

**HAND ULTRASOUND REPORT**

**PATIENT:**

**ORDERING PHYSICIAN:**

**ID#:**

**FACILITY:**

**DOB:**

**SONOGRAPHER:**

**STUDY DATE:** 10/2/2018

**READING DATE:** 10/5/2018

**MACHINE:** GE Logiq E9 with 15 MHz Linear Transducer

**STUDY:** Ultrasound of bilateral hands

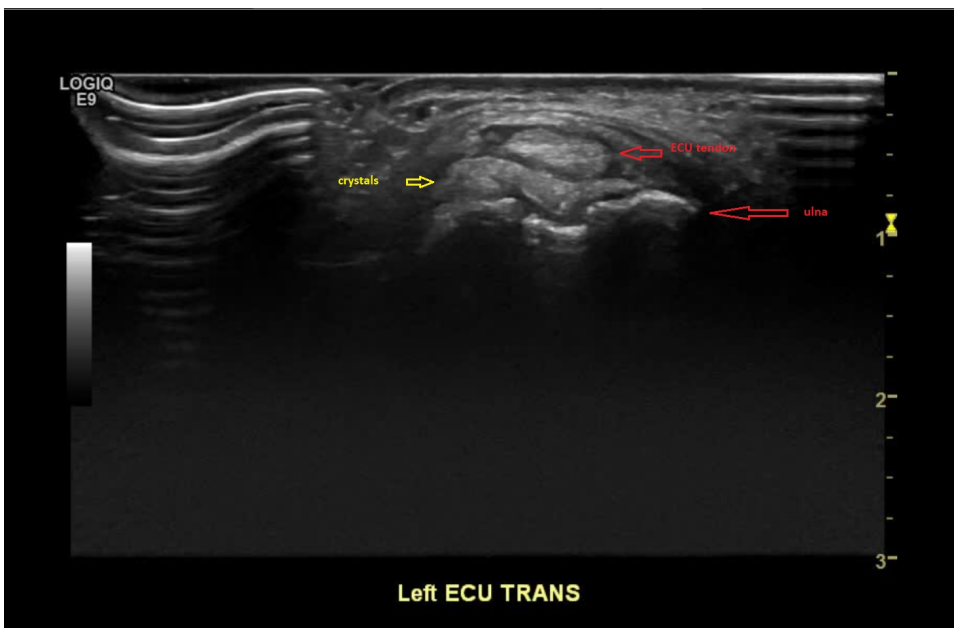
**INDICATION:** Rheumatoid Arthritis

**PRACTICE NOTES:** Bil hand pain

**TECHNIQUE:** A high frequency probe was used in longitudinal view of the radio-carpal and ulno-carpal joints as well as the 2nd, 3rd, and 5th metacarpalphalangeal joints. Transverse views were also obtained of the distal ulna, scapho-lunate, and radio-ulnar joints. Power Doppler was used to assess for synovitis and tenosynovitis. Cross sectional evaluation of the median nerve was performed as well.

**FINDINGS:**

Left hand: Synovial hypertrophy with 1/3PDS in the midwrist. Large hyperechoic deposit between the ECU tendon and the distal ulna. slight synovial hypertrophy in the 3rd mcp. The visualized portions of the bone, muscle, tendon, joints and median nerve are otherwise normal appearing.



Right hand: Slight synovial hypertrophy in the midwrist. Slight synovial hypertrophy in the 2nd mcp. Free fluid in the 3rd mcp. The visualized portions of the bone, muscle, tendon, joints and median nerve are otherwise normal appearing.

Comparison: 10/12/2017

**IMPRESSION:**

1. While the exam is overall much improved, the synovitis in the left wrist remains stubbornly significant. There is also now a clearly defined crystalline deposit involving the distal left ulna. Upon reviewing the previous study from 2017, it was likely evident then but

poorly organized. It is in a location common to both CPPD and gout and unfortunately I cannot distinguish between the two in this case though I do favor gout as the adjacent TFCC appears normal. 2. there continue to be no erosive changes.

