

Mammography Accreditation Clinical Image Review Sheet

Use this form to review your clinical images before you submit them for accreditation, or as part of your facility QA.

| ATTRIBUTE | PROBLEM(S) NOTED | POSSIBLE CAUSE(S) |
|-------------------|--|---|
| A. Positioning | <input type="checkbox"/> MLO: Poor visualization of posterior tissues <input type="checkbox"/> MLO: Sagging breast <input type="checkbox"/> MLO: Inadequate amount of pectoral muscle shown on image <input type="checkbox"/> MLO: Inadequate inframammary fold (IMF) <input type="checkbox"/> CC: Poor visualization of posterior tissues <input type="checkbox"/> CC: Excessive exaggeration <input type="checkbox"/> Portion of breast cut off <input type="checkbox"/> Skin folds <input type="checkbox"/> Other body parts projected over breast <input type="checkbox"/> Breast positioned too high on image receptor <input type="checkbox"/> Posterior nipple line (PNL) on CC not within 1 cm of MLO PNL | <input type="checkbox"/> Technologist technique <input type="checkbox"/> Inappropriate mammographic projections <input type="checkbox"/> Wrong size recording system <input type="checkbox"/> Uncertain |
| B. Compression | <input type="checkbox"/> Poor separation of parenchymal densities <input type="checkbox"/> Non-uniform exposure levels <input type="checkbox"/> Patient motion | <input type="checkbox"/> Under compression by technologist <input type="checkbox"/> Unsuitable compression device <input type="checkbox"/> Technologist positioning of compression device <input type="checkbox"/> Uncertain |
| C. Exposure Level | <input type="checkbox"/> Generalized underexposure <input type="checkbox"/> Generalized overexposure <input type="checkbox"/> Inadequate penetration of dense areas <input type="checkbox"/> Excessive penetration of lucent areas | <input type="checkbox"/> Film development <input type="checkbox"/> Under compression with phototiming <input type="checkbox"/> Radiologist preference <input type="checkbox"/> Phototimer variability <input type="checkbox"/> Uncertain |
| D. Contrast | <input type="checkbox"/> Inadequate contrast <input type="checkbox"/> Excessive contrast | <input type="checkbox"/> Film development <input type="checkbox"/> Improper kVp <input type="checkbox"/> Excessive scatter <input type="checkbox"/> Underexposure <input type="checkbox"/> Digital: window width too wide <input type="checkbox"/> Digital: window width too narrow <input type="checkbox"/> Uncertain |
| E. Sharpness | <input type="checkbox"/> Poor delineation of linear structures <input type="checkbox"/> Poor delineation of feature margins <input type="checkbox"/> Poor delineation of microcalcifications | <input type="checkbox"/> Patient motion <input type="checkbox"/> Poor screen contact <input type="checkbox"/> Film-screen selection <input type="checkbox"/> Uncertain |
| F. Noise | <input type="checkbox"/> Visually striking mottle pattern <input type="checkbox"/> Noise limited visualization of detail | <input type="checkbox"/> Film development <input type="checkbox"/> Recording system speed <input type="checkbox"/> Improper kVp <input type="checkbox"/> Digital: inadequate SNR <input type="checkbox"/> Digital: window width too narrow <input type="checkbox"/> Uncertain |
| G. Artifacts | <input type="checkbox"/> Punctate or lint <input type="checkbox"/> Scratches or pickoff <input type="checkbox"/> Roller marks <input type="checkbox"/> Grid related artifacts <input type="checkbox"/> Hair, deodorant, etc <input type="checkbox"/> Film handling <input type="checkbox"/> Film fogging <input type="checkbox"/> Poor screen-film alignment <input type="checkbox"/> Digital: image receptor artifact <input type="checkbox"/> Digital: laser printer artifact <input type="checkbox"/> Digital: laser printer "scanning" lines | <input type="checkbox"/> Poor screen maintenance <input type="checkbox"/> Development related <input type="checkbox"/> Unsuitable grid or Bucky <input type="checkbox"/> Film exposed to light <input type="checkbox"/> Lack of patient preparation <input type="checkbox"/> Poor cassette closure <input type="checkbox"/> Damaged cassette <input type="checkbox"/> Digital: detector calibration (e.g. uniformity calibration) <input type="checkbox"/> Digital: foreign objects calibrated into calibration file <input type="checkbox"/> Digital: laser printer needs service <input type="checkbox"/> Uncertain |
| H. Exam ID | <input type="checkbox"/> Patient name and additional patient identifier <input type="checkbox"/> Facility name and location (city, state and zip) <input type="checkbox"/> Date of examination <input type="checkbox"/> View and laterality <input type="checkbox"/> Unit identification (if more than one) <input type="checkbox"/> Technologist identification <input type="checkbox"/> Cassette-screen identification | <input type="checkbox"/> Technologist error <input type="checkbox"/> Missing or non-standard labeling method <input type="checkbox"/> Improper positioning of label <input type="checkbox"/> Uncertain |