BREAST ULTRASOUND

Name: **Sonographer:**

Relevant clinical history:……..

……..

Radiologist instructions: **Rt** ☐ **Lt** ☐ **Both** ☐

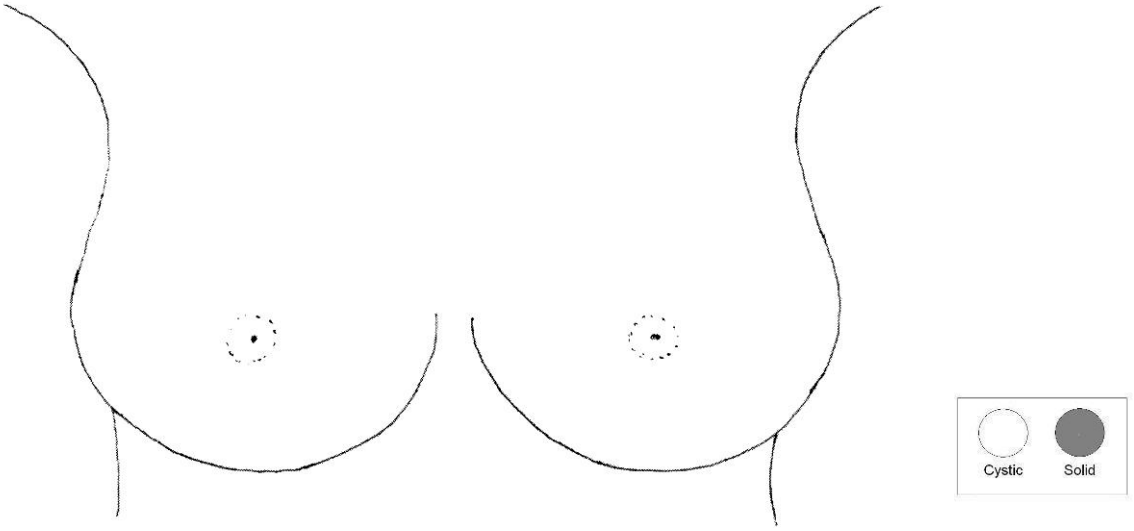
Targeted Only ☐ **Survey Only** ☐ **Survey & Targeted** ☐

Region Of Interest:

……

……

RIGHT LEFT



Right Breast: ..... **Left Breast:**.....

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Rt Axilla **NAD** ☐ ..... **Lt Axilla** **NAD** ☐ .....

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