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*Shane Anderson*

A. Shane Anderson, MD, RhMSUS, RMSK  
Rheumatology Overread Services

**Electronically signed by A. Shane Anderson, MD, RhMSUS, RMSK at 7:14 AM on 10/5/2018**

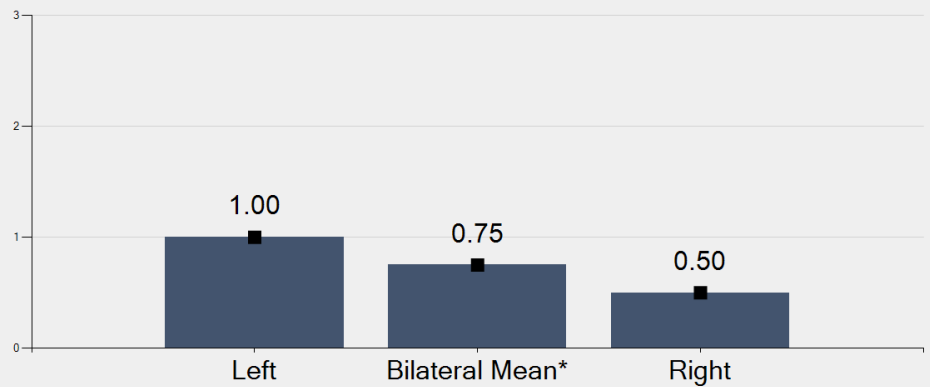
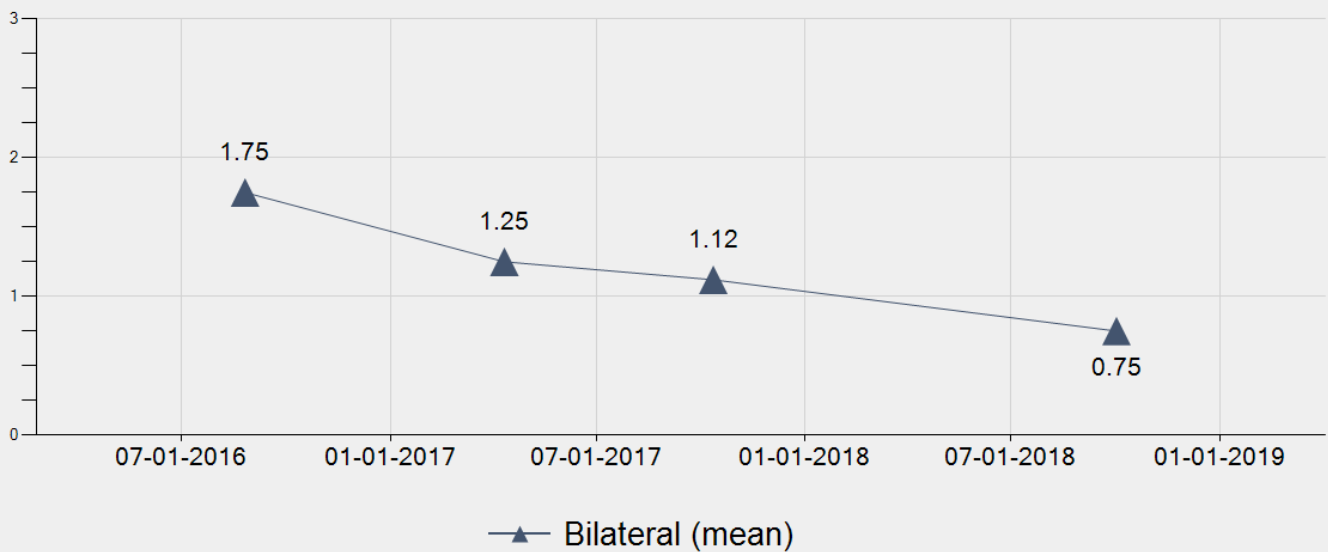
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**EULAR-OMERACT DISEASE ACTIVITY**
**SCORE**

From 10/2/2018

# 0.75

Bilateral Mean\*

**SCORE DISTRIBUTION**

**HISTORY**


\* Bilateral mean may be calculated using a recent previous study when both left and right scores are not part of the current study.

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**EULAR-OMERACT DISEASE ACTIVITY**
**SCORE DETAILS**

	<b>Left</b>			<b>Right</b>		
	<u>SH</u>	<u>PD</u>	<u>SCORE</u>	<u>SH</u>	<u>PD</u>	<u>SCORE</u>
RL	2	1	2	1	0	1
2nd MCP	1	0	1	1	0	1
3rd MCP	1	0	1	0	0	0
5th MCP	0	0	0	0	0	0
<b>SCORE</b>			<b>1</b>			<b>0.5</b>
<b>BILATERAL MEAN*</b>			<b>0.75</b>			

**DETAILS OF PRIOR STUDIES**

<u>Date</u>	<u>Left</u>	<u>Right</u>	<u>Bilateral Mean*</u>
8/25/2016	2.00	1.50	1.75
4/11/2017	1.50	1.00	1.25
10/12/2017	1.00	1.25	1.12

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References:

- D'Agostino M-A, Terslev L, Aegerter P, et al. Scoring ultrasound synovitis in rheumatoid arthritis: a EULAR-OMERACT ultrasound taskforce - Part 1: definition and development of a standardised, consensus-based scoring system. RMD Open. 2017;3(1)
- Terslev L, Naredo E, Aegerter P, et al. Scoring ultrasound synovitis in rheumatoid arthritis: a EULAR-OMERACT ultrasound taskforce-Part 2: reliability and application to multiple joints of a standardised consensus-based scoring system. RMD Open. 2017