

# 2025 SDMS Annual Conference

## The Best & the Rest: Interesting Case Study Potpourri

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## Objectives



1. **Identify Key Sonographic Features:** Recognize characteristic ultrasound findings associated with uncommon or challenging cases.



2. **Apply Critical Thinking Skills:** Analyze clinical scenarios to correlate patient history, sonographic findings, and potential diagnoses.



3. **Enhance Clinical Preparedness:** Understanding the importance of recognizing and managing complex cases in a clinical setting.

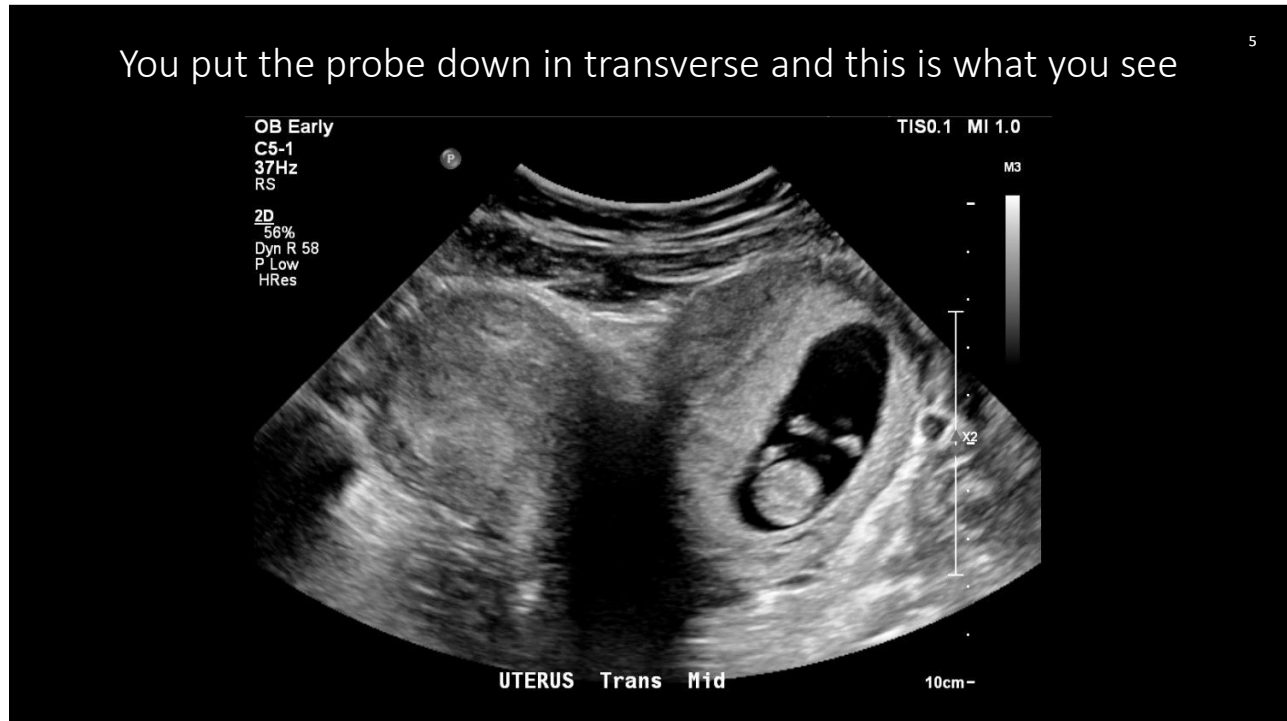
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## Case Study #1

- \*28-year-old female
- \*Comes in for a routine 1<sup>st</sup> trimester OB ultrasound
- \*Gravida 2
- \*Para 1
- \*Had an episode of spotting 2 weeks prior but is no longer spotting

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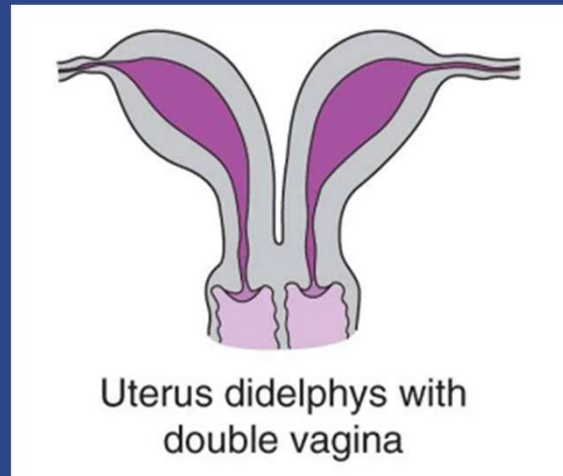


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## Didelphys Uterus

- Didelphys Uterus is also known as a double uterus.
- Rare congenital anomaly in which the uterus divides into 2 separate halves, each with their own cervix and in most cases a double vagina.
- In the US it occurs in 0.1-0.5% of women



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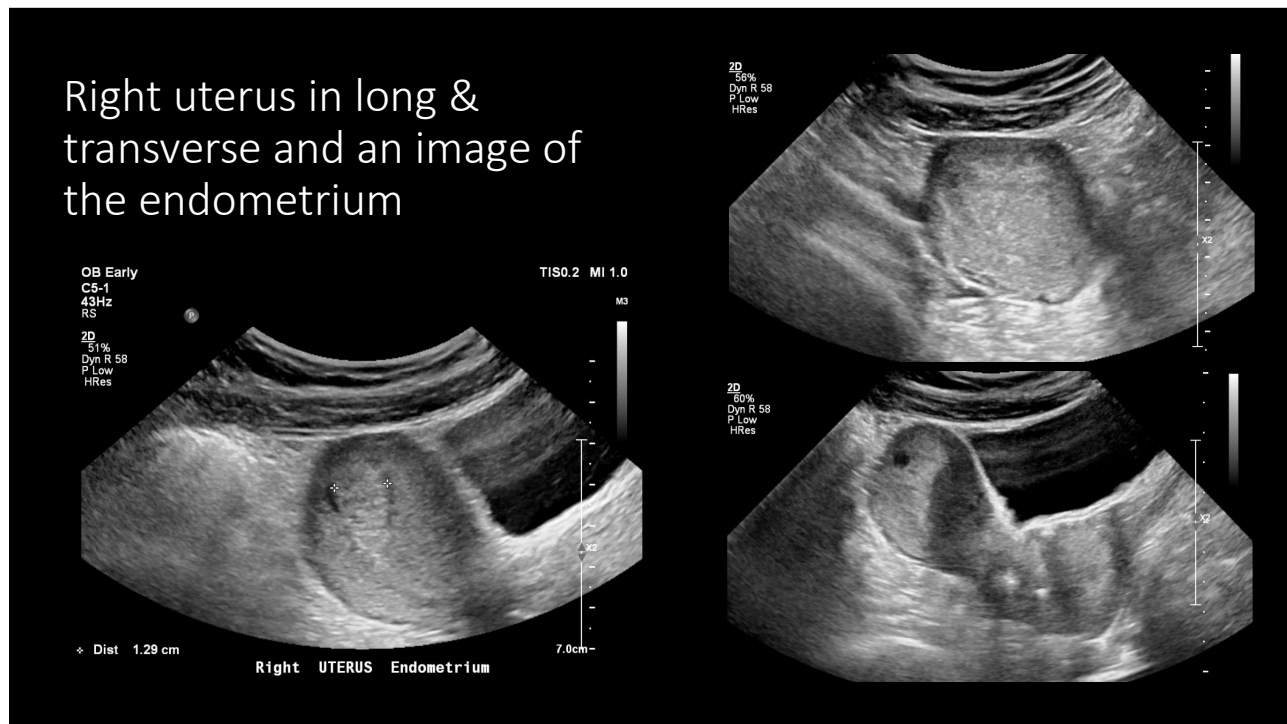
When you put the probe down and you're struggling to find that mid-line long image, that's often a clue that something might be off



