

RADIOLOGIST / TECHNOLOGIST EVALUATION – SHORT FORM

Sections with an ‘*’ are **OPTIONAL**

NOTES

3. BI-RADS BREAST DENSITY:
(check denser breast if left and right differ)

- Almost entirely fat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

4. INFORMATION AVAILABLE AT TIME OF ASSESSMENT AND RECOMMENDATION(s):

(check one)

- Comparison films only
- Physical findings only
- Both films and findings
- Neither

5. ASSESSMENT:

- | | B | L | R |
|--|--------------------------|--------------------------|--------------------------|
| 0: Needs additional imaging evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1: Negative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2: Benign finding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3: Probably benign finding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4: Suspicious abnormality | | | |
| *A: Suspicion level - low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *B: Suspicion level - moderate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *C: Suspicion level -high | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5: Highly suggestive of malignancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6: Known malignancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. INDICATION FOR EXAM: (check one)

- Screening (asymptomatic)
- Evaluation of breast problem (symptomatic)
- Additional evaluation of recent mammogram
- Short interval follow-up

2. TYPE OF EXAM(S) PERFORMED:

(check all that apply)

- | | B | L | R |
|--|--------------------------|--------------------------|--------------------------|
| Routine views (MLO, CC) | | | |
| Standard film screen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic (additional) views (i.e., spot compression, magnification, other projections, etc.) | | | |
| Standard film screen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MRI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuclear medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other breast imaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other procedure(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. RECOMMENDATION(S): (check all that apply)

- | | B | L | R |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Next mammogram: | | | |
| Normal interval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Short interval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immediate Work-up: | | | |
| Additional views | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical exam for further evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical consult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine needle aspiration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biopsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. COMPUTER ASSISTED DIAGNOSIS

- TECHNOLOGY used to read:** (check all that apply)
- Routine views
 - Diagnostic views