SOFT TISSUE ULTRASOUND

Patient Name

DOB

MRN

Date _____ Tech _____

Tech phone # _____

HISTORY

Location of lesion _____

How long has the lesion been there? _____

Is it changing? Y / N

If yes explain: _____

Any known cancer? Y / N

If yes explain: _____

PHYSICAL FINDINGS

Palpable? Y / N If yes: □ Soft □ Firm □ Hard

Tender? Y / N

Skin discoloration? Y / N

If yes describe: _____

ULTRASOUND FINDINGS

Location: □ subcutaneous (above superficial fascia)

□ intramuscular (below superficial fascia)

Size: _____ x _____ x _____ cm

Depth _____ cm

Echotexture: □ Hyperechoic □ Hypoechoic

□ Isoechoic □ Anechoic

Calcificaitons? Y / N

Cystic spaces within? Y / N

Septations? Y / N

Color doppler flow? Y / N

Comments: _____

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