

Ultrasound

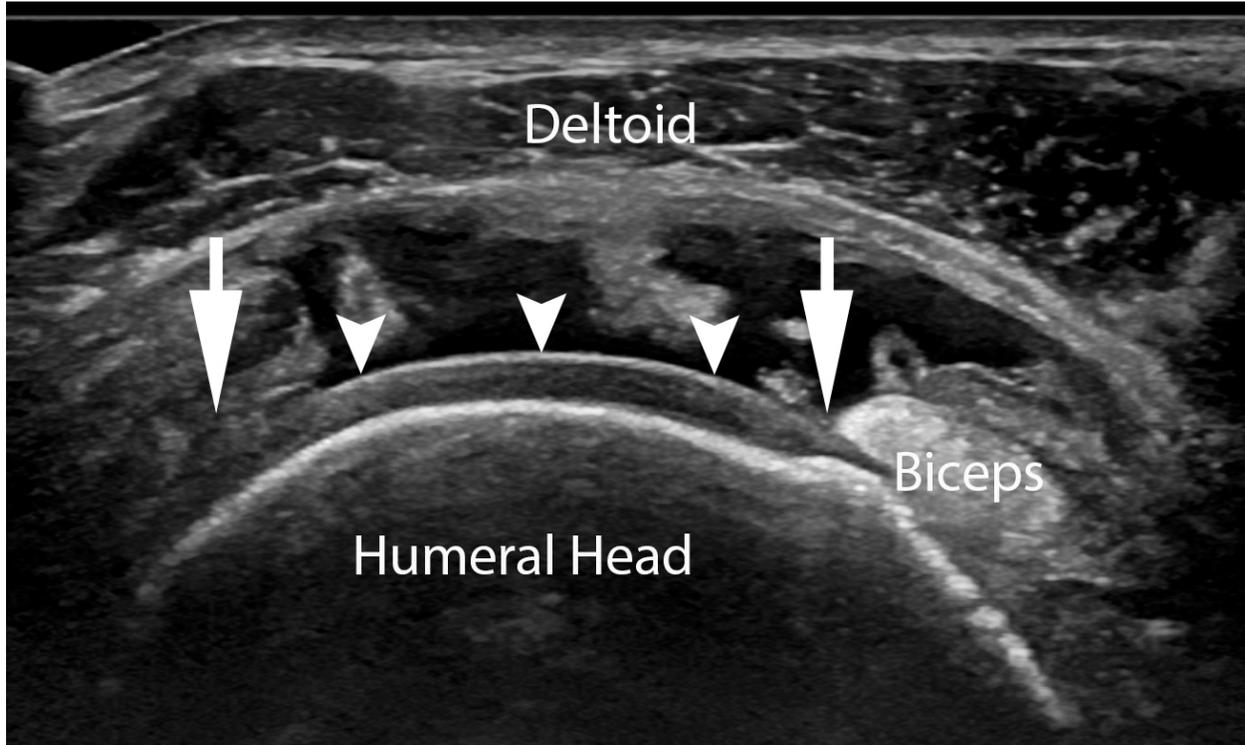


Figure 18(a). Large rotator cuff tear. Transverse/short axis view of the rotator cuff shows a large full thickness tear involving all of the supraspinatus (long arrows). Note the demonstration of normal hyaline cartilage (arrowheads) secondary to synovial fluid bathing the cartilage. Note also the normal biceps tendon.

