

# Right / Left

Patient I.D.

Sonographer

Scan Quality \_\_\_\_\_

Clinical Indication / Relevant Surgery

## LATERAL

NAD

Common Extensor Tendon Tear Y / N \_\_\_\_\_

Thickened Y / N \_\_\_\_\_

Radial Nerve NAD \_\_\_\_\_

Other \_\_\_\_\_

## ANTERIOR

NAD

Joint Effusion Y / N

Biceps Tendon Tear Y / N \_\_\_\_\_

Other \_\_\_\_\_

Median Nerve NAD \_\_\_\_\_

Other \_\_\_\_\_

## MEDIAL

NAD

Common Flexor Tendon Tear Y / N \_\_\_\_\_

Thickened Y / N \_\_\_\_\_

Ulna nerve NAD \_\_\_\_\_

Other \_\_\_\_\_

## POSTERIOR

NAD

Triceps Tendon Tear Y / N \_\_\_\_\_

Other \_\_\_\_\_

Olecranon fossa Loose body Y / N \_\_\_\_\_

Olecranon bursa Fluid Y / N \_\_\_\_\_

Other \_\_\_\_\_

Other