

Hiler & Kohlbrenner MDs
 Diplomates, American Board of Surgery
 3838 California Street, Suite 612, San Francisco, CA 94118
 415-666-9905 Fax 415-666-9910

Breast Ultrasound Report

Examiner: K Hiler MD

A. Kohlbrenner MD

Patient Name: _____ DOB: _____ Exam Date: _____

Indications:	Side		Position
	Right <input type="checkbox"/>	Left <input type="checkbox"/>	_____ o'clock _____ cm FN

Findings:

No lesion seen <input type="checkbox"/>	Heterogeneous mass <input type="checkbox"/>	Smooth borders <input type="checkbox"/>	Spiculation <input type="checkbox"/>
Hyperechoic mass <input type="checkbox"/>	Anechoic mass <input type="checkbox"/>	Post. Enhancement <input type="checkbox"/>	Chaotic vasc flow <input type="checkbox"/>
Hypoechoic mass <input type="checkbox"/>	Irregular borders <input type="checkbox"/>	Post. Shadowing <input type="checkbox"/>	Other: _____

Size: _____ mm x _____ mm x _____

Impression: _____

Images

Hiler & Kohlbrenner MDs
Diplomates, American Board of Surgery
3838 California Street, Suite 612, San Francisco, CA 94118
415-666-9905 Fax 415-666-9910

Breast Ultrasound Report

Examiner: K Hiler MD

A. Kohlbrenner MD