

MSK Standard Reports

UPPER LIMB

SHOULDER

The Rt/Lt biceps, subscapularis, supraspinatus and infraspinatus tendons appear intact showing no convincing evidence of a tear. The sub acromial sub deltoid (SASD) bursa appears grossly normal. Unremarkable appearances of the acromio clavicular joint ACJ.

UPPER ARM MUSCLES

The Rt/LT deltoid, biceps, triceps and brachialis muscles appear intact and unremarkable.

ELBOW

The Rt/Lt biceps (insertion), triceps, common extensor and flexor tendons appear unremarkable. The radial, medial and ulna nerves appear grossly normal. No effusion seen.

LOWER ARM MUSCLES

Normal appearances of the flexor and extensor muscles of the lower arm. The Brachioradialis and pronator teres muscles appear intact.

WRIST

The extensor tendons of the Rt/Lt wrist appear unremarkable. No abnormality seen in compartments

1. Abductor pollicis longus (APL) and extensor pollicis brevis (EPB)
2. Extensor Carpi Radialis (ECR) longus and Brevis
3. Extensor Pollicis Longus (EPL)
4. Extensor Digitorum (ED)
5. Extensor Digiti Minimi (EDM)
6. Extensor Carpi Ulnaris (ECU)

The flexor tendons of the Rt/Lt wrist appear unremarkable. No abnormality seen in flexor carpi radialis (FCR) , palmaris longus (PL), flexor pollicis longus or flexor carpi ulnaris (FCU) tendons.

HAND

The flexor tendons of the Rt/Lt hand appear grossly normal. No convincing pulley abnormality seen. The extensor tendons appear unremarkable. The ulnar collateral ligament (UCL) of the thumb appears intact. The palmar fascia appears normal.

LOWER LIMB

HIP

The gluteal tendons (maximus, medius and minimus) of the Rt/Lt hip appear unremarkable. No effusion identified. The trochanteric, iliopsoas and ischiogluteal bursa appear grossly normal. The tensor fasciae latae (TFL) appears normal.

GROIN

There is no convincing evidence demonstrated of a right/left inguinal or femoral hernia on ultrasound. Normal appearances upon valsalva. No abnormal lymph nodes are demonstrated.

UPPER LEG MUSCLES

The (posterior - lateral to medial) Biceps femoris, semitendinosus and semimembranosus muscles appear intact. The (anterior - lateral to medial) Vastus lateralis, rectus femoris and vastus medialis muscles appear intact. Gracilis and Sartorius appear grossly normal.

KNEE

No convincing ultrasound evidence demonstrated in the left/right knee suggestive of a Baker's cyst. Unremarkable appearances of the suprapatellar bursa. Normal appearances of the left/right quadriceps and patellar tendons. No abnormality seen in the medial or lateral knee.

LOWER LEG MUSCLES

The lateral and medial heads of the gastrocnemius muscles appear intact. Unremarkable appearances of the soleus muscle. Normal appearances of Tibialis anterior, extensor digitorum longus, and extensor hallucis longus.

ANKLE

The lateral peroneal tendons (longus and brevis) appear unremarkable. No convincing lateral ligament abnormality demonstrated (ATFL, ATaFL or CFL). No abnormality seen in the anterior extensor tendons (Tibialis anterior, Hallucis longus and digitorum). No joint effusion seen. The medial flexor tendons appear grossly normal (Tibialis posterior, flexor digitorum and flexor Hallucis Longus). The Achilles tendon appears normal..

FOOT

The Rt/Lt plantar fascia appears grossly normal. No plantar plate abnormality demonstrated. No convincing ultrasound evidence demonstrated of a Morton's neuroma or bursal complex in the 2/3 or 3/4 webspace. No joint effusion present.

OTHER MSK

LIPOMA

There is a XX mm avascular, homogenous, superficial lesion seen on the XXXXX. No suspicious features on imaging with typical appearances of a lipoma. If the patient is unusually symptomatic or the lump changes then referral should be considered.

Although large benign lesions are quite common, lesions over 5cm are often subject to further imaging as a precaution.

HERNIA

There is an abdominal wall defect seen midline and superior to the umbilicus measuring XX containing a region of non reducible/partially reducible/ fully reducible visceral fat measuring XX. Appearances are suggestive of a hernia

MASS

There is a hyper/hypo echoic, vascular/ avascular, well/ ill defined, superficial/ deep, mobile/ immobile mass seen on the Rt/Lt XXXXX measuring XX. There isn't/ is acoustic enhancement present. The mass presents compressible/non compressible. The patient is/isn't tender upon pressure from the probe. The patient reports growth/ no growth recently.

RHEUMATOLOGY

There is no significant synovial thickening or increased vascularity seen in the metacarpophalangeal joints (MCPJ) Rt/Lt hand. No erosion or effusion seen. Unremarkable appearances of the Rt/Lt extensor carpi ulnaris tendon. No convincing evidence of active disease seen in the dorsal aspect of the Rt/Lt wrist joint.