



Clinical Protocol

## Soft Tissue Lesion/Non-Vascular Extremity

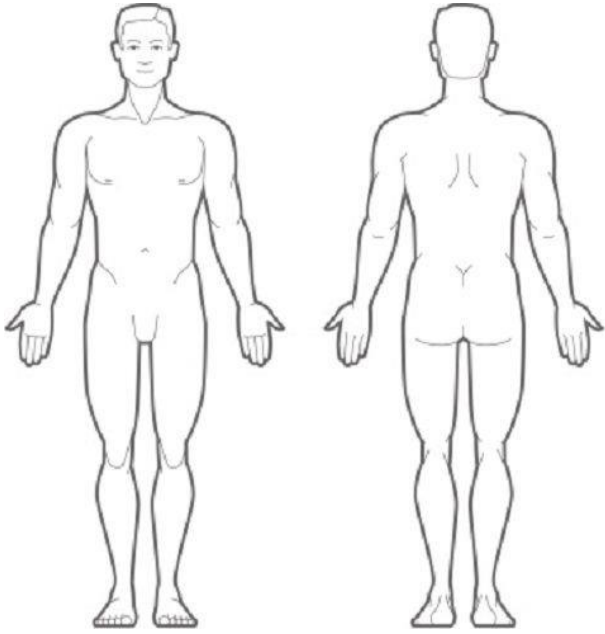
1. Long gray scale image of area of concern – no measurements.
2. Trans gray scale image of area of concern – no measurements.
3. Cine image of area of concern.
4. If abnormality present – long and trans grayscale images with three plane measurements.
5. If abnormality present – long and trans grayscale 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

## SONOGRAPHER NOTES

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

	Comments
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Lesion 1	_____ X _____ X _____ cm Long                      AP                      Trans	Vascularity of Lesion 1 <input type="checkbox"/> Increased <input type="checkbox"/> Symmetric to surrounding tissues <input type="checkbox"/> Decreased/None
Lesion 2	_____ X _____ X _____ cm Long                      AP                      Trans	Vascularity of Lesion 2 <input type="checkbox"/> Increased <input type="checkbox"/> Symmetric to surrounding tissues <input type="checkbox"/> Decreased/None

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
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FMC    KMC    CMC    TMC    NHSC KIC    MIC    PI    TI MFP    SFP    Other	Name / MR # / Label
<b>US Soft Tissue Lesion/ Non-Vascular Extremity Worksheet</b>	