

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

HAND ULTRASOUND (MSKHND)

PATIENT NAME: _____ MR# _____
DATE: _____ TECH INITIAL: _____ EXT: _____ FACILITY: MIF

INDICATION: ☐ Finger/Hand pain. ☐ Rheumatoid Arthritis. ☐ Elevated Rheumatoid factor
☐ Other: _____

COMPARISON: ☐ None ☐ _____

TECHNIQUE: Grayscale and power doppler sonography of the right/left hand performed.
☐ Sonographic evaluation of the patient's area of concern also performed.

FINDINGS:

Synovial hypertrophy

Grade 0= Normal

Grade 1= Minimal synovial thickening without bulging over the line linking tops of the bones

Grade 2: synovial thickening bulging over the line linking tops of the periarticular bones

Grade 3: synovial thickening bulging over the line linking tops of the periarticular bones with extension

Synovial vascularity (Power Doppler imaging)

Grade 0: no flow in the synovium

Grade 1: single vessel signals

Grade 2: confluent vessel signals in less than half of the area of the synovium

Grade 3: vessel signals in more than half of the area of the synovium.

Check the joint(s) assessed.

<input type="checkbox"/> THUMB	Normal	Effusion	Erosion	Synovial Hypertrophy (Indicate grade)	Synovial Vascularity (Indicate grade)
MCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/> INDEX FINGER	Normal	Effusion	Erosion	Synovial Hypertrophy (Indicate grade)	Synovial Vascularity (Indicate grade)
MCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/> MIDDLE FINGER	Normal	Effusion	Erosion	Synovial Hypertrophy (Indicate grade)	Synovial Vascularity (Indicate grade)
MCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/> LITTLE FINGER	Normal	Effusion	Erosion	Synovial Hypertrophy (Indicate grade)	Synovial Vascularity (Indicate grade)
MCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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PATIENT NAME: _____

MRN: _____

PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

OTHER:

☐ No tenosynovitis present.

☐ Tenosynovitis present:

Tenosynovitis Present?	Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger
Flexor Tendons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensor Tendons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*

☐ No evidence of active synovitis, erosions, or tenosynovitis.

☐ ADD DICTATION