problem solving, diagnostic work-up
☐ continued work-up following abnormal mamm. or US
☐ short-term follow-up (mostly 6 month follow-up)
☐ biopsy
☐ other _____

What exams were performed at this visit? (✓all that apply)

☐ Screening 2-view-mammogram
☐ Diagnostic views (mag, extra views etc.)
☐ Ultrasound
☐ CT
☐ MRI
☐ Scintigraphy (nuclear)
☐ Other _____

Procedures
☐ Ductogram
☐ Fine Needle Aspiration
☐ Cyst Aspiration
☐ Core Biopsy
☐ Needle Localization

Guidance/System
☐ Ultrasound
☐ Stereo
☐ Mammotome
☐ Other _____
☐ None

Digital equipment used? ☐ Yes ☐ No

Was CAD (R2) used? ☐ Yes ☐ No

What were the findings from the ultrasound? Please ✓:

	Right	Left
Normal Study		
Cyst		
Solid mass		
Other		
ACR code	1 2 3 4 5	1 2 3 4 5

Referring Physician: _____

Address: _____

_____

City, State, Zip _____

Phone: _____

1st Radiologist code: ☐ ☐ ☐ ☐

Is there a change from comparison films?
☐ Yes ☐ No ☐ N/A ☐ No films ☐ Waiting for Films

Does the patient have implants?
☐ Both ☐ Right ☐ Left ☐ None (N/A)

Are you aware of any palpable masses in the breast?
☐ Both ☐ Right ☐ Left ☐ None

What is the parenchymal density classification?
☐ Extremely dense ☐ Scattered fibrodensities
☐ Heterogeneously dense ☐ Entirely fat

Check if **No Findings** (Bi-Rads Code 1): ☐

Mammogram Findings: Please ✓ the ACR Codes

Right							Left					
0	1	2	3	4	5		0	1	2	3	4	5
						Dominant Mass						
						Clustered Calcs						
						Asymmetry						
						Arch Distortion						
						Skin Thickening						
						Scattered Calcs						
						Dilated Ducts						
						Develop Density						
						Cysts Present						
						Other findings						
0	2		3	4	5		0	2		3	4	5

Next **screening** mammogram date:
☐ 1 year ☐ 2 years ☐ N/A
☐ Short-term: 6 months ☐ Age 40
☐ Other _____ mos. ☐ Repeat Tech

Follow-up time for **next action**:
☐ Immediate (one day) ☐ 3 months
☐ 6-Months ☐ Other _____ months

Action for next follow-up:
☐ Additional views ☐ Needle localization
☐ Ultrasound ☐ FNA
☐ Ductogram ☐ Core Biopsy
☐ MRI ☐ Open Biopsy
☐ Surgical Consult ☐ Biopsy - NOS
☐ Follow Clinical Abnormality ☐ Cyst Aspiration
☐ Other

Double read: ☐ No ☐ Yes, date :_____
2nd Radiologist code: ☐ ☐ ☐ ☐

Assessment for right (0, 1-5) _____
Assessment for left (0, 1-5) _____

ACR Assessment Codes

0=needs further imaging assessment
1=negative
2=benign finding
3=probably benign finding (short term follow-up)
4= suspicious abnormality
5=highly suggestive of malignancy