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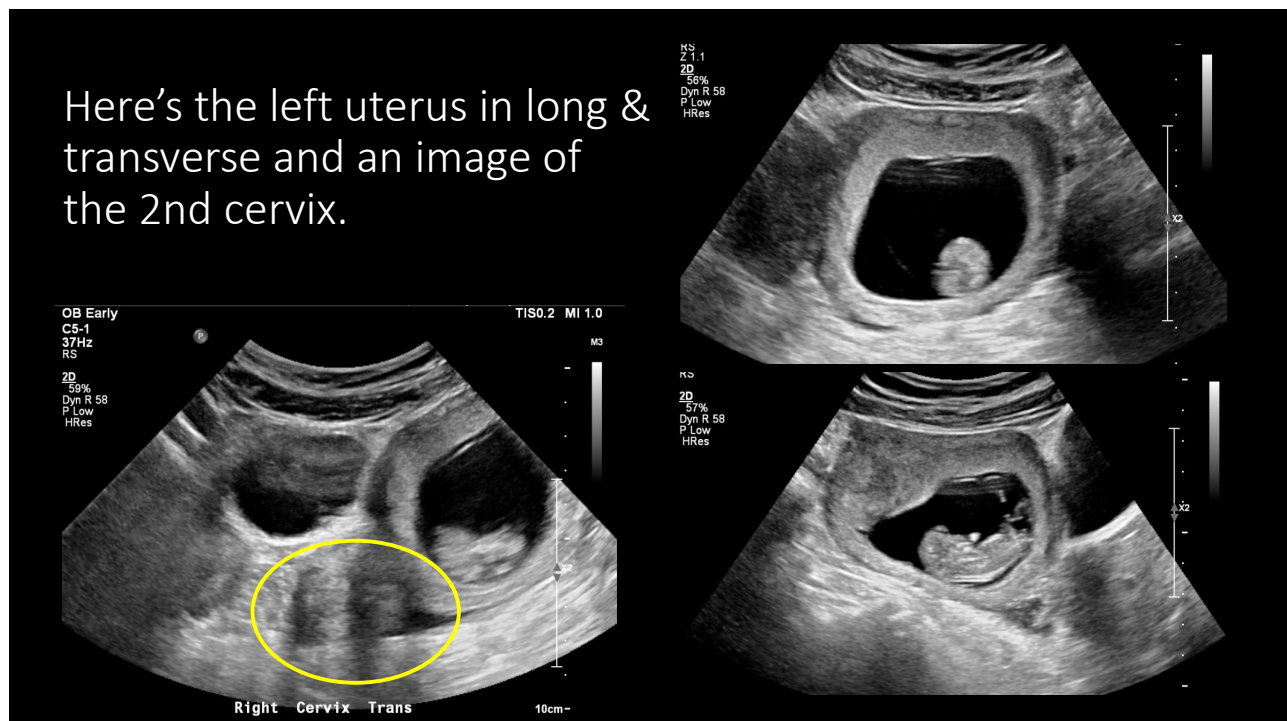
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Right uterus in long & transverse and an image of the endometrium



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Here's the left uterus in long & transverse and an image of the 2nd cervix.



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## Didelphys uterus with IUP in the left uterus

The patient apparently was aware that she had a didelphys uterus.

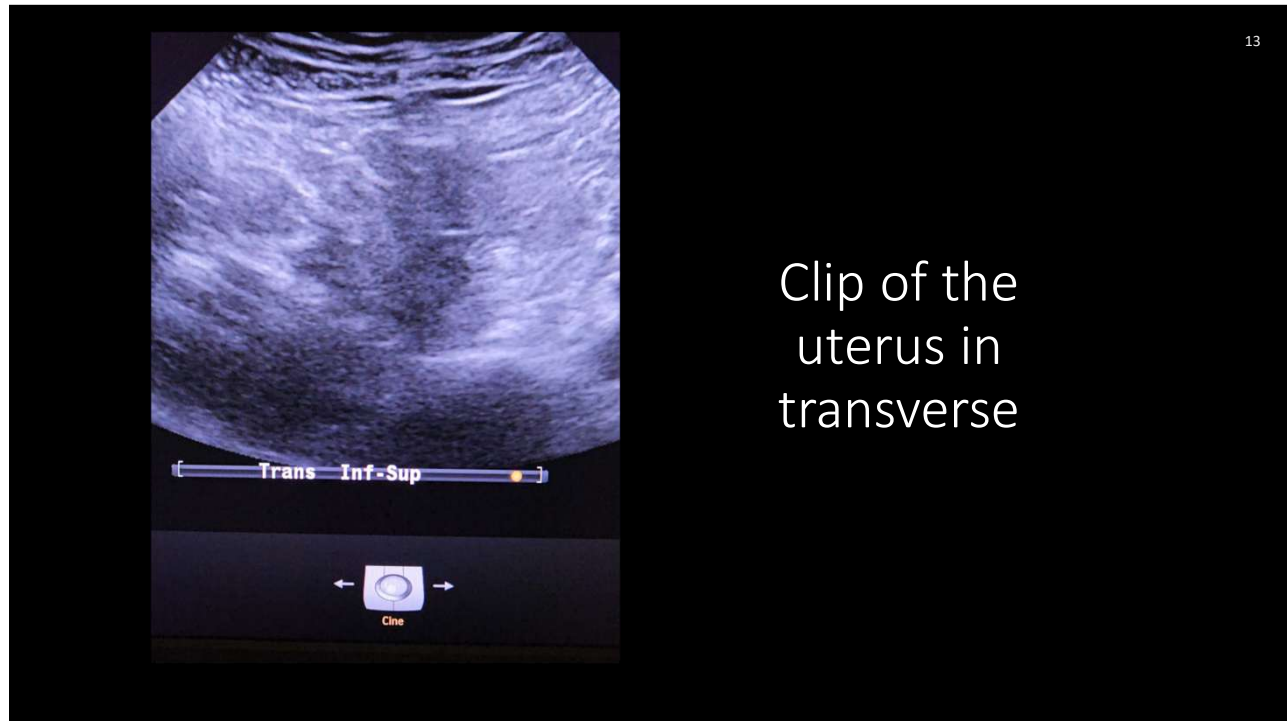
Her 1<sup>st</sup> pregnancy was also in her left uterus.

*Sometimes patients forget to tell you information that may be helpful when asking them about their history and prior pregnancies.*

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## Uterus didelphys



- Most women are asymptomatic and unaware of having a double uterus, especially pre-puberty.
- May experience irregular periods or heavy bleeding during their periods.
- Due to the abnormal uterine structure, there's a higher risk of miscarriage or infertility.

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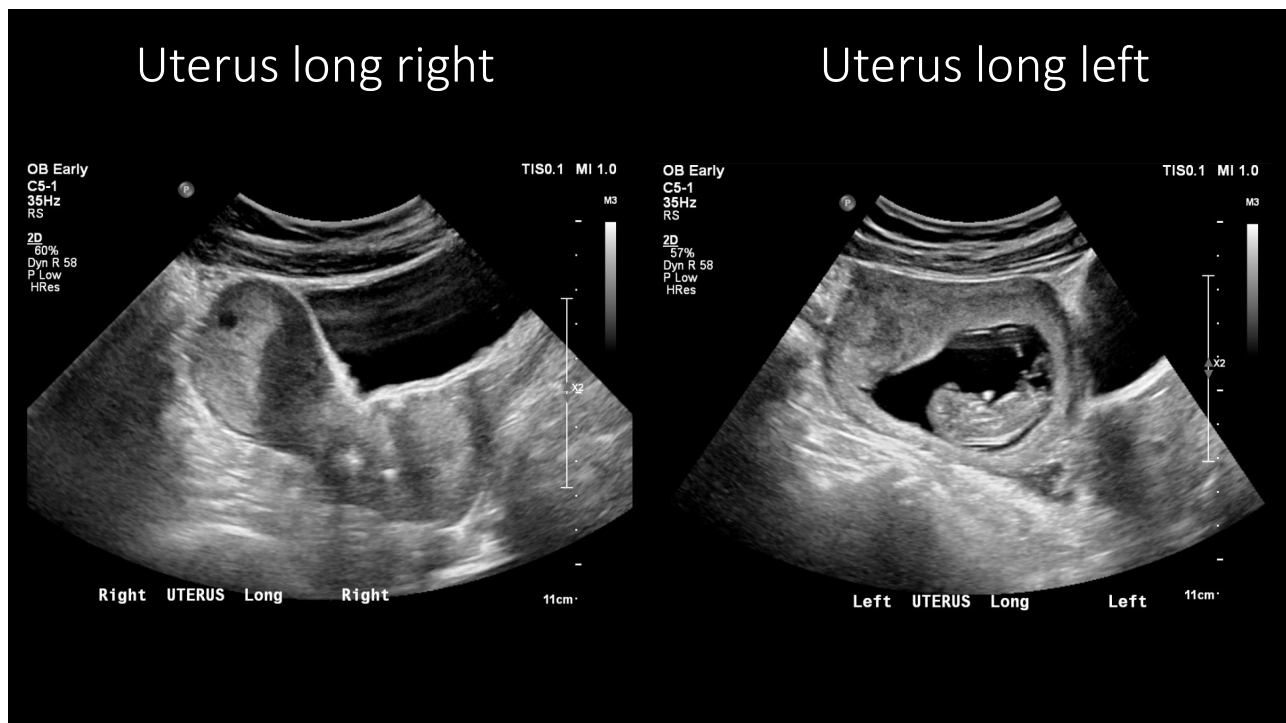
This slide features a B-mode ultrasound image of a uterus didelphys. The image shows two distinct uterine cavities. The left cavity contains a gestational sac with a visible embryo. The right cavity is empty. Technical details on the left include 'OB Early', 'C5-1', '37Hz', 'RS', '2D', '56%', 'Dyn R 58', 'P Low', and 'HRes'. Technical details on the right include 'TIS0.1', 'MI 1.0', 'M3', and a scale bar. The text 'UTERUS Trans Mid' and '10cm' are at the bottom of the image. The number '14' is in the bottom right corner of the slide.

