

UHID	: VC/200626/0002	ID	: ID/270826/0024
Patient	: Mrs RUTA BIYANI	Age/Gender	: 37 Year(s)/5 Month(s)/FEMALE
Doctor	: ADITI AGARWAL (SURGEON)	Registration Date & Time	: 27-Aug-2026 10:50
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ULTRASONOGRAPHY OF BILATERAL BREASTS

Clinical Profile: Tender lump in the right breast. Past history of left-sided mastitis.

Comparison: Previous USG report done outside dated 25 June 2025 revealed 2 tiny intraductal papillary lesions in the right breast and one in the left breast. Bilateral retroareolar ductal ectasia.

Technique: High-resolution, real-time B-mode bilateral whole-breast and axillary ultrasonography was performed using a high-frequency linear transducer. Color Doppler interrogation was performed on areas of interest.

FINDINGS

1. Right Breast:

- **Retroareolar Region:** Shows multiple proliferative intraductal lesions measuring up to 6 mm, suggestive of papillomatosis.
- **Focal Lesion:** A distinct, well-defined intraductal debris/lesion measuring approximately 2x1.8x1.4cm is noted within a dilated duct in the 6 o'clock retroareolar position. On color Doppler study, it shows **no internal vascularity**; however, marked periductal increased vascularity and surrounding changes of increased parenchymal echogenicity/edema are present. Mild uniform ductal wall thickening is seen predominantly at this 6 o'clock position.
- **Ductal System:** Mild central ductal ectasia is observed.
- **Remainder of Breast Parenchyma:** Normal fibroglandular echo-pattern elsewhere with no discrete focal solid or cystic mass lesions.

2. Left Breast:

- **Retroareolar Region:** Shows evidence of multiple proliferative intraductal lesions measuring up to 10x5mm in size, suggestive of papillomatosis.
- **Ductal System:** Mild central ductal ectasia noted symmetrically.
- **Inflammatory Changes:** Mild periductal mastitis with mobile internal echoes and ductal wall thickening is present at the 6 o'clock position (less pronounced compared to the right side).
- **Remainder of Breast Parenchyma:** Normal background echotexture with no focal suspicious mass lesions.

3. Axillae:

- Bilateral axillae show a few benign-appearing, reactive-looking lymph nodes with preserved fatty hila. No pathologically enlarged or suspicious lymphadenopathy is seen.

IMPRESSION

1. **Bilateral Retroareolar Papillomatosis** with **mild central ductal ectasia** bilaterally.
 2. **Right 6 o'clock retroareolar region:** A 2 cm sized intraductal debris/pus/fluid collection within a dilated duct, accompanied by prominent surrounding tissue echogenicity and periductal mastitis (Right > Left).
 3. Findings favor an inflammatory periductal mastitis process / infected ductal collection superimposed on underlying benign ductal pathology/papillomatosis.
- **BI-RADS Category: BI-RADS 4a** (Low suspicion of malignancy, but diagnostic intervention/tissue correlation is recommended due to the size of the 2 cm intraductal component and to rule out a solid mural lesion or atypical proliferation).

RECOMMENDATIONS

- Correlation with diagnostic mammography.
- **Ultrasound-guided aspiration** of the 6 o'clock retroareolar collection (to evaluate for pus/fluid and decompress the duct), with **simultaneous or subsequent core needle biopsy of any residual solid mural component** if the lesion does not completely resolve upon drainage.

Thanks for your reference,

Namrata

DR NAMRATA SAWANT

FELLOWSHIP IN BREAST IMAGING (U.S)
REG NO. 2008/04/1541