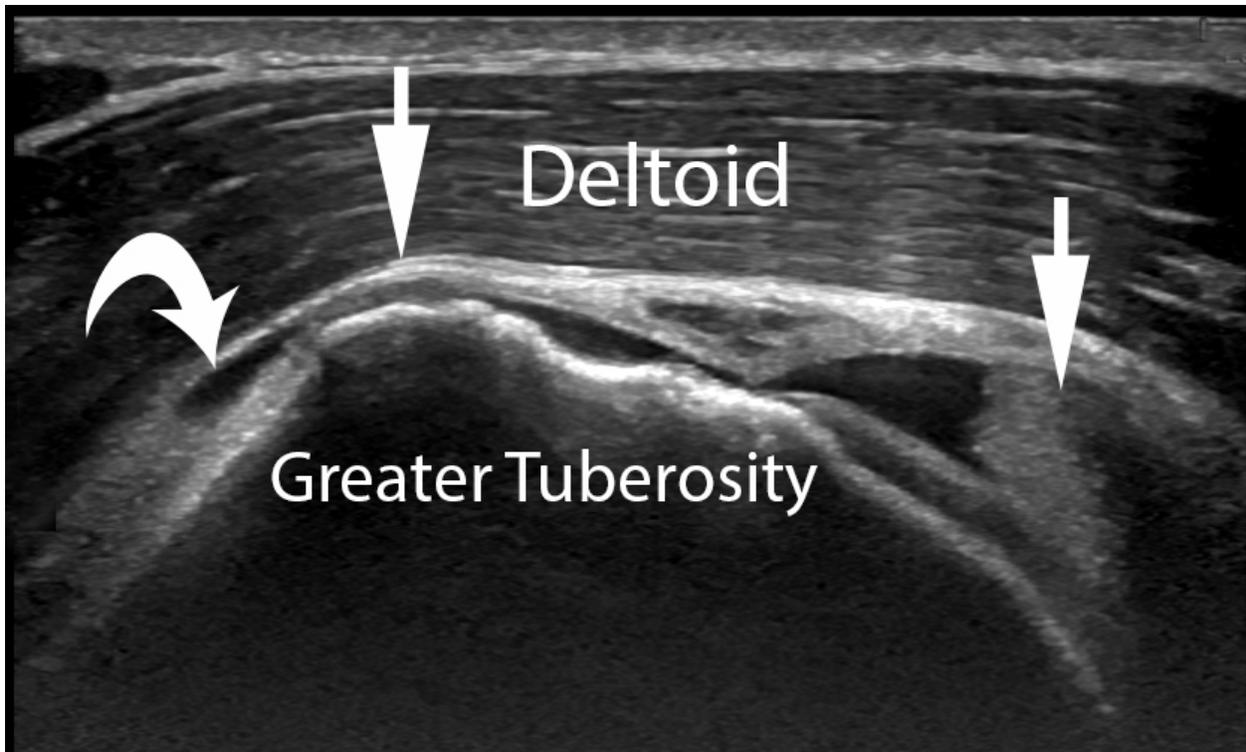


Figure 18(b). The longitudinal/long axis view of the rotator cuff shows the gap from the retracted supraspinatus tendon (long arrows) and synovial fluid bathing the greater tuberosity. Note also a small amount of synovial fluid in the subdeltoid bursa (curved arrow).

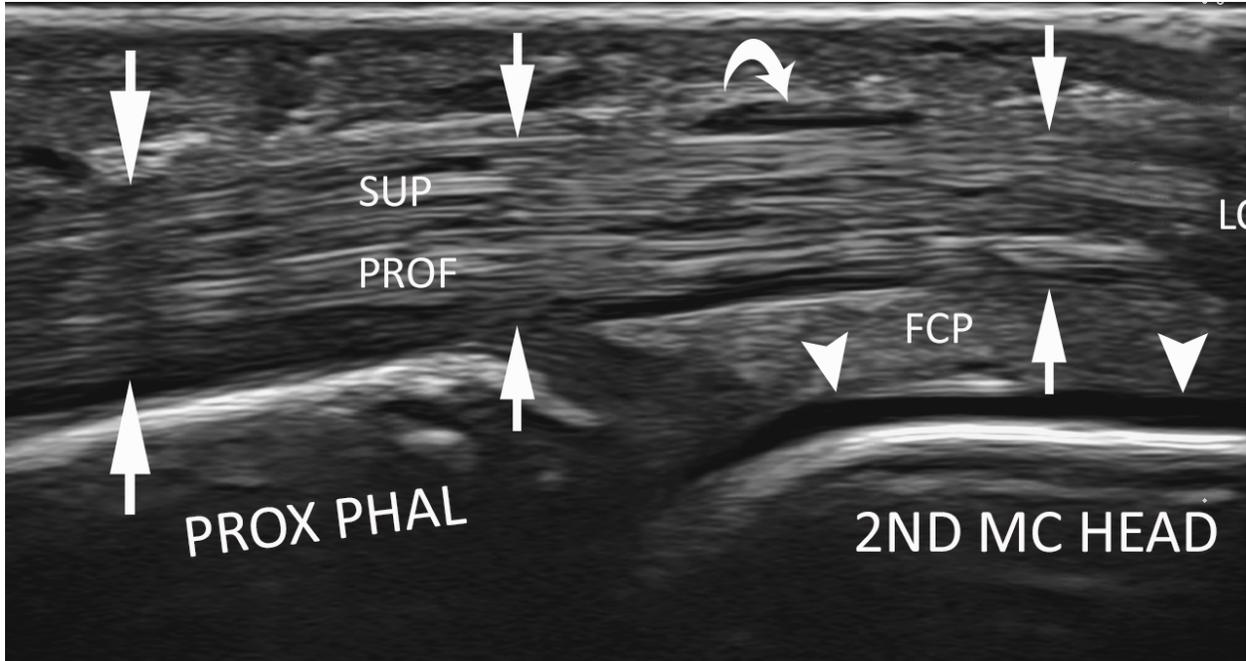


Figure 19. Normal second metacarpophalangeal joint (volar surface). Note the normal appearance of the superficialis and profundus flexor tendons (straight arrows). The A1 pulley (curved arrow) is clearly demonstrated. Note also the normal hyaline cartilage of the second metacarpal head (arrowheads).

