Podiatry Ultrasound Report Templates

1st Edition

Compiled exclusively for the clients of

Fisher Biomedical Inc.

Podiatric Ultrasound Report Templates

Welcome to our first edition of sample podiatric ultrasound reports!

Templates are the name of the game here. You need to take a little time to go through the samples we provide here and use them to help assemble your own set of reports covering most, if not all, of the ultrasound procedures you regularly perform and pathologies you frequently investigate using your ultrasound. Written well, once, they will serve you day after day, year after year, and save you an immeasurable amount of time.

Well-fashioned reports, combined with well-annotated images properly archived, make you absolutely bullet-proof in your documentation for insurance carriers. Which is why, as an extra service to my clients, I am assembling this sample library of reports for you to edit and incorporate into your arsenal.

(If you would be willing to share with everyone some of the sample templates you are currently using, I would love to incorporate them into the next edition of this collection. Email your templates to me at: shawn@fisherbiomedical.com . Or have one of your nurses fax them to me at 866-566-7244. I will make your information anonymous and re-create your templates as you see them here in this initial collection.)

Enjoy!

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Tips on Using the Templates

* Dig into your *Atlas of Foot & Ankle Sonography* for the proper terminology and syntax. The more complete, accurate, and professional your reports, the clearer your memory will be of the results of your ultrasound exams when reviewed later and the safer you are against the scrutiny of insurance companies.

* Incorporate *measurements* as often as practical and wherever justified. Also add in area measurements if appropriate.

* Adapt the templates and draw from their varying styles elements of format and language you would like to use throughout your own.

* Use *systems* to mark out the places you will need to insert patient-specific information and measurements. For example, if you use "XYZ" in every place in your reports where you need to insert information or measurements, you can not only easily spot them as you customize the report for a specific exam, but also easily run a "Search" or "Find" in your word processor (or call them up with your Dragon Naturallyspeaking software) when you are done to see if any "XYZ's" escaped your notice. Another system might involve marking optional paragraphs with an "OPT" or "ALT" or "ABC" in front of them, for the same reasons: it is easy to pick out the ones you want to keep and the ones you want to delete, and easy, when you are finished, to run a Search/Find for "OPT" to make sure you didn't miss any of them.

* When working up your reports, take the opportunity, if at all possible, to elaborate upon the specifics of a case. One or two select details concerning the patient condition or the patient's ultrasound exam can bring clarity and unique nuance to each of your reports.

Plantar Fascia Exam (Comprehensive Report)

Notice in the following sample report template that it clearly breaks elements into paragraphs, making it easy to visually scan. It also makes use of a consistent system to mark out where you would need to insert information or measurements specific to the exam performed and optional paragraphs that can be chosen among and deleted as necessary. Keep in mind, you don't necessarily need a report this detailed, and you could also break this report down (or create variants) to cover several different exam types.

Diagnostic Ultrasound Report

Diagnostic ultrasound was performed in the sagittal and transverse planes on the plantar aspect of XYZ. Results of diagnostic ultrasound were compared to that of a control, the plantar fascia of the examiner, Dr. [insert your name here].

Vertical thickness of the plantar fascia was measured in the sagittal and transverse plane and recorded at XYZ millimeters in thickness inferior to the calcaneal tuberosity, XYZ millimeters in thickness at the distal end of the calcaneal tuberosity, and XYZ millimeters in thickness 1.5 - 2cm distal to the leading edge of the calcaneal tuberosity in the patient. This is in contrast to the control, which was measured and recorded at XYZ mm, XYZ mm, and XYZ mm, respectively.

OPT/ALT: A significant amount of subcutaneous edema and hyperechoic signal within the substance of the plantar fascia was noted, in contrast to that of the control, which showed the control's plantar fascia substance to have a signal intensity isoechoic with tendon and connective tissue.

OPT/ALT: The plantar fascia was inspected from its insertion on the calcaneal tuberosity in the medial, central, and lateral bands, extending into the medial arch approximately XYZ cm, and no evidence of plantar fascia rupture was noted.

OPT/ALT: No evidence of subcutaneous bursa or space occupying mass or plantar fibroma was identified in the study.

OPT/ALT: Range of motion of the metatarsal phalangeal joints was performed during simultaneous observations of the insertion of the plantar fascia on the medial, central, and lateral bands.

