

Mammography Protocol

- A routine mammogram is to consist of the four standard radiographic views: RCC, LCC, RMLO, LMLO. These views are to be critiqued by the mammographer, according to the ACR guidelines. The ACR guidelines recommend that pectoralis muscle be visualized to the nipple line on the oblique views. The amount of tissue visualized on the CC view is to be no less than one centimeter at the nipple line than that of the oblique. Visualization of the pectoralis muscle on the CC view ensures optimal positioning has been achieved. Technologists should refer to the ACR Clinical Image Section for standards.
- Only four 3D images should be obtained (RCC, LCC, RMLO, LMLO). If a patient requires more than the standard 4 mammogram views, additional images should be performed in 2D only. In such instances, choose the images with maximum tissue coverage as the 3D image. Also, choose the image which does not include cardiac or other metallic devices as the 3D image (as these devices cause artifact on the 3D image).
- Diagnostic mammograms are to be done under the direct guidance of the Radiologist. All views are to be performed at an optimal level. The Radiologist will direct the sequence of the exam. The patient is to be released once all necessary exams needed for the diagnosis have been completely reviewed by the radiologist.

Post Procedure Views

- Post Biopsy Distorsion
 - 3D CC & ML
- Post Biopsy Calcs ++
 - 2D CC & ML
- Post Biopsy Asymmetry
 - 3D CC / ML
- Post MRI Biopsy
 - 2D Full CC & ML
- Post Wireless Tag Placement Axilla
 - 3D Tomo for AT view
- Post Biopsy Mass
 - 2D CC / ML