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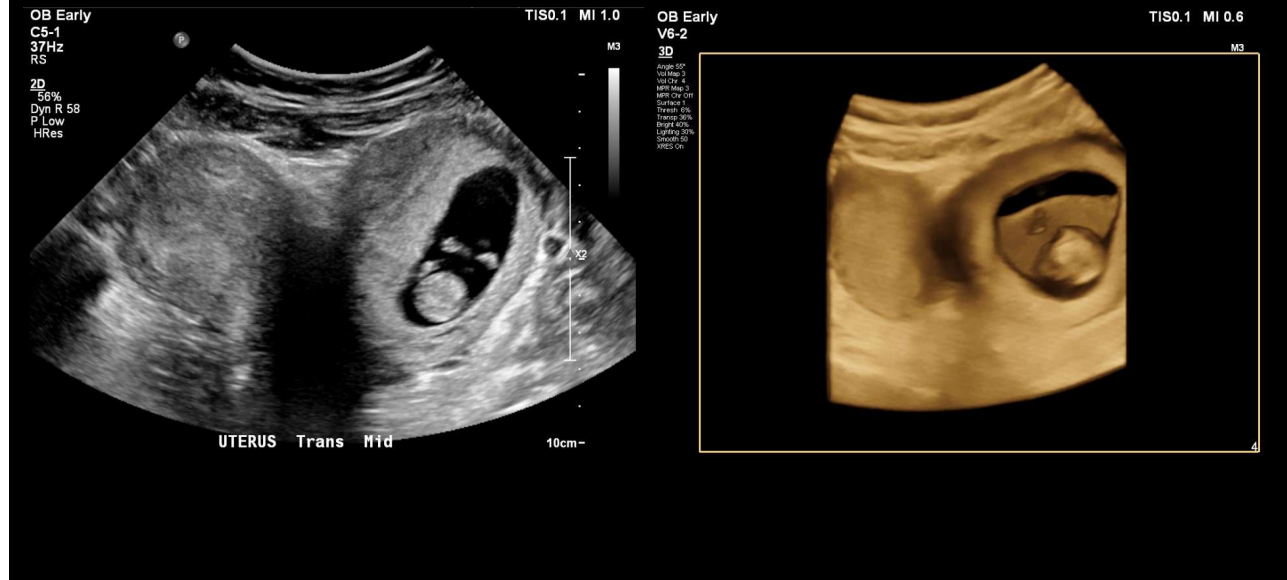
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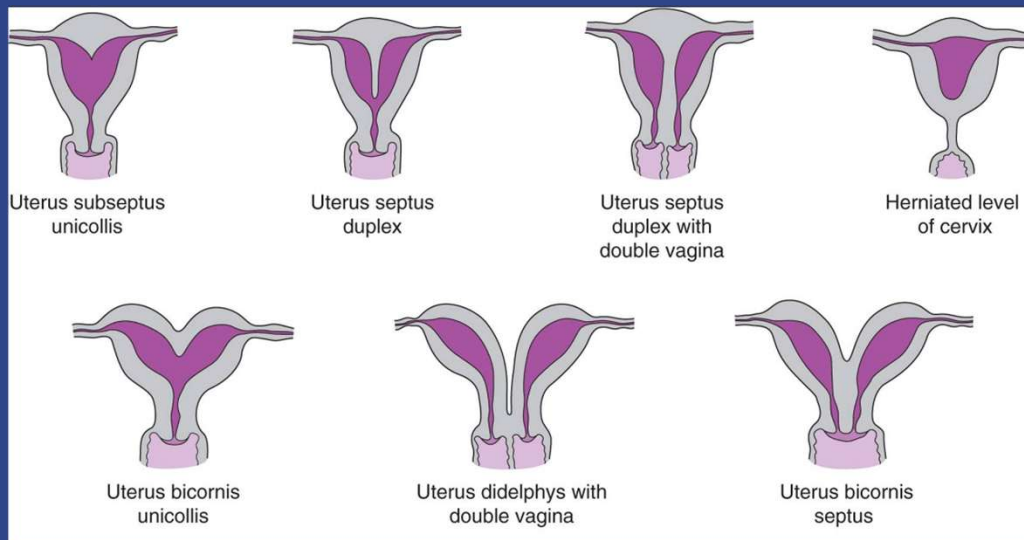
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## Transverse image of the didelphys uterus



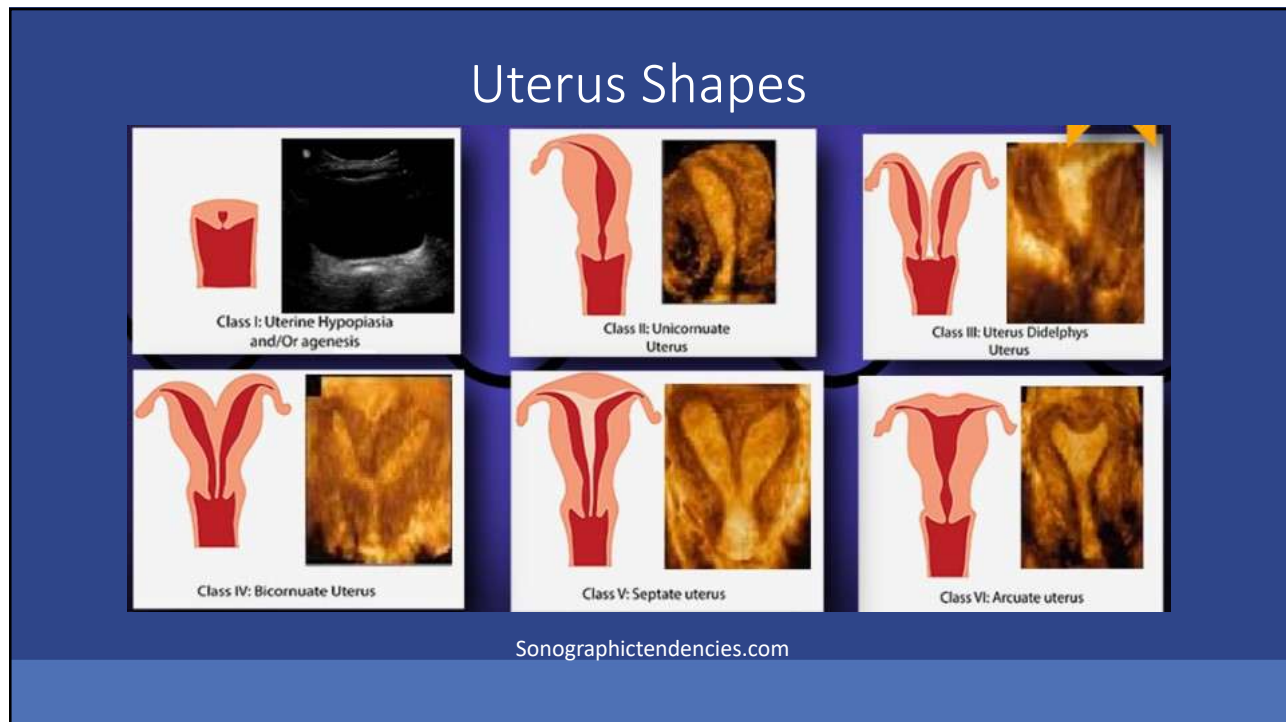
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# Uterus Shapes

