

**Place Label Here**

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_

Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

**6666 Summary Table Information: Ultrasound Interpretation (IS)**

Lesion ID	Lesion Location: Breast and Clockface		Distance from nipple (cm)	Screening/ imaging Date	Special Case specifics or shape and margins (of most recent exam)	Lesion dimensions D1 x D2 x D3	Volume (mm <sup>3</sup> )	Change since prior exam?  (stable/increase/decrease/gone)	Lesion specific Recommendation	
	ULI	Left								
<b>Ex</b>	<i>ULI</i>	<i>Left</i>	0730	2	04-19-04	<i>irregular, spiculated</i>	<i>10 X 5 X 10</i>	<i>250</i>	<i>stable</i>	<b>Short interval follow-up with US</b>
1						X X				
2						X X				
3						X X				
4						X X				
5						X X				
6						X X				
7						X X				
8						X X				
9						X X				
10						X X				
11						X X				
12						X X				
13						X X				
14						X X				
15						X X				
16						X X				
17						X X				
18						X X				
19						X X				
20						X X				