1/per day ₹ 400/4V

10 pardays

24

DEPARTMENT OF RADIOLOGY

NAME:	IP.NO:
AGE :	SEX : FEMALE
DATE :	

USG BREAST

RIGHT BREAST

Parenchyma ~
Nipple areola complex –
Axillary tail –
Focal lesions –

Axilla –

LEFT BREAST

Parenchyma ~
Nipple areola complex –
Axillary tail –
Focal lesions –

Axilla –

IMPRESSION

Signature