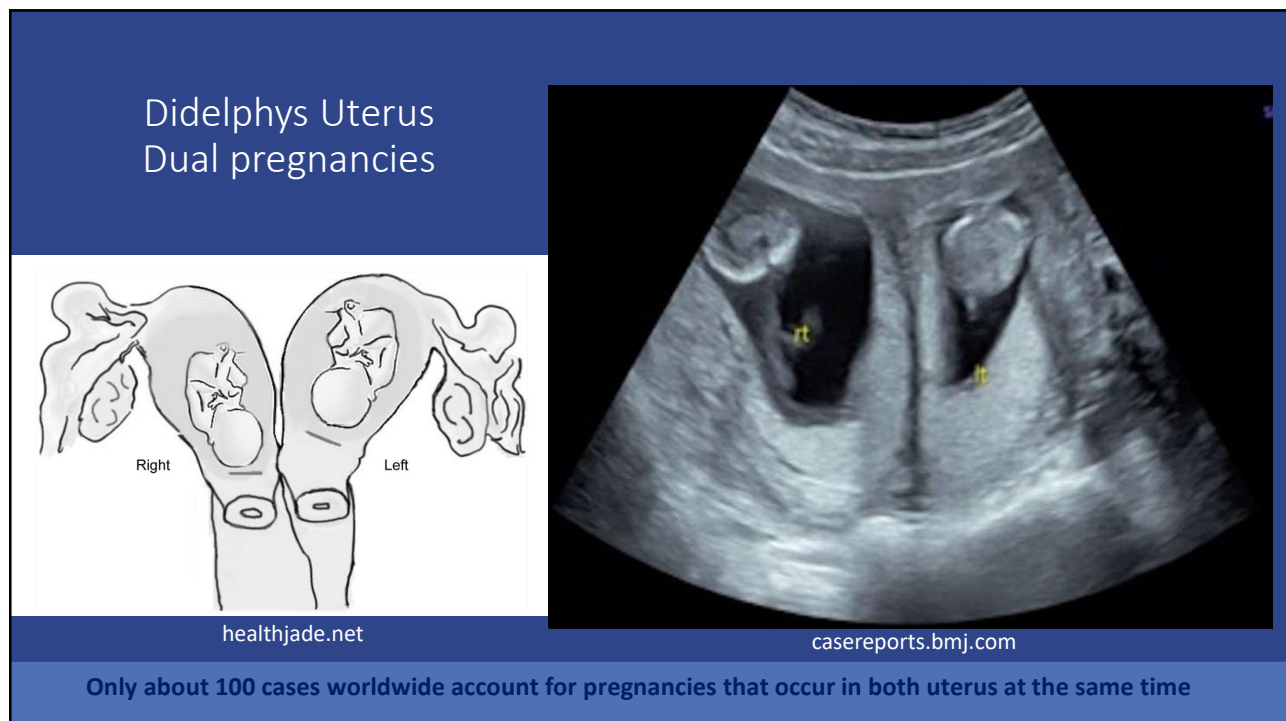


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## Conclusion for Case #1

- \*Patient went on to MFM for follow up care and ultrasounds
- \*She carried a healthy baby to 39 weeks
- \*Patient delivered a healthy baby via c-section

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## Interesting Case #2

- \*17-year-old female
- \*Reason for exam: Patient hasn't started her period yet
- \*Mom said "They just want to see if she has all of her parts"
- \*Patient stated that an internal GYN exam was not performed
- \*Recent labs showed elevated Prolactin levels (associated with pituitary tumors, kidney disease, hypothyroidism, PCOS and more)

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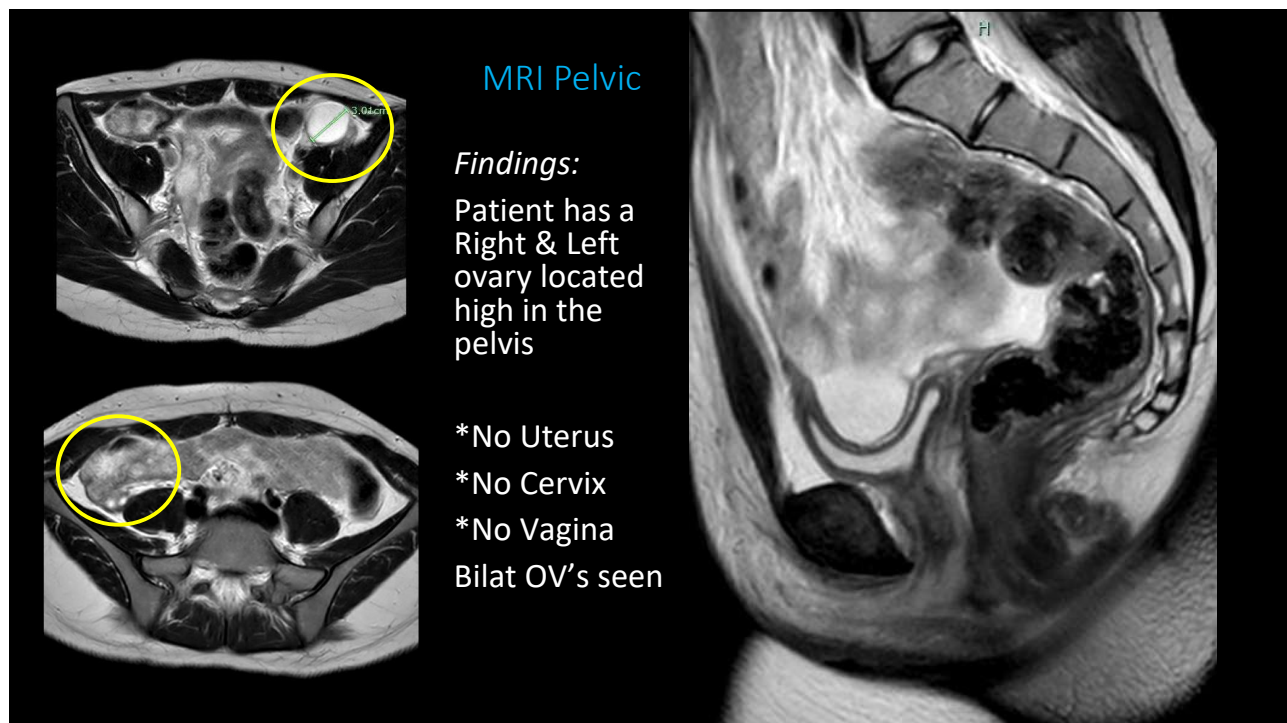
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## Interesting case #2 Pelvic Ultrasound results

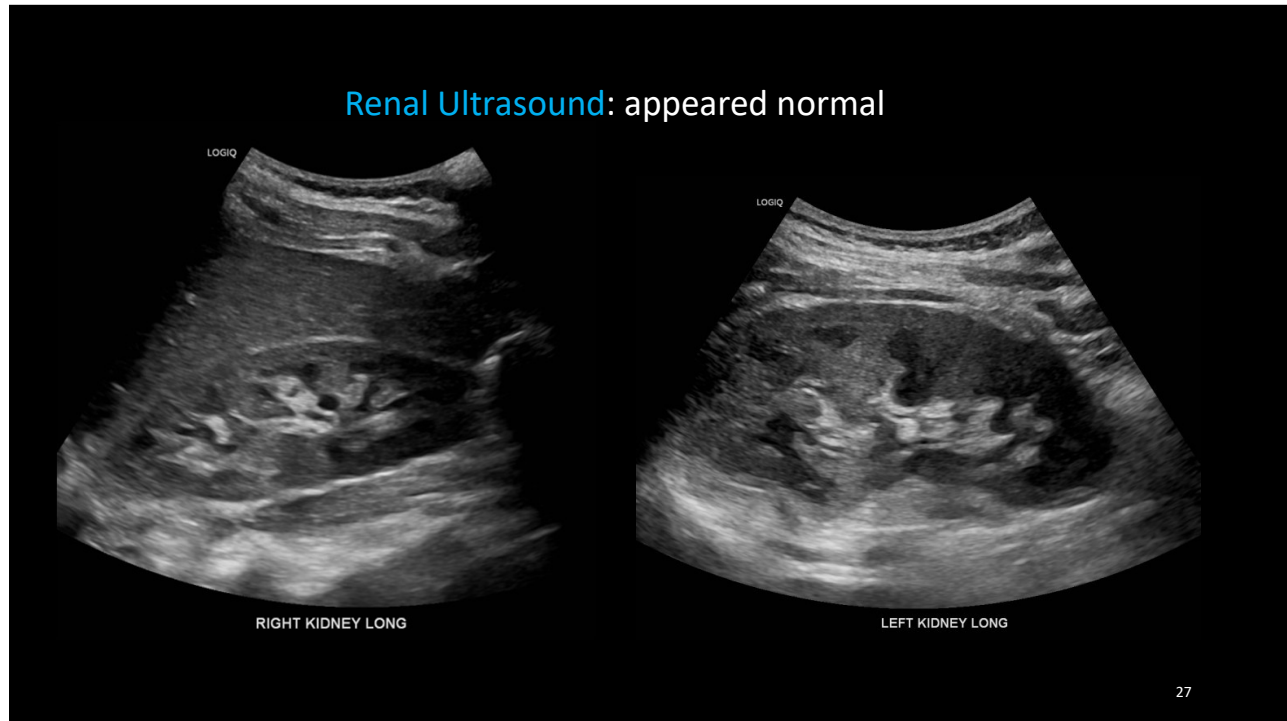
- \*No uterus seen
- \*No ovaries seen
- \*No cervix seen
- \*Patient declined transvaginal
- \*MRI and Renal ultrasound was recommended

