【本檢查經費由衛生福利部國民健康署菸害防制及衛生保健基金支應】

【附表十二】國民健康署婦女乳房 X 光攝影檢查異常個案報告表

病歷號：_____。

檢查資訊			
姓名		身分證統一編號	
		統一證號(外籍)	
出生日期	_____年_____月_____日	攝影日期	_____年_____月_____日
醫院名稱		放射科醫師	

乳房 X 光攝影陽性結果

☐ **Category 0:** Need Additional Imaging Evaluation.
☐ **Category 3:** Probably Benign Finding — Short Interval Follow-up Is Suggested.
☐ **Category 4:** Suspicious Abnormality — Biopsy Should Be Considered.
☐ a. Low suspicion； ☐ b. Moderate suspicion； ☐ c. High suspicion
☐ **Category 5:** Highly Suggestive of Malignancy — Appropriate Action Should Be Taken.

病灶勾選（如單側多處病灶或兩側皆有病灶，請以不同表單分開呈現）

☐ **1. Mass:** ☐ Rt. ☐ Lt. ☐ Multiple, Unilateral ☐ Multiple, Bilateral

Location	☐ UOQ	☐ UIQ	☐ LOQ	☐ LIQ	☐ Subareolar	☐ Axillary tail
	One view only	☐ Upper Hemisphere		☐ Lower Hemisphere		
		☐ Outer Hemisphere		☐ Inner Hemisphere		
Size	☐ < 1.0 cm	☐ 1-2 cm	☐ 2-3 cm	☐ 3-4 cm	☐ > 4 cm	
Shape	☐ Round	☐ Oval	☐ Lobular	☐ Irregular		
Margin	☐ Circumscribed	☐ Microlobulated	☐ Obscured	☐ Indistinct	☐ Spiculated	
Density	☐ High density	☐ Equal density	☐ Low-density	☐ Fat-containing		

☐ **2. Calcifications:** ☐ Rt. ☐ Lt. ☐ Multiple, Unilateral ☐ Multiple, Bilateral

Location	☐ UOQ	☐ UIQ	☐ LOQ	☐ LIQ	☐ Subareolar	☐ Axillary tail
	One view only	☐ Upper Hemisphere		☐ Lower Hemisphere		
		☐ Outer Hemisphere		☐ Inner Hemisphere		
Distribution	☐ Grouped	☐ Linear	☐ Segmental	☐ Regional	☐ Diffuse	
Morphology	☐ Amorphous	☐ Coarse Heterogeneous	☐ Fine Pleomorphic	☐ Fine Linear Branching		

☐ **3. Asymmetry:** ☐ Rt. ☐ Lt. ☐ Asymmetry ☐ Focal asymmetry ☐ Developing asymmetry

Location	☐ UOQ	☐ UIQ	☐ LOQ	☐ LIQ	☐ Subareolar	☐ Axillary tail
	One view only	☐ Upper Hemisphere		☐ Lower Hemisphere		
		☐ Outer Hemisphere		☐ Inner Hemisphere		

☐ **4. Architectural Distortion:** ☐ Rt. ☐ Lt.

Location	☐ UOQ	☐ UIQ	☐ LOQ	☐ LIQ	☐ Subareolar	☐ Axillary tail
	One view only	☐ Upper Hemisphere		☐ Lower Hemisphere		
		☐ Outer Hemisphere		☐ Inner Hemisphere		

☐ **5. Thickening or retraction of the skin and/or nipple:** ☐ Rt.／☐ Lt.
☐ **6. Dense or enlarged axillary LNs:** ☐ Rt.／☐ Lt.
☐ **7. Dilated lactiferous ducts:** ☐ Rt.／☐ Lt.
☐ **8. Diffuse thickening of the skin and increased density:** ☐ Rt.／☐ Lt.
☐ **9. Others:** _____.