OPT/ALT: Inspection of the entire plantar fascia, encompassing all three bands from calcaneal origin throughout the medial arch was performed, and no evidence of plantar fascia rupture or disruption was noted at the insertion or throughout the substance of the plantar fascia on all three bands.

OPT/ALT: Palpation of the insertion of the medial and central bands of the plantar fascia was performed with direct ultrasonic visualization of areas of discomfort during this examination, confirming insertional plantar fasciitis of the medial and central bands of the plantar fascia.

Assessment: Plantar Fasciitis confirmed using Diagnostic Ultrasound.

Another Plantar Fascia Report

Diagnostic Ultrasound Report

Area Tested: [RIGHT / LEFT] plantar fascia

Patient's Complaint(s): Patient complains of experiencing pain when walking and when putting pressure on foot when getting out of bed. Pain has persisted for approximately [XYZ] [WEEKS / MONTHS].

Findings: The patient's [RIGHT / LEFT] heel demonstrates hypo-echoic thickening of the plantar fascia, with ultrasound measurements of the fascia showing the thickest point as XYZ mm (where a normal measurement is 4mm).

Impression: Ultrasound findings indicate [RIGHT / LEFT] heel plantar fasciitis.

Another Plantar Fascia Report (Variable Wording)

Diagnostic Ultrasound Report

The plantar arch and heel of the [RIGHT / LEFT] foot were scanned using a 7.5 MHz linear probe in the transverse and saggital planes, concentrating on the plantar fascia. Transverse and longitudinal images were obtained.

Ultrasound examination reveals inflammation of the proximal plantar fascia. This was easily seen in both the longitudinal and transverse scans. A linear hypoechoic band of tissue with its origin at the medial plantar tuberosity of the calcaneus is noted. This same area extends distal to just to the end of the calcaneus on the plantar aspect. There is a loss of the normal linear speckled pattern of the ligament. This area of inflammation measures XYZ mm at its greatest thickness (normal thickness is approximately 4mm). There is no indication of a tear or rupture of the plantar fascia.

Plantar Fibroma

This and the next example provide language concerning instances where your examination of the patient's plantar fascia turns up a diagnosis, not of plantar fasciitis, but of a plantar fibroma or of a calcaneal fat pad injury. Having sub-reports covering common instances like this will also help you speed through writing your reports.

Diagnostic Ultrasound Report

The plantar aspect of the [RIGHT, LEFT] arch was scanned using a linear 7.5MHz probe, concentrating on the irregular nodules over the plantar fascia.

A series of sagittal and transverse images were obtained, and ultrasound examination reveals an heterogenous, hypoechoic, fusiform area adjacent to the plantar surface of the plantar fascia, primarily in the central band. This was easily seen in both the longitudinal and transverse scans. This area measures XYZ mm x XYZ mm and is XYZ mm thick, including any normal plantar fascia deep to the mass. (Normal thickness is approximately 4-5mm).

There is no indication of a tear or rupture of the plantar fascia.

Assessment: These ultrasound findings are consistent with a plantar fibroma.

Calcaneal Fat Pad Injury

Diagnostic Ultrasound Report

The plantar aspect of the [RIGHT, LEFT] arch was scanned using B-mode ultrasound and a linear 5 – 10 MHz transducer, principally at 7.5MHz, concentrating on the medial band of the plantar fascia, scanning along the satittal plane.

Ultrasound examination reveals no substantial inflammation of the plantar fascia, nor any tears or ruptures to the fascia, however ultrasound does indicate a clear trauma of the calcaneal fat pad.

Achilles Tendon Report

Diagnostic Ultrasound Report

Area Tested: [RIGHT / LEFT] Achilles tendon.

Patient's Complaint(s): Patient complains of experiencing pain when walking and when putting pressure on foot. Pain has persisted for approximately [XYZ] [WEEKS / MONTHS].

Findings:

OPT/ALT The patient's [RIGHT / LEFT] Achilles tendon demonstrates prominent hypo-echoic thickening (inflammation) at the posterior insertion of the calcaneous, indicative of tendonitis.

OPT/ALT Longitudinal and transverse images of the Achilles tendon insertion to the calcaneous demonstrates a small amount of hypo-echoic density, which is indicative of retrocalcaneal bursitis.

