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**SUBJECT:    DIAGNOSTIC SCREENING WITH PALPABLE ABNORMALITIES**

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1. Only mark a **palpable lump** with a **Triangle skin marker, if the patient can pinpoint** the exact location and leave on for all TOMO CC and MLO views.
2. If the patient presents with a palpable lump but only know the region or the referring physician notes the location, **do not** mark with a Triangle skin marker. Make your notes of the location in “Study notes” for the Radiologist and on the breast diagram.
3. If the patient presents with a palpable lump that she cannot feel or it is not indicated by the referring physician, **do not** mark with a triangle skin marker. Report this information to the Radiologist in Study Notes and on the breast diagram.
4. Complete the TOMO CC and MLO views for all Diagnostic exams. **Compression views will be at the discretion of the Radiologist after the exam is shown.**
5. A diagnostic exam is for patients with a current problem. If this is a chronic problem, do what is ordered by the referring physician.
6. If a patient presents with a new lump we are to do a Unilateral Mammogram. **Even if a screening Mammo was done within the last year.** **Note:** If the exam was less than 3 months ask the Radiologist if the exam should be repeated.
7. If a patient presents with a Unilateral issue and it is **3 months** or less to her annual screening Mammogram, we are to do both breasts.
8. Show to Radiologist prior to the US exam.

**ULTRASOUND FOLLOW-UP REQUESTED**  
**WITH SCREENING MAMMO**

If a Breast Ultrasound is requested after a Screening Mammogram, we are to show the “Radiologist of the day” and give him/her the Breast History Sheet, as a reminder that the Screening Mammogram needs to be read with the follow-US.