

Breast

1. Masses
 - Spiculated and ill-defined masses
 - Circumscribed masses
 - Masses with calcifications
 - Palpable mass with “negative” mammogram
 - Fat-containing masses
2. Calcifications
 - Malignant
 - Benign
3. Architectural distortion
4. The altered breast
 - Post cancer therapy
 - Implants
 - Reduction
 - Post biopsy
5. Asymmetric density
6. Skin abnormality
7. Lymph node
8. Male breast
 - Malignant
 - Benign
9. Ductography
10. Breast MRI
 - Cancer
 - Benign
11. Interventional
 - Ultrasound-guided biopsy
 - Stereo-guided biopsy
 - Concordance
 - Needle localization

- Sentinel node

12. QC/QA

- MQSA regulations
- Audit outcomes analysis
- Positioning
- Artifacts/film quality
- Digital QC
- MR

13. Symptomatic patient management

- Discharge
- Infection

14. Ultrasound

- Technical

15. Screening

- Risk factors
- Guidelines
- Breast cancer facts/epidemiology

16. Diagnostic Work-up

- Additional views
- Ultrasound
- Triangulation/lesion correlation

17. Diffuse increase in density

Sample Questions:

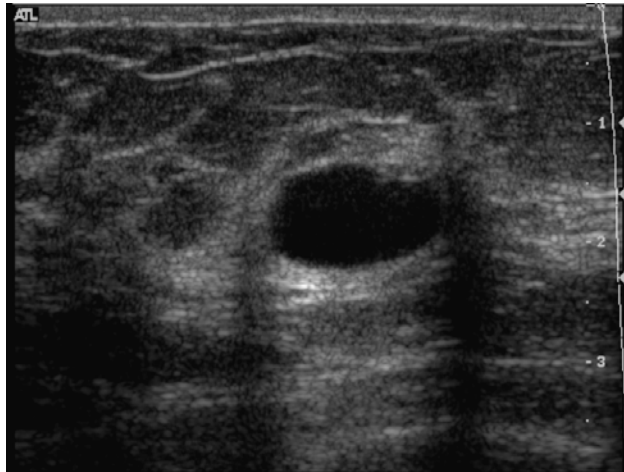
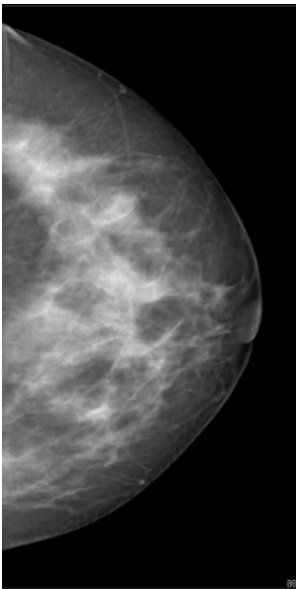
Questions may be single best or in a format of clinic decision making with multiple steps or parts to the question/case. The vast majority will be image related.

Sample Question 1:

In a well positioned mammogram

- A. The pectoralis muscle should be concave on the MLO view.
- B. The pectoralis muscle should extend to the posterior nipple line on the MLO view
- C. The pectoralis muscle thickness should be greater than 1 cm on the CC view
- D. The CC view should be exaggerated to include the axillary tail
- E. The length of the posterior nipple line on the CC view should be 1 cm greater than on the MLO view

Sample Question 2:



The images shown are of the left breast of a 44-year-old woman. What is the most appropriate BIRADS category for this finding?

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5