OPT/ALT Longitudinal imaging of the Achilles tendon insertion demonstrates a small amount of hypo-echoic soft tissue replacing the normal fat pad, which is indicative of retrocalcaneal bursitis.

Impression: Ultrasound findings indicate Tendonitis / Retrocalcaneal Bursitis.

Tibialis Posterior Tendon Report (Tendonosis)

Diagnostic Ultrasound Report

Area/s scanned: The medial ankle area on the patient's [RIGHT / LEFT] ankle.

Probe: 5.0 - 10.0 MHz linear array transducer, principally at 10 MHz.

Procedure: The probe was placed on the medial malleousand medial heel area, directing attention to the deltoid ligaments, flexor tendons, and neurovascular structures. A series of sagittal and transverse images were obtained and recorded.

Results: The ultrasound study revealed a hypoechoic area within the tibialis posterior tendon, with surrounding inflammation consistent with tendonosis and tenosynovitis in the tendon inferior to the medial malleolous.

Achilles Tendon Report (Strain Only)

Diagnostic Ultrasound Report

Clinical Purpose of Exam: To evaluate the [RIGHT / LEFT] Achilles tendon for inflammation, tear, or other abnormality along its course from muscle to myotendinous junction, extending to Achilles tendon and its insertion to the foot.

History: [INSERT a few words on patient and the history of the injury]

Technique: The patient was placed in the prone position. Using the SIUI CTS-5500 digital diagnostic ultrasound with a 5 – 10 MHz linear transducer, the [RIGHT / LEFT] lower extremity was examined, specifically the Achilles tendon from muscle to insertion, both longitudinally and transversely.

OPT/ALT Hard copy documentation of the ultrasound exam was captured [by thermal video printer and/or archival digital image] and recorded in patient's chart.

Findings:

Throughout, the anatomic structures are intact without specific evidence of defect, abnormality, or tear.

The gastrocnemius soleus complex shows normal muscle orientation without evidence of hematoma.

Extending distally, the myotendinous junction and the Achilles tendon itself are noted to be isoechoic within the tendon fibers and surrounding peritenon structures. No inflammatory activity is seen. No weakness in structure. No tears.

Impression: Achilles tendon strain, [RIGHT / LEFT] lower extremity.

Achilles Tendon Report (Partial Tear/Tendonosis)

Diagnostic Ultrasound Report

A B-mode ultrasound scan of the area of the Achilles tendon was performed using a 7.5 MHz linear probe. Views were taken in both the longitudinal and transverse planes. The lateral and posterior aspects of the [RIGHT / LEFT / BILATERAL] Achilles tendon was scanned. A set of sagittal and transverse images were obtained.

Report: Ultrasound examination reveals fusiform heterogenous hypoechoic thickening of the Achilles tendon. It begins [XYZ] cm proximal to the superior calcaneal surface. This swelling continues proximally for a distance of [XYZ] cm. The hypoechoic area reaches a maximum anterior/posterior thickness of [XYZ] mm. Comparative image of the [RIGHT / LEFT] tendon was only [XYZ] mm thick. This appears to be evidence of a [partial tear / tendonosis] of the Achilles tendon. The remaining posterior aspect of the foot along with the insertion of the tendoachilles to the retrocalcaneal surface is unremarkable.

Neuroma Report

Diagnostic Ultrasound Report

Area Tested: [RIGHT / LEFT] neuroma

Patient's Complaint(s): Patient complains of experiencing pain when walking and when putting pressure on foot. Pain has persisted for approximately [XYZ] [WEEKS / MONTHS].

Findings: The patient's 3rd and 4th inter-metatarsal space was identified using ultrasound. A transverse view and its examination at the met head level demonstrate a discrete and well-defined round hypo-echogenic mass in the web space, measuring [XYZ] mm across, which is indicative of an intermetatarsel neuroma.

OPT/ALT Ultrasound measurement further demonstrates the neuroma to have an area of [XYZ] square millimeters.

Impression: Ultrasound findings indicate the patient to have a Morton's Neuroma.

Neuroma/Sesamoiditis Report (Variable Wording)

Diagnostic Ultrasound Report

The 1st metatarsal phalangeal joint, 1st interspace, 2nd metatarsal phalangeal joint, and surround tissues were scanned using a 7.5 MHz linear array probe along both the longitudinal and transverse planes.

