Soft Tissue Lesion/Non-Vascular Extremity

Clinical Protocol

1. Long gray scale image of area of concern – no measurements.

2. Trans gray scale image of area of concern – no measurements.

3. Cine image of area of concern.

4. If abnormality present – long and trans grayscale images with three plane measurements.

5. If abnormality present – long and trans grayscale images with color Doppler.

6. If helpful, add spectral waveform analysis (no charge).

7. If helpful, image contralateral body part for comparison.
# Soft Tissue Lesion/Non-Vascular Extremity Worksheet

## Indications

<table>
<thead>
<tr>
<th>Lesion 1</th>
<th>Lesion 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ x ______ x ______ cm</td>
<td>______ x ______ x ______ cm</td>
</tr>
<tr>
<td>Long</td>
<td>Long</td>
</tr>
<tr>
<td>AP</td>
<td>AP</td>
</tr>
<tr>
<td>Trans</td>
<td>Trans</td>
</tr>
</tbody>
</table>

### Vascularity of Lesion 1
- [ ] Increased
- [ ] Symmetric to surrounding tissues
- [ ] Decreased/None

### Vascularity of Lesion 2
- [ ] Increased
- [ ] Symmetric to surrounding tissues
- [ ] Decreased/None

## Sonographer Confirmation

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

Sonographer’s Signature

## Property Information

<table>
<thead>
<tr>
<th>FMC</th>
<th>KMC</th>
<th>CMC</th>
<th>TMC</th>
<th>NHSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIC</td>
<td>MIC</td>
<td>PI</td>
<td>TI</td>
<td></td>
</tr>
<tr>
<td>MFP</td>
<td>SFP</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**US Soft Tissue Lesion/Non-Vascular Extremity Worksheet**