

Worksheet 2: PROCEM

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: __ __

DATE OF US (YYMMDD): _____

PROCEM: BASELINE ULTRASOUND

ULTRASOUND FINDINGS

RIGHT BREAST

No. of pathological findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3
-------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

	Lesion A	Lesion B	Lesion C
Localization clockwise (centre of lesion)	— —	— —	— —
Centre of lesion area from mamilla	cm	cm	cm
Lesion size*	mm	mm	mm
Findings	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)
BIRADS score	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5

* Enter 0 if lesion is not visible by this modality

Total extent malignant lesions	mm
Total extent w/ continuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comment in free text:	
------------------------------	--

SIGNATURE RESPONSIBLE RADIOLOGIST: _____

SEE NEXT PAGE/SIDE FOR LEFT BREAST

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: ____

DATE OF US (YYMMDD): _____

ULTRASOUND FINDINGS

LEFT BREAST

No. of pathological findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3
------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

	Lesion A	Lesion B	Lesion C
Localization clockwise (centre of lesion)	— —	— —	— —
Centre of lesion area from mamilla	cm	cm	cm
Lesion size*	mm	mm	mm
Findings	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Dist, cystic etc)
BIRADS score	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5	<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> U5

* Enter 0 if lesion is not visible by this modality

Total extent malignant lesions	mm
Total extent w/ continuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comment in free text:	
------------------------------	--

SIGNATURE RESPONSIBLE RADIOLOGIST: _____