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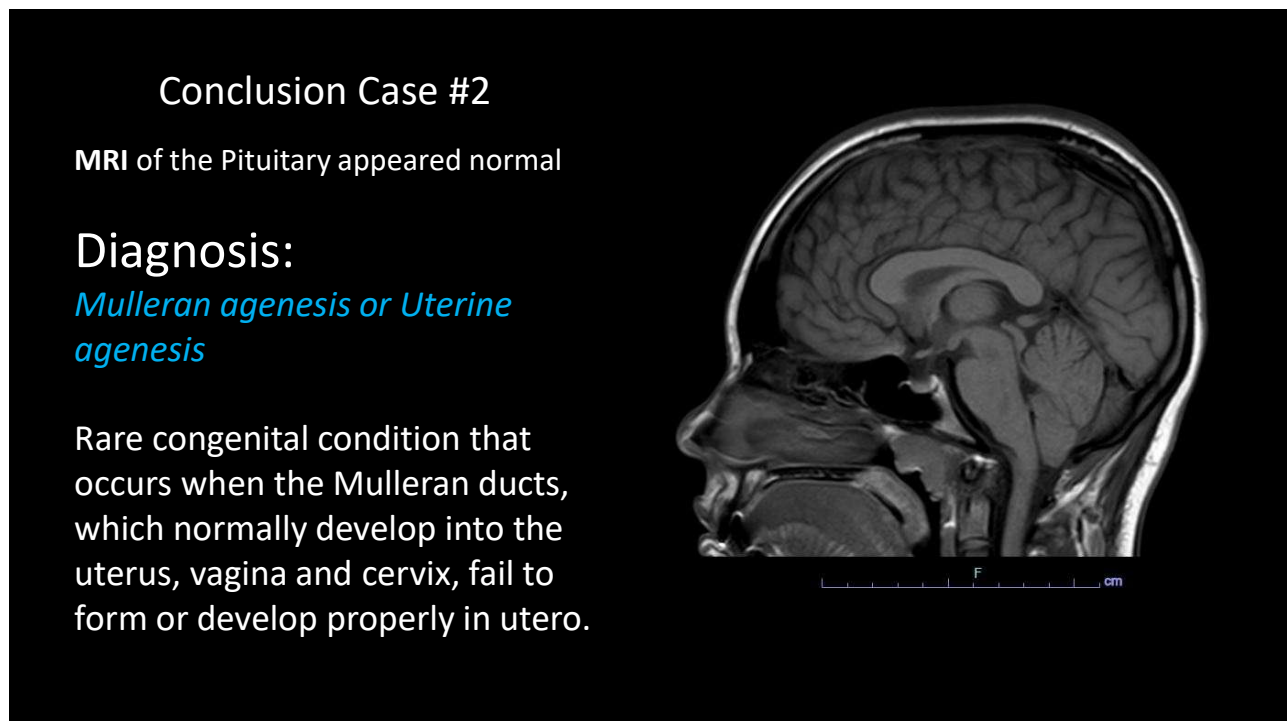


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## Interesting Case #3

- \*52-year-old female
- \*No family history of breast cancer
- \*Comes in for a mammogram due to rapid growth of her right breast.
- \*Patient has bilateral breast implants that were placed in 2012
- \*Type of breast implants : Gummy Bear Textured Implant

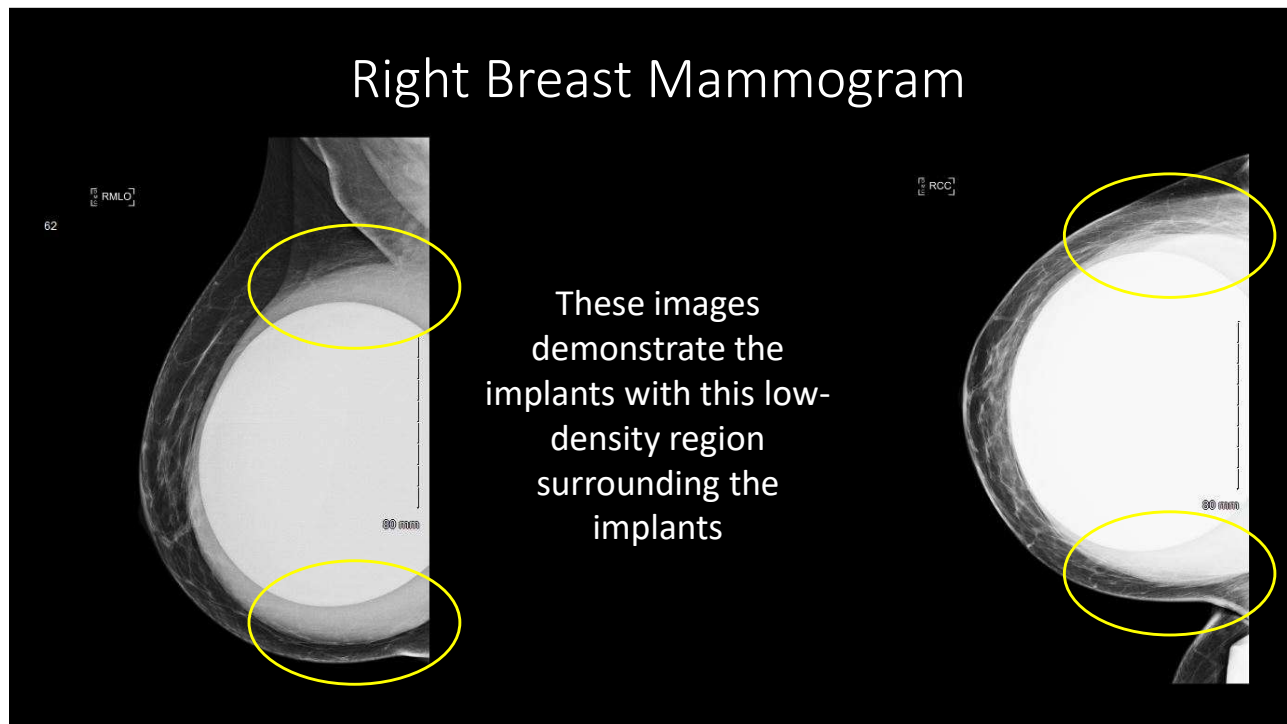
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### Textured Implants



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## Mammogram report

Fluid with soft tissue echogenicity component that may represent a seroma or complex fluid.

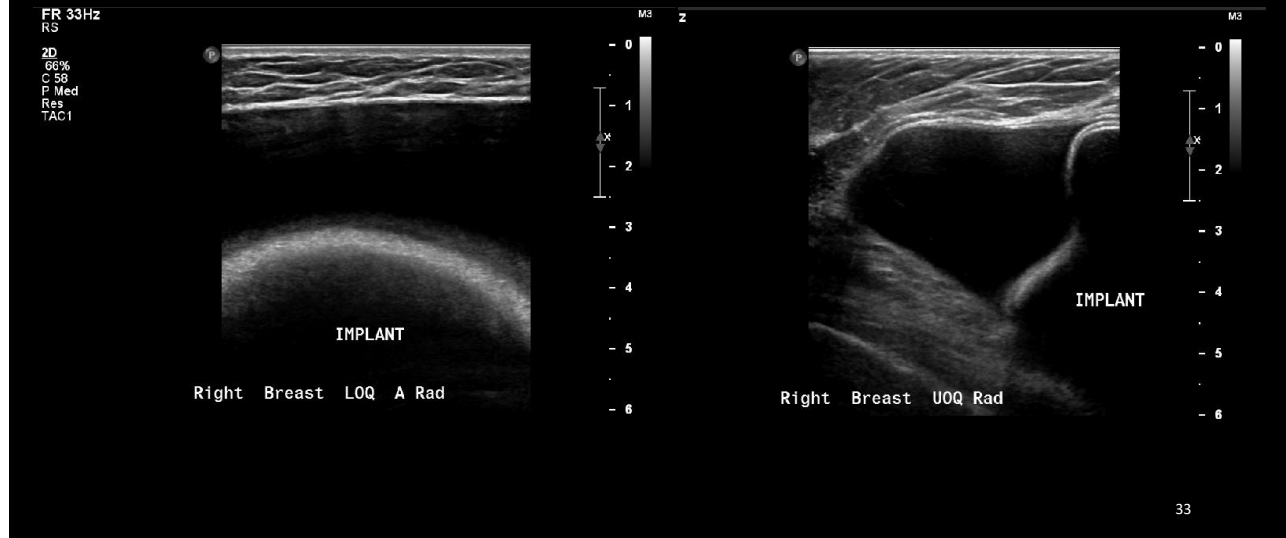
However, breast implant associated anaplastic large-cell lymphoma (BIA-ALCL) is rare, but a known form of lymphoma associated with textured breast implants.

Breast Ultrasound is recommended for further evaluation.

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## Ultrasound images of the right breast



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## Ultrasound images of the right breast



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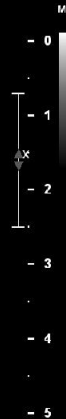
## Ultrasound findings

Ultrasound confirmed a complex fluid collection.