The plantar and dorsal aspects were scanned concentrating in the area of the chief complaint and a series of transverse and sagittal images were obtained.

Ultrasound examination was negative for a neuroma in the 1st interspace. The 2nd metatarsal phalangeal joint and surrounding tissues are unremarkable.

An area of inflammation is present and is observed within and around the plantar aspect of the 1st metatarsal phalangeal joint. This same area measures [XYZ] mm and appears to be within the joint capsule.

Range of motion of the 1st metatarsal phalangeal joint is normal, however pain is noted with this ROM and direct pressure to this area. This is consistent with synovitis/sesamoiditis.

Neuroma Report (Variable Wording)

Diagnostic Ultrasound Report

Indication: Pain on medial and lateral compression of 3rd interspace of the [RIGHT / LEFT] foot.

Impression: Neuroma of the [RIGHT / LEFT] 3rd interspace.

Findings: Patient was placed on the exam table in the supine seated position. The [RIGHT / LEFT] foot was examined on the plantar surface in a transverse fashion with 7.5 MHz linear probe. A bright hyperechoic reflection was noted at the level of the third and fourth metatarsal heads. Compression was performed and the transverse intermetatarsal ligament was viewed and was intact. The third interspace was then compressed in Cine mode. This loop was then reviewed and a well-defined ovoid hypoechoic mass was present, measuring [XYZ] mm x [XYZ] mm in the third interspace just distal to the transverse intermetatarsal ligament.

Neuroma Report (Ultrasound-Guided Injection)

Diagnostic Ultrasound Report

Indication: Pain on medial and lateral compression of 3rd interspace of the [RIGHT / LEFT] foot.

Impression: Neuroma of the [RIGHT / LEFT] 3rd interspace, requiring injection of [ABC].

Findings: Patient was placed on the exam table in the supine seated position. The [RIGHT / LEFT] foot was examined on the plantar surface in a transverse fashion with 7.5 MHz linear probe. A bright hyperechoic reflection was noted at the level of the third and fourth metatarsal heads. Compression was performed and the transverse intermetatarsal ligament was viewed and was intact. The third interspace was then compressed in Cine mode. This loop was then reviewed and a well-defined ovoid hypoechoic mass was present, measuring [XYZ] mm x [XYZ] mm in the third interspace just distal to the transverse intermetatarsal ligament.

Impression: The neuroma discovered in the patient's [RIGHT / LEFT] 3rd interspace required an injection of [ABC], the precision of the injection ensured through ultrasound-guidance of the needle and observation of the injected fluid. The guided injection, at a depth of [XYZ] mm and directly [ABOVE, BESIDE, BENEATH] the neuroma, was documented for the patient's records.

Capsulitis Report (Variable Wording)

Diagnostic Ultrasound Report

The [FIRST / SECOND / THIRD / FOURTH / FIFTH] metatarsal phalangeal joint(s), and adjacent intermetatarsal spaces and surrounding tissues were scanned using an 7.5 MHz linear array probe. Views were in both the longitudinal and transverse planes. The plantar, and dorsal aspects were scanned concentrating in the area of the chief complaint and a series of transverse and sagittal images were obtained.

Ultrasound examination was negative for a neuroma. The dorsal aspect of the metatarsal phalangeal joint(s) and surrounding tissues are unremarkable. An area of inflammation is present and observed within and around the plantar aspect of the [FIRST / SECOND / THIRD / FOURTH / FIFTH] metatarsal phalangeal joint(s). This same area measures [XYZ] mm x [XYZ] mm and appears to be within the joint capsule. Range of motion of the [FIRST / SECOND / THIRD / FOURTH / FIFTH] metatarsal phalangeal joint is normal, however pain is noted with this ROM and direct pressure to the area.

Ganglion Report (Variable Wording)

Diagnostic Ultrasound Report

Utilizing a 7.5MHz linear probe, the [dorso-medial, dorsolateral, plantar, anterior, posterior, postero-medial, postero-lateral] aspect of the [RIGHT / LEFT] [FOOT / ANKLE] was scanned. A series of sagittal and transverse ultrasound images were obtained.

