Patient Name:
Patient ID:

Date of Birth: **08-Jan-1978**
Age: **42 years**
Gender: **female**
Accession Number:
Location: **Imaging Center**
Referring Physician:

Study Date: **30-Sep-2020 12:31**
Procedure Types: **MRI BREAST BILATERAL WITH AND WITHOUT CONTRAST**

***Verified***

# MR MRI BREAST BILATERAL WITH AND WITHOUT CONTRAST

PROCEDURE:
MRI BREAST BILATERAL WITH AND WITHOUT CONTRAST

REASON FOR EXAM:
Other abnormal and inconclusive findings on diagnostic imaging of breast

COMPARISON:
Mammogram and ultrasound performed 09/03/2020

TECHNIQUE:
Axial Vibrant pre and postcontrast imaging was performed after administration of 8.5 cc of Gadavist.

FINDINGS:
There is moderate to marked background parenchymal enhancement. The breast fibroglandular tissue pattern is heterogeneously dense.

RIGHT BREAST: Diffuse background parenchymal enhancement with scattered foci of enhancement throughout the right breast suggestive of fibrocystic change.

Dilated ducts are again seen in the right breast without abnormal enhancement (series 6, image 95). One of these dilated ducts likely corresponds to recent sonographic findings at 8 o'clock, 3 cm from nipple (series 6, image 91).

A 3.2 cm area of non mass enhancement is seen in the central slightly upper right breast (series 10501, image 136, series 6, image 92, series 60150, image 35). Although this enhancement demonstrates persistent kinetics on dynamic imaging, it appears to have a linear configuration. (Image 436). This enhancement is asymmetric to the contralateral breast.

Two adjacent enhancing masses in the upper slightly outer right breast (series 60150 image 88, series 6, image 95, series 10501, image 171) which appear to have fatty hila and best seen on series 60150 image 88) suggestive of intramammary lymph nodes.

Scattered foci of enhancement are seen throughout the right breast which are too small to characterize, however many demonstrate high T2 signal suggestive of a benign etiology.

LEFT BREAST: Diffuse background parenchymal enhancement with scattered foci of enhancement throughout the left breast suggestive of fibrocystic change.

A 9 mm enhancing mass in the central slightly upper left breast (series 10501, image 134, series 6, image 35) demonstrate high T2 signal (series 3 image 29) and persistent kinetics on dynamic imaging (image 435). There appears to be dark internal septations suggestive of benign etiology such as a fibroadenoma best seen on sagittal series 6, image 35).

An 8 mm area of non mass enhancement is seen in the central slightly medial left breast (series 10501, image 127, series 6, image 41, series 60150, image 34).

Finally a 5 mm area of enhancement is seen in the upper central left breast which appears to have a fatty hilum suggestive of an intramammary lymph node (series 6 image 38, series 10501, image 170).

Dilated ducts are seen in the left subareolar breast without abnormal enhancement, grossly symmetric to the contralateral breast (series 6, image 37).

BILATERAL AXILLA AND INTERNAL MAMMARY CHAIN: No suspicious adenopathy in either axilla or within the internal mammary chain.

IMPRESSION:

1. 3.2 cm area of non mass enhancement in the central slightly upper right breast for which an MRI guided biopsy is recommended.

2. 8 mm area of non mass enhancement in the central slightly medial left breast for which an MRI guided biopsy is recommended.

3. 9 mm enhancing mass in the central slightly upper left breast which has features of a benign fibroadenoma. A second-look ultrasound is recommended prior to MRI guided biopsy.

4. Symmetric dilated ducts in the bilateral breast without abnormal enhancement.