

# UT Southwestern Department of Radiology

## Ultrasound- Targeted Breast Evaluation

### **PURPOSE:**

To evaluate for acute breast pathology.

### **SCOPE:**

Applies to all US targeted breast evaluation studies performed at Imaging Services / Radiology

### **INDICATIONS:**

#### **CPT Code: 76642**

- Palpable mass with or without pain, redness, and/or nipple discharge.

### **CONTRAINDICATIONS:**

- Generalized breast pain and/or screening for breast lesion WITHOUT a palpable mass, no axilla imaging.

### **EQUIPMENT:**

Linear array transducers with a frequency range of 10-18MHz. Curvilinear transducer with a frequency range of 2-5MHz may be required for appropriate penetration and resolution, depending on presentation of palpable mass.

### **PATIENT PREPARATION:**

- None

### **EXAMINATION:**

#### **GENERAL GUIDELINES:**

A complete examination includes evaluation of the focal area of interest with comparison images of normal adjacent breast tissue or the contralateral breast, if needed.

#### **EXAM INITIATION:**

- Introduce yourself to the patient (AIDET)
- Verify patient identify using patient name and DOB
- Explain Test
- Obtain patient history
- Enter and store data page

## **TECHNIQUE CONSIDERATIONS:**

- Place the patient's arm flexed and relaxed behind their head.
- Imaging should be performed in the area of interest and correlated with clinical signs and symptoms.
- In the region of interest, the depth should be adjusted so that the pectoral muscle is seen along the posterior area of the field of view. The chest wall needs to be visualized to ensure complete depth of breast tissue has been imaged.
- For evaluating superficial lesions, use a stand-off pad or a significant amount of gel to improve the offsetting of the transducer footprint from the uppermost layer of skin.
- The lesion should be shown in orthogonal planes with and without calipers and measured in 3 dimensions.
- The images should be labeled accordingly as right or left breast, location of the mass with respect of the breast clock position, and the orientation of the transducer in relation to the breast (transverse, saggital, radial, antiradial).

## **DOCUMENTATION:**

- Grayscale
  - Indication of right or left breast, anatomical location using clock face annotation and transducer position. Use a body marker if necessary.
  - The mass or area of interest should be shown in 2 perpendicular planes.
  - The size of the mass should be measured at the maximal dimensions in 2 orthogonal planes, in 3 dimensions.
  - Images should also include comments on how many cm from the nipple.
  - Contralateral side should be imaged when the area of interest is the nipple (breast buds) for comparison

## **PROCESSING:**

- Review examination images and data
- Export all images to PACS
- Document relevant history and impressions in primordial.
- Present images to Radiologist

## **REFERENCES:**

Siegel, Marilyn, (2002). Pediatric Sonography. Philadelphia, PA: Lippincott Williams and Wilkins.

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**REVISION HISTORY:**

<b>SUBMITTED BY:</b>	<b>Kylene De Los Santos RDMS, RVT</b>	<b>Title</b>	<b>Diagnostic Sonographer</b>
<b>APPROVED BY:</b>	<b>Jeannie Kwon, M.D.</b>	<b>Title</b>	<b>Director of Ultrasound</b>
<b>APPROVAL DATE:</b>	<b>08/28/2019</b>		
<b>REVIEW DATE(S):</b>	<b>6/21/18-9/11/18</b>		<b>Samantha Lewis, B.S., RDMS</b>
<b>REVISION DATE(S):</b>		<b>Brief Summary</b>	<b>Added CPT codes and descriptions. Added cm from nipple, no axilla, and contralateral comparison for AOI nipple</b>

\*Code 76642 consists of a focused ultrasound examination of the breast limited to the assessment of one or more, but not all of the elements listed in code 76641.