Ultrasound examination reveals a [XYZ] mm wide by [XYZ] mm long by [XYZ] mm deep anechoic [oval area, multi-loculated area] consistent with a fluid-filled pocket (possibly a ganglion cyst).

This was easily seen in both the longitudinal and transverse scans. This cyst appears to originate from the [extensor tendon, tarsal joint surface, flexor tendon, peroneus tertius].

Ganglion Report (Variable Wording)

Diagnostic Ultrasound Report

Upon patient's indication of pain, ultrasound examination of the soft tissue of both feet was performed using a high-frequency linear probe.

The [RIGHT / LEFT] [1st 2nd 3rd 4th] toe of the distal plantar tuft demonstrates an anechoic cyst measuring [XYZ] mm x [XYZ] mm, with septae and loculations and posterior acoustinc enhancement. A small duct of origin is traced back to the FHL tenosynovitis.

OPT/ALT Ultrasound measurement further demonstrates the neuroma to have an area of [XYZ] square millimeters.

Impression: Ganglion secondary to the [RIGHT / LEFT] FHL tenosynovitis.

Foreign Body Report

Diagnostic Ultrasound Report

Indication: Possible foreign body [RIGHT / LEFT] foot.

Impression: Foreign body with granuloma [RIGHT / LEFT] foot.

Findings: A diagnostic ultrasound was performed on the right foot using 10 MHz linear transducer with standoff. At the plantar midfoot around the portal of entry a hyperechoic mass is noted approximately 1.5 cm in length pointing dorsally and distaly. There is no evidence of sharp reverberations noted and most probably is not metal. The foreign body could represent would or glass. The most proximal portion of the foreign body is approximately 1.0 cm deeper to the skin surface. There is also a hypoechoic area surrounding the foreign body which could represent a foreign body granuloma.

Hallux Ultrasound Report (No Pathology Found)

Diagnostic Ultrasound Report

The Hallux was scanned using a 5 – 10 MHz linear array transducer, principally at 10 MHz. Views were in both the longitudinal and transverse planes. The plantar and dorsal aspects were scanned concentrating in the area of the IPJ. Comparative studies were performed as well.

Ultrasound examination was negative for occult fracture. The IPJ moved normally and symmetrically without subluxation when manually stressed. The EHL and FHL tendons were identified and appeared normal. A normal amount of fluid was evident at the margins of the IPJ. The subcutaneous tissues did not have evidence of inflammation.

Ankle Ultrasound Report (Ligaments)

Diagnostic Ultrasound Report

The lateral [RIGHT / LEFT] ankle was scanned using a 7.5 MHz linear array probe. The probe was placed on both the medial and lateral malleous, directing attention to the deltoid ligaments and lateral ligaments of the ankle. A series of sagittal and transverse images were obtained, and the ultrasound study revealed a hypoechoic area at the distal end of the fibula. This is the same area to exhibit the greatest amount of pain during ambulation and palpitation. This hypoechoic area is indicative of post-trauma inflammatory fluid surrounding the anterior talo-fibula ligament. The ligament itself is intact. The anterior and medial ankle is unremarkable.

Arthritic Joint Report (with Guided Injection)

Diagnostic Ultrasound Report

Clinical Purpose of Exam: To evaluate the location of the patient's pain in the [RIGHT / LEFT] foot. Radiographically, the second metatarsocuneiform joint is the most specific location with the arthritis found within the joint.

History: [INSERT a few words on patient and the history of the injury]

Technique: The patient was placed in the supine position. Using the SIUI CTS-5500 digital diagnostic ultrasound with a 5 – 10 MHz linear transducer, the second metatarsocuneiform joint of the [RIGHT / LEFT] foot was examined.

OPT/ALT Hard copy documentation of the ultrasound exam was captured [by thermal video printer and/or archival digital image] and recorded in patient's chart.

Findings:

Under ultrasound examination, the second metatarsocuneiform joint shows evidence of irregularity within the joint. Overlying the joint the tissue appears to be hypoechoic, indicative of mild inflammation. Tendinous structures appear unremarkable and normal.

OPT/ALT Utilizing Kenalog and Marcaine, an ultrasound-guided injection was passed to the tissues overlying and into the intra-articular joint space.

Impression: Arthritis / DJD second metatarsocuneiform joint, [RIGHT / LEFT] foot. Cortisone and local anesthetic administered through ultrasound-guided injection.