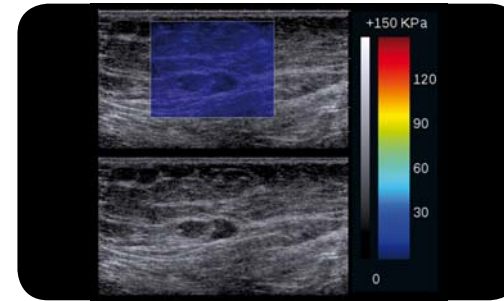
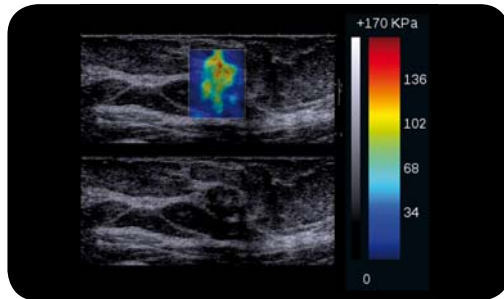


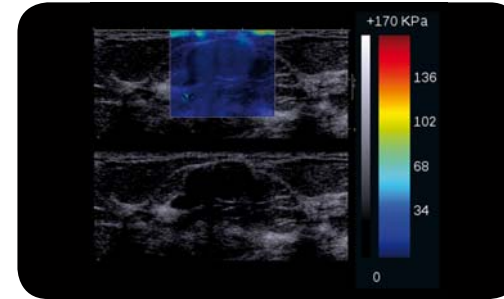
Invasive Ductal Carcinoma
E max > 200kPa
Lesion is homogeneously coded as stiff
All surrounding tissue is clearly soft



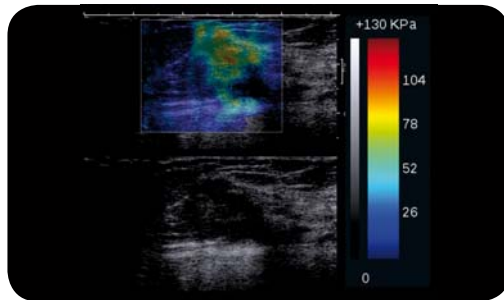
Sentinel Lymph Node
Patient with recurrence of invasive ductal carcinoma
Suspicious on B mode
E mean < 30 kPa
Pathology result (Axial dissection): benign



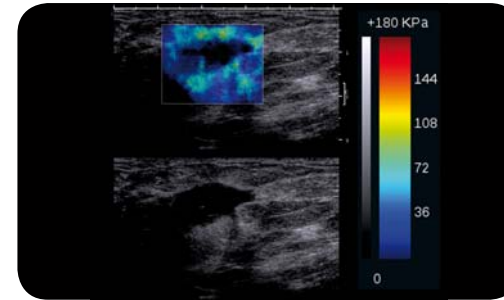
Infiltrating Ductal Carcinoma (Grade II) with associated microcalcifications
Non palpable mass, BI-RADS® 4
E max > 200 kPa



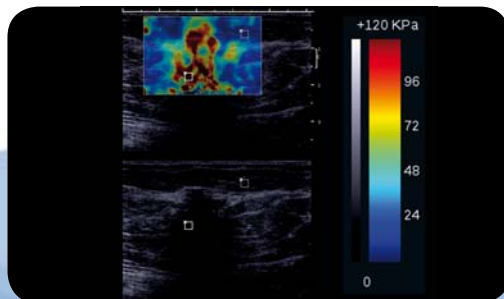
Fibroadenoma
Palpable mass, BI-RADS® 4
E mean < 30 kPa
Lesion / fat stiffness ratio < 2
Skin coded as stiffer tissue



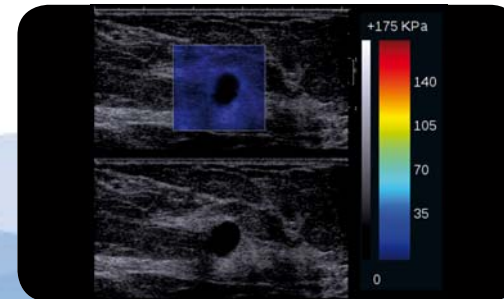
Mucinous Colloid Invasive Ductal Carcinoma
15 mm length, BI-RADS® 4
E max > 130kPa
Complex structure with both stiff and liquid components



Abscess
Palpable mass
E = 80 kPa corresponding to the inflammatory margins



Lobular Invasive Carcinoma (Grade II)
BI-RADS® 6
Recurrence of breast cancer
E max > 200 kPa
Lesion / fat stiffness ratio > 13



Simple Breast Cyst
The cyst appears on the elastography map without a signal and without a quantitative value because shear waves do not propagate in liquids.