

Date: 20.09.2025; 1404/06/29

Patient's Name: S.S

Responsible Physician: Dr.Mahmoudzadeh

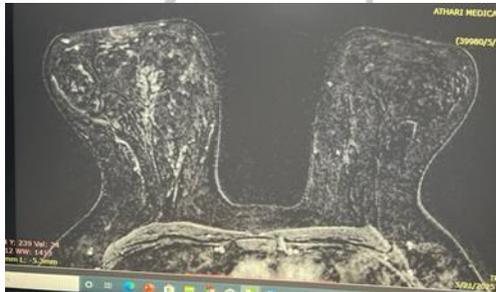
Patient presentation:

45 Y/O woman with multiple breast Cyst and benign masses since 1397

Underwent MG and US in 1403

Rt breast: asymmetrical density and micro calcification in UOQ and inner part B4b

MRI: 74 mm non mass in 11-1oc + several early enhancements in LIQ B4b



Underwent VAB: 1404/03/3

Path report:

FCC+ UDH+ focal papillary lesion suggestive of IDP/ LCIS

Pathology review:

Atypical lobular hyperplasia + IDP + UDH

Second review UDH+ lobular intra epithelioid neoplasia + ductal pagetoid spread

1403/04/12

Suspicious micro calcification in LOQ and UIQ

VAB from 1.LOQ and 2.UIQ

Pathology report:

1. UDH and FEA
2. UDH/FCC

In 1404/02/14

Fine pleomorphic calcifications in UOQ an UIQ

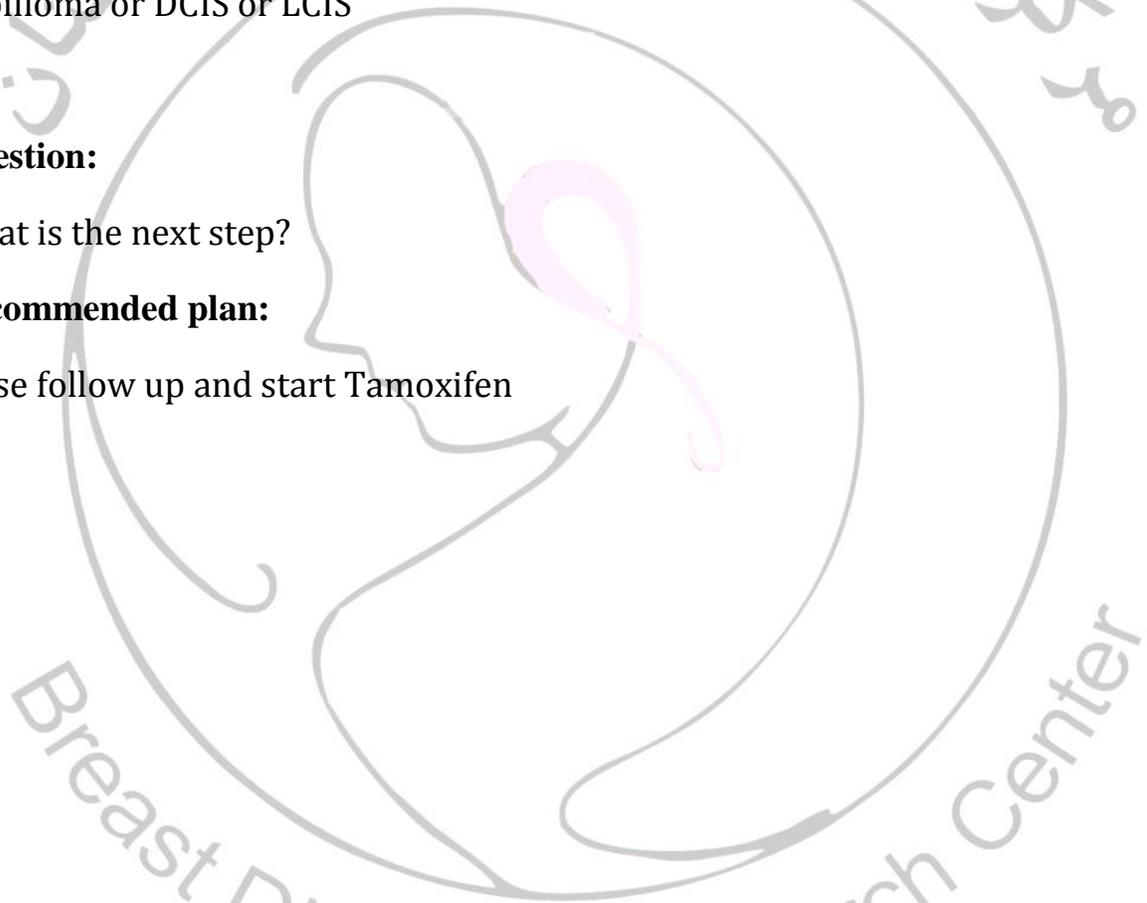
MRI multiple oval enhancing masses in right breast could be related to papillomatous however significant asymmetrical non mass is suspicious for papilloma or DCIS or LCIS

Question:

What is the next step?

Recommended plan:

Close follow up and start Tamoxifen



Breast Disease Research Center