Ultrasound guided aspiration was recommended (not for comfort, but for diagnostic purpose)

FR 36Hz  
RS

2D  
70%  
C 58  
P Med  
Res  
TAC1



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## Ultrasound guided Breast Aspiration

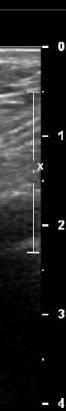
FR 39Hz  
RS

2D  
62%  
C 59  
P Med  
Res  
TAC1



FR 42Hz  
RS

2D  
62%  
C 59  
P Med  
Res  
TAC1



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## Results of the Breast US aspiration

100 cc of yellow colored fluid was aspirated for diagnostic purpose

Results came back positive for BIA-ALCL Breast implant associated anaplastic large-cell lymphoma

MRI of the Breast was recommended for further work up

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## MRI of the Breast



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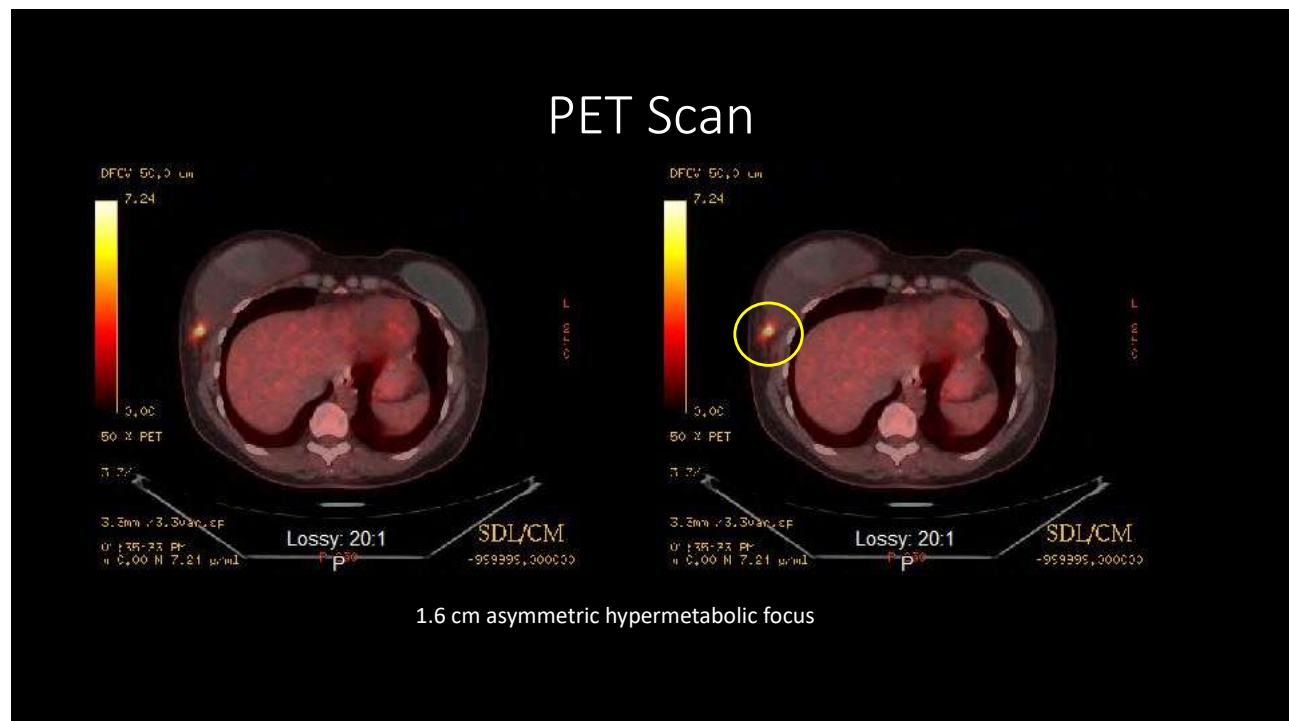
## MRI results

Large fluid collection surrounds the right sided retropectoral silicone implant compressing and deforming the implant with out evidence for implant rupture.

PET Scan was recommended

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## PET Scan



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## PET Scan Results

PET scan showed intense 1.6 cm asymmetric hypermetabolic focus adjacent to the inferior and posterior surface of the fluid collection in the right breast.

PET scans use glucose molecules attached to a radioactive molecule that are distributed through and injection. Cells that use more glucose are called "hypermetabolic" or are referred to as "light up" on PET scans. Cancer cells use more glucose. So, in this case, this area that lit up was an area of metastatic cancer

Next step: Surgery

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## Operative Report

- \*Right breast implant removal and total capsulectomy
- \*Removal of a suspicious soft tissue mass along the right breast in the inferior lateral aspect
- \*Drainage of 280 ml of seroma fluid from the right breast
- \*Left breast implant removal and total capsulectomy
- \*Stage IIA BIA-ALC. The disease had spread outside of the capsule and has involved the skeletal muscle as well.
- \* Radiation was recommended

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## Breast Implant Recall

On July 25<sup>th</sup>, 2019, the pharmaceutical company Allergan has recalled all BioCell textured breast implants at the request of the US Food and Drug Administration (FDA) because they have been linked to BIA-ALCL (Breast implant associated anaplastic large cell lymphoma)

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## Patient update & Conclusion

Patient returned 2 years later for a screening mammo.  
She has since had her implants removed  
She has completed her treatments and is currently cancer free!

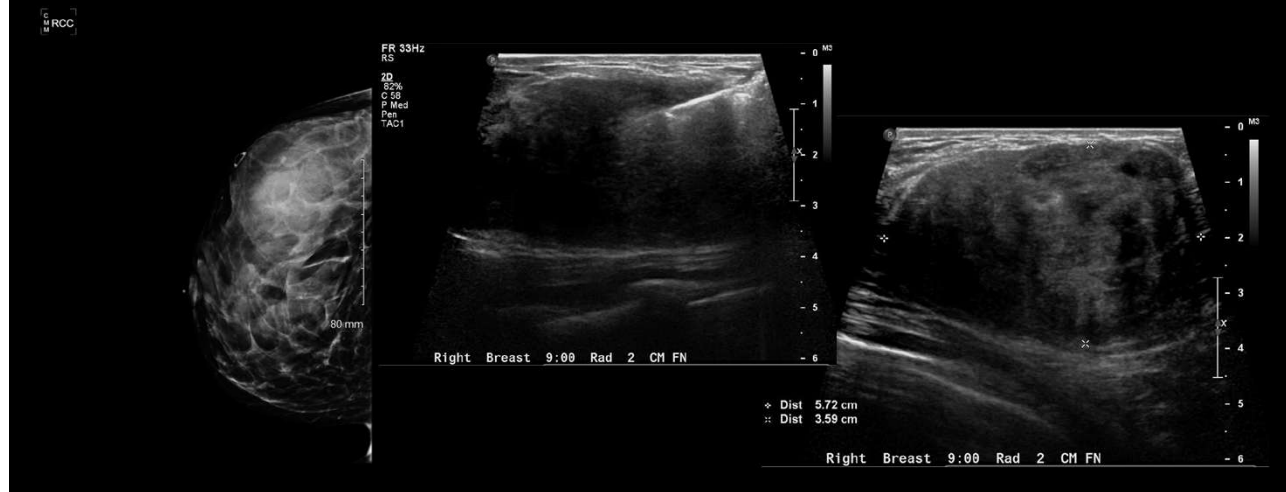
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## Interesting Case #4

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49-year-old female comes in with a palpable lump in her right breast.  
Family H/O Breast CA=mom at 60 yrs old  
Biopsy came back atypical and surgical excision was recommended

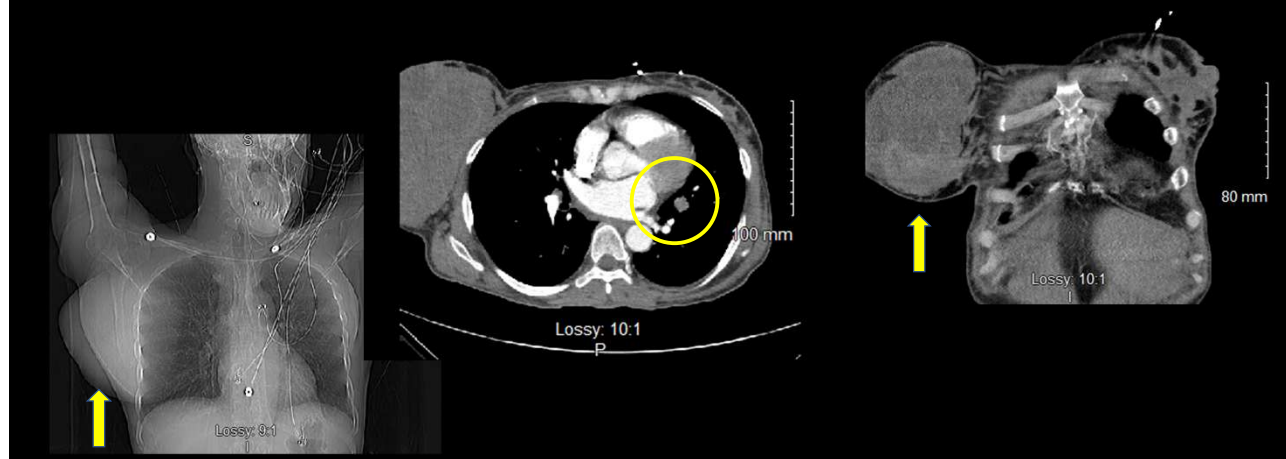


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## Case #4

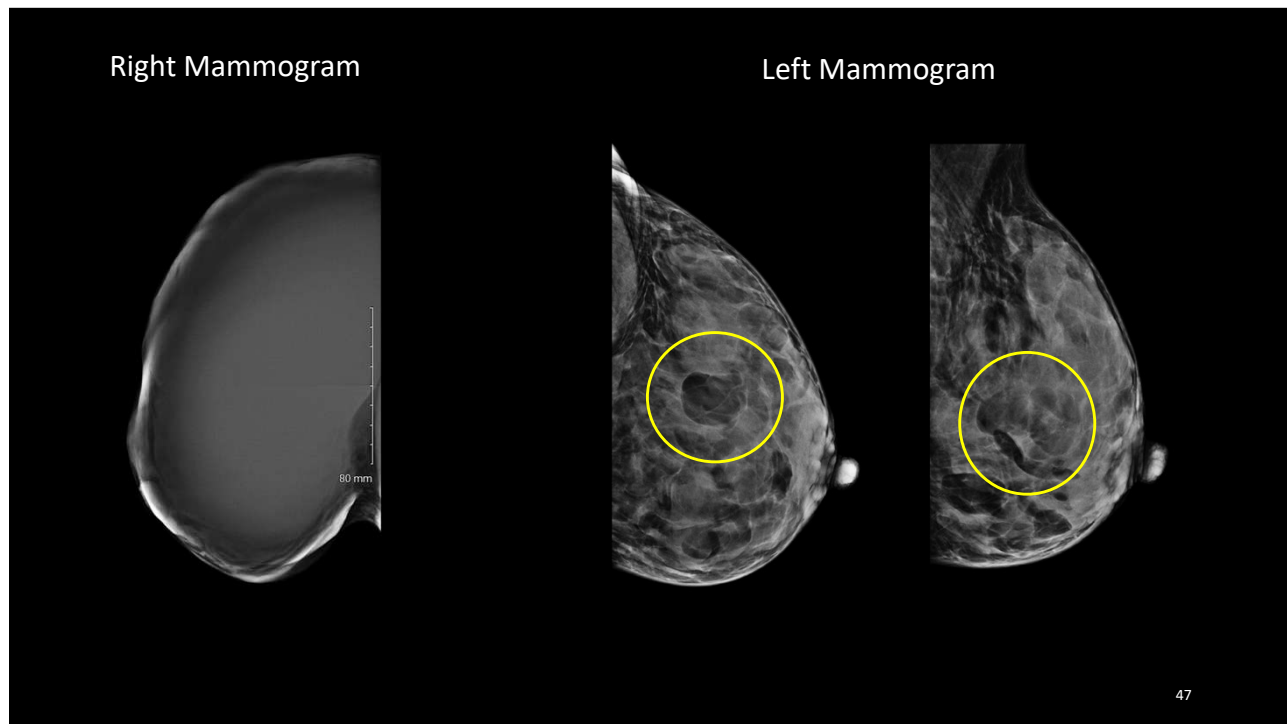
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Fast forward 3 years.... This same patient comes to the ED with shortness of breath.  
A CTA of the Chest was ordered to R/O a pulmonary embolism. Although this patient did not have a PE, she did have bilat lung nodules concerning for mets along with this VERY LARGE mass extending off her right breast

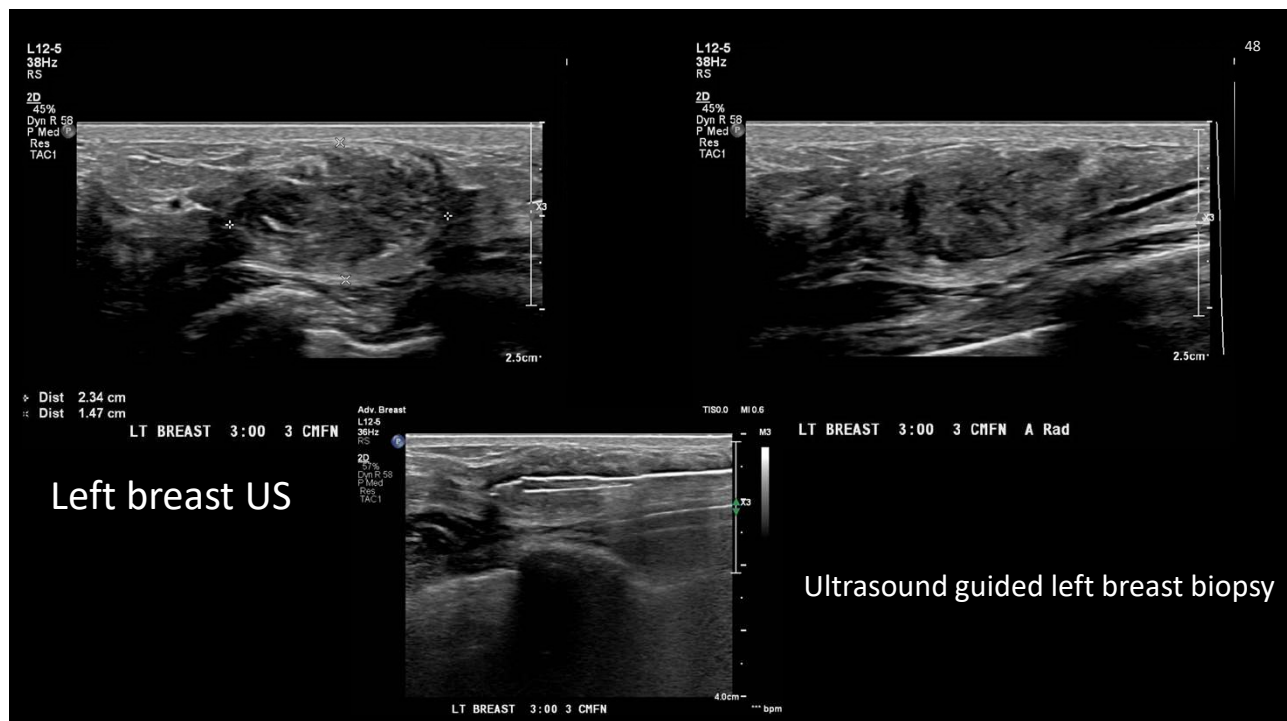


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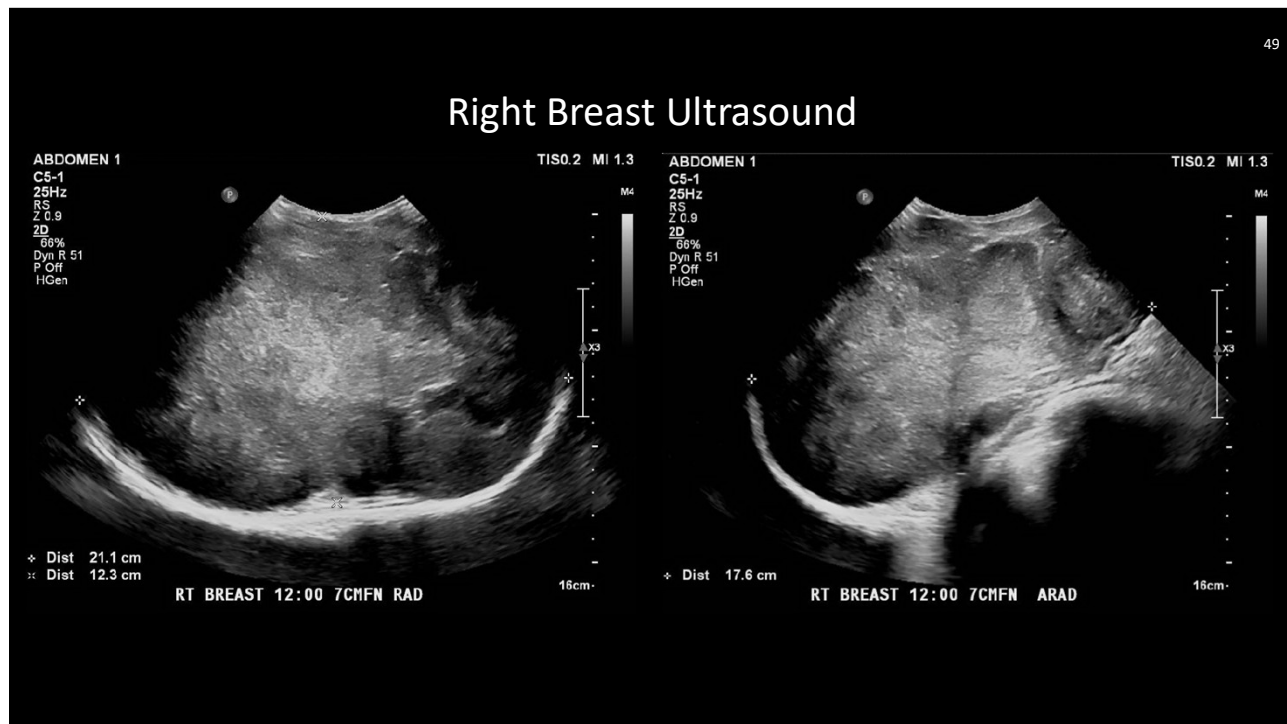


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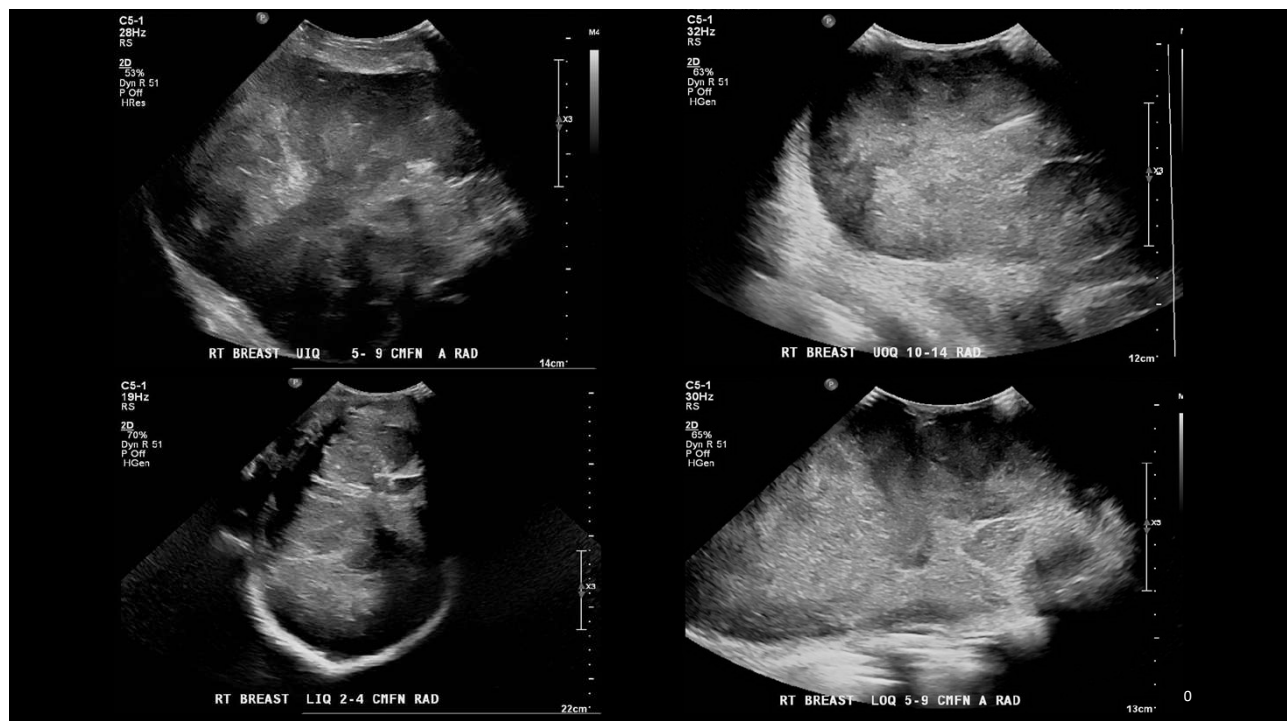


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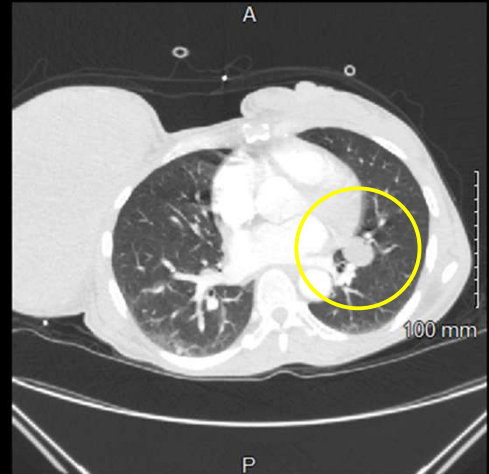
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CTA 1 month later



- The lung nodules doubled in size in just 1 month.
- They also found metastatic lesions in her spine.

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## Conclusion Case #4

- \*The masses had progressed in her lungs
- \*The cancer had spread to her bone/spine
- \* Unfortunately, the patient went on palliative care following the CTA.

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## Interesting Case #5

56-year-old female comes in for her routine mammo.

No family history of breast cancer

Her biopsy was positive for invasive mammary cancer, lobular and ductal. The patient received radiation and a lumpectomy



Adv Breast  
L18-5  
45Hz  
RS  
Z 0.0  
2D  
57%  
Dyn R 68  
P Low  
Res  
TAC1

TISO.1 MI 0.9

53



RT BREAST Rad 9:00

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Patient returns for her 6 month follow up s/p radiation and lumpectomy. Complains of a focal area of pain at 9:00 and the Ultrasound findings are a post surgical seroma.

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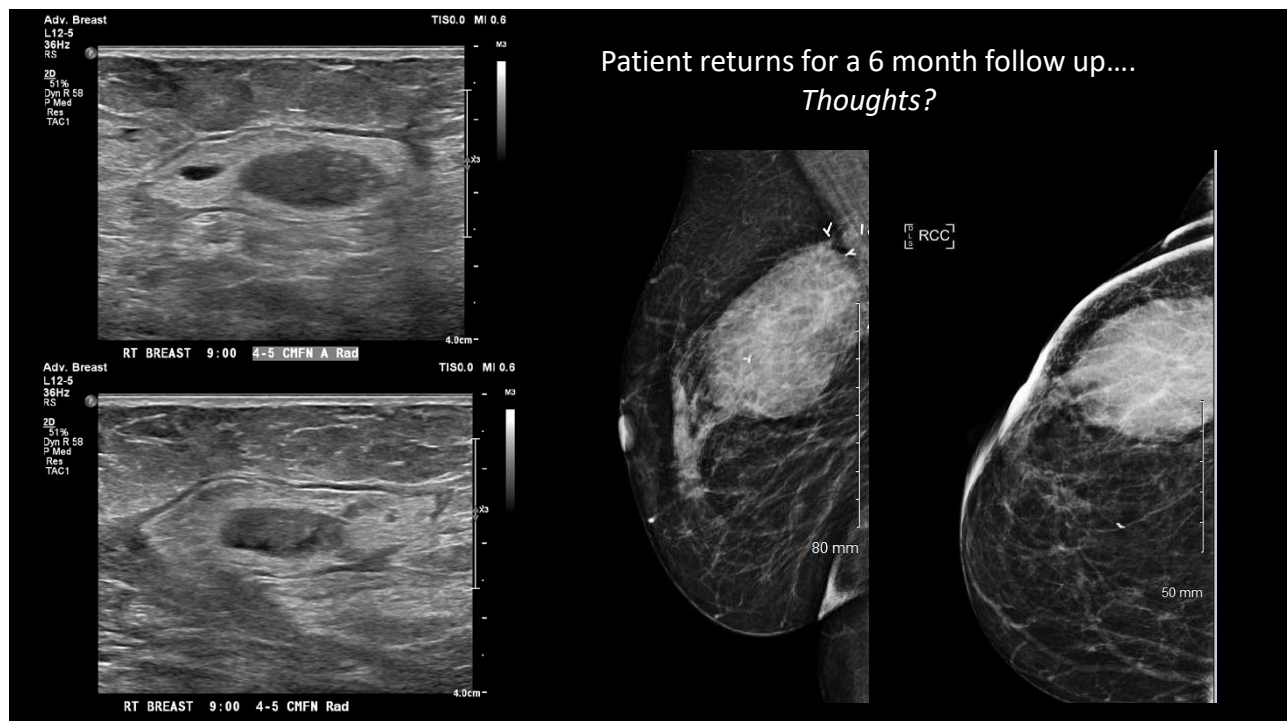
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## Rt Breast Seroma Drainage



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## Conclusion for case #5:

H/O Rt Breast asymmetry of the reconstructed breast after the seroma was drained.

Patient had (750ml) lipoaspirate from her abdomen that was transplanted "Fat graft" to the right breast (207ml)

This is why it's so important to get a good history from your patient.

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## Thank You

### Any questions?

Jeanine Rybyinski RDMS, RVT

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Image from Radiologykey.com/mammography-3/