

Wrist Ultrasound

Sonographer Worksheet

v1.1

Patient Label Here
(Affix MRN label)

DMS: _____

of Images: _____

Clinical History (as per patient): No recent AOC injury No AOC surgery Hx

Legend: WNL = Within Normal Limits, where seen

Structure	RIGHT	LEFT
DORSAL		
Compartment 1 - Ext. pollicis brevis (De Quervain's), Abd. pollicis longus	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Compartment 2 - Ext. carpi radialis longus / brevis	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Compartment 3 - Ext. pollicis longus	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Compartment 4 - Extensor digitorum	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Compartment 5 - Extensor digiti minimi	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Compartment 6 - Extensor carpi ulnaris	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
PALMAR		
Median nerve (Superficial & Deep)	Sup. _____ mm2 Deep _____ mm2	Sup. _____ mm2 Deep _____ mm2
Flexor carpi radialis	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Flexor pollicis longus	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Flexor digitorum - Superficialis	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Flexor digitorum - Profundus	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Palmaris longus	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Flexor carpi ulnaris	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Carpal tunnel	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
Forearm	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL

NOTES:
