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|--------------|-------------|
| Patient I.D. | Sonographer |
|--------------|-------------|

RIGHT / LEFT

Has the patient had x-rays? Y / N

Clinical Indication / Relevant surgery

Lateral

- Peroneus brevis _____
- Peroneus longus _____
- Tibio fibular ligament _____
- Ant. talo-fibular ligament _____
- Calcaneo-fib lig _____

Anterior

- Tibialis anterior _____
- Extensor hallicus longus _____
- Extensor digitorum longus _____
- Joint effusions Y / N _____
- Retinaculae _____

Medial

- Tibialis posterior _____
- Flexor digitorum longus _____
- Flexor hallicus longus _____
- Deltoid Lig (cannot exclude path) _____
- Other _____

Posterior

- Achilles _____
- Plantaris _____
- Retro-calcaneal bursa _____
- Other _____

Comment

Normal
 Abnormal
 ns Not seen