

Date: 1405/07/11, 2026/10/03

Patient's Name: N.M.

Responsible Physician: Dr. Omranipour

Patient Presentation:

A 41 Y/O female

Past Medical History: Unremarkable

Family History: Negative

Breast ultrasound:

Two lesions in the right breast:

- 18 mm
- 55 mm

Pathology:

Core needle biopsy of both lesions:

Invasive ductal carcinoma (IDC)

ER: 70% positive

PR: 50% positive

HER2: 3+ (positive)

Ki-67: 25%

Right axillary lymph node: Clinically positive

Staging Imaging:

Abdominal CT:

Two 7-mm hypo dense liver lesions, suspicious for possible hepatic metastases

Rectal wall asymmetry/thickening

Perirectal lymphadenopathy

Chest CT:

Right axillary lymphadenopathy involving levels I, II, and III

Several sub pleural nodules at the apices of both lungs, suspicious for possible metastatic disease

Sclerotic lesions involving :

Left scapula, adjacent to the glenoid cavity

Left clavicle

Findings are suspicious for possible osseous metastases

Whole-body bone scans:

Increased uptake/active bone lesion involving the left first rib

Question:

Review all available imaging and determine the extent of metastatic disease.

Recommended Plan:

- ✓ Bone scan showed uptake in the first rib and the right sphenoid wing .
- ✓ On CT chest review, pulmonary nodules suspicious for metastases were noted, along with bone islands in the scapula and the clavicular head
- ✓ Given the presence of pre rectal LAP colonoscopy was recommended.

Breast Diseases Research Center