

**The Assessment Categories are based on BI-RADS® categories developed for mammography.**

a. Assessment Is Incomplete

**Category 0**

**Need Additional Imaging Evaluation:**

Finding for which additional imaging evaluation is needed. This is almost always used in a technically unsatisfactory scan, a screening situation in which kinetic imaging has not been done, or when more information is needed to interpret the scan. A recommendation for additional imaging evaluation includes repeating MRI with satisfactory technique, obtaining information from other imaging modalities (mammographic views, ultrasound, etc.), or correlation with prior breast history. The radiologist should use judgment in how vigorously to pursue previous studies.

b. Assessment Is Complete—**Final** Categories

**Category 1**

**Negative:**

No abnormal enhancement found; routine follow-up advised. There is nothing to comment on. The breasts are symmetric and no enhancing masses, architectural distortion, or suspicious areas of enhancement are present.

**Category 2**

**Benign Finding(s):**

The interpreter may describe a benign finding such as hyalinized nonenhancing fibroadenomas; cysts; old nonenhancing scars; fat-containing lesions such as oil cysts, lipomas, galactoceles and mixed-density hamartomas. The interpreter may describe implants while still concluding that there is no mammographic evidence of malignancy.

**Category 3****Probably Benign Finding–Short-Interval Follow-Up Suggested:**

A finding placed in this category is highly unlikely for malignancy and should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. Data are becoming available that shed light on the efficacy of short-interval follow-up. At the present time, most approaches are intuitive. These will likely undergo future modifications as more data accrue as to the validity of an approach, the interval required, and the type of findings that should be followed.

**Category 4****Suspicious Abnormality–Biopsy Should Be Considered:**

These are lesions that do not have the characteristic morphologies of breast cancer but, do have a definite low to moderate probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant probabilities should be cited so that the patient and her physician can make the decision on the ultimate course of action.

**Category 5****Highly Suggestive of Malignancy–Appropriate Action Should Be Taken: (Almost certainly malignant)**

These lesions have a high probability of being cancer.

**Category 6****Known Biopsy-Proven Malignancy–Appropriate Action Should Be Taken:**

A cancer diagnosis that has been established by histology and is imaged on the MRI and corresponds to the previously biopsied lesion.