

SIKUND DIAGNOSTIC CENTRE

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Dr. Rajeev Sikund
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Dr. Shobha Sikund
Consultant Pathologist
MBBS; MD

Dr. Suniti Sikund
Consultant Pathologist
MBBS; MD; DNB

NAME: MS INDRA SHARMA

AGE: 60 YRS

REFD.BY: DR. UMA VERMA MD

DATE: 19-Feb-25

MAMMOGRAM

Clinical Findings: Lt breast lump.

PROCEDURE: Cranio – caudal and medio lateral oblique views of both breasts were done. Film markers are in the axillary / lateral portions of the breast.

REPORT

The breasts are heterogeneously dense, which may obscure small masses (ACR pattern c). There is 15.0 x 12.7 mm oval equal isodensity lesion with spiculated inferior margin seen in Lt breast upper outer quadrant. No micro calcification seen. Few pin head macro calcifications are seen in both breasts.

On Lt breast USG screening –

A hypoechoic oval solid mass with micro lobulated margins not in parallel orientation & few micro calcification in its wall of size 19.2 x 13.1 mm is seen in Lt breast at 2 o' clock position. No e/o nipple retraction seen.

No dermal changes of malignancy are seen.

No suspicious axillary lymphadenopathy seen.

IMPRESSION: Lt breast has an oval solid mass lesion which is highly suspicious for malignancy.

BI-RADS CATEGORY 4B.

BI-RADS CATEGORY ASSESSMENT :

Category 0 – Incomplete, Additional imaging evaluation needed before assessment.

Category 1 – Negative, No lesion found (routine follow up).

Category 2 – Benign finding, No malignant features; e.g. cyst (follow up for age, clinical management).

Category 3 – Probably benign findings, malignancy is highly unlikely, e.g. fibroadenomas (initial short interval follow-up).

Category 4 (A, B, C) – Suspicious abnormality (> 2 % & < 95 % risk of malignancy), Low to high probability of cancer, biopsy should be considered.

Category 5 – Highly suggestive of (> 95 %), almost certainly cancer, appropriate action should be taken for malignancy.

Category 6 – Known cancer, Biopsy proven malignancy, prior to institution of therapy.

DR. KUNAL SIKUND

DR. (MRS) DEEPA SINGH

DR. RAJEEV SIKUND

Thanks For Referral

- 3D/4D ULTRASOUND
- MAMMOGRAPHY
- COMPUTERIZED PATHOLOGY LAB
- 128 SLICE CARDIAC CT SCAN

- COLOUR DOPPLER
- DIGITAL X-RAY
- DIGITAL OPG & CBCT
- 1.5 T DIGITAL MRI

- ECHO CARDIOGRAPHY
- BONE DENSITOMETRY (DEXA SCAN)
- FNAC / BIOPSY

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Date: 19/02/2025 Patient Id: 102420715 Collected: 19/02/2025 13:34:20
Name: Mrs. INDRA SHARMA Reported: 20/02/2025 12:34:21
Age/Sex: 60 Yrs Female Printed: 20/02/2025 12:47:10
Ref. By: Dr. SUSHMA VERMA, MBBS, MD User ID: 102420715 / 37959F40
Specimen: ASPIRATE

FINE NEEDLE ASPIRATION CYTOLOGY

CLINICAL : FNAC done under aseptic precautions from
Left breast lump.

GROSS : Blood mixed material aspirated

MICROSCOPIC : Left breast lump
Smears examined show moderate to marked cellularity. There is presence of dyscohesive clusters, groups and singly scattered tumour cells. The cells show moderate to marked pleomorphism, having coarse chromatin with 0-1 conspicuous nucleoli and moderate basophilic cytoplasm showing vacuolations.

OPINION : Left breast lump - Cytological findings are consistent with Infiltrating
Ductal Carcinoma (NOS)

Adv : Trucut biopsy /IHC for further typing

*** End of Report ***

DR SHOBHA SIKUND MD
Consultant Pathologist
UKMC Reg.No.1815
Checked By:

DR SUNITI SIKUND MD;DNB
Consultant Pathologist
UKMC Reg.No.6951

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Date
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