

Producing quality ultrasound reports

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Why is it so Important?



Content of the report is reflection of the scan findings and will contribute to the management and care of the patient.



Reports are read by a wide variety of groups across the health care setting so should be high quality.



Read by patients - this must be taken into consideration when choosing language within the report.



Choosing the style of the report should reflect the intended clinician.

Diagnostic Reports

Well structured

Actionable

What is a good report?

Clinically
relevant

Clear Style

What should be included?

Patient demographics

A light green downward-pointing arrow indicating a flow from the first box to the second.

Area to be scanned

A light orange downward-pointing arrow indicating a flow from the second box to the third.

Clinical history provided by the referring clinician

Procedure description or technique

Ultrasound Rt Groin :

- ▶ The patient was scanned both supine and erect using val salva technique

Descriptive or itemized report?



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graph TD; A[Descriptive or itemized report?] --> B[Should be in a logical chronological structure with most clinically significant pathology first.]; B --> C[Avoid over reporting of common pathology with classic appearances]; C --> D[Ensure that the report addresses the clinical question being asked]; D --> E[Include suggestions for further appropriate imaging or management pathway];
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Should be in a logical chronological structure with most clinically significant pathology first.

Avoid over reporting of common pathology with classic appearances

Ensure that the report addresses the clinical question being asked

Include suggestions for further appropriate imaging or management pathway

Language used

High degree of certainty		Low degree of certainty
<ul style="list-style-type: none">• Correlates to• Is consistent with• Represents• Has the appearances of• Typical features of	<ul style="list-style-type: none">• Most likely represent• May represent• Suggestive of	<ul style="list-style-type: none">• Cannot be characterised with ultrasound• Inconclusive• Non- specific

Clinical interpretations/ Further recommendations

“Given the patients strong history of injury the findings are in keeping with an intramuscular haematoma however a follow up scan will be performed in 8 weeks to check for resolution as per department protocol”

“The lesion is too small to characterise with ultrasound. Further cross-sectional imaging will not provide any further information. If clinical suspicion persists you may wish to consider wide excision biopsy for further characterisation”

Typical Report

Clinical History: Painful lump at the dorsal right wrist not resolving ? Sinister causes

Report:

USS Rt Wrist

On examination the palpated lump is soft to the touch. The patient states that the lump is painful and that it can get bigger and smaller. She has had it two years since the birth of her child.

“There is tendon sheath thickening and distension with fluid noted at extensor compartment 1 of the right wrist. Moderate associated vascularity noted. Appearances consistent with De Quervain’s tenosynovitis. The tendons themselves are normal in appearances with no tears demonstrated. The tendons move freely during dynamic examination”

Other Considerations

- ▶ Use of abbreviations
- ▶ Variations from normal protocol
- ▶ Measurement units

Summary

- ▶ Written in a logical order with the most significant findings first
- ▶ Ensure that the report is a true and accurate representation of the ultrasound findings
- ▶ Avoid using ambiguous terminology where possible
- ▶ Don't over report normal findings
- ▶ Be conscious of abbreviations
- ▶ Try not to write defensive reports
- ▶ Answer the clinical question and if this is not possible, ensure the report states alternative imaging/management options if appropriate to do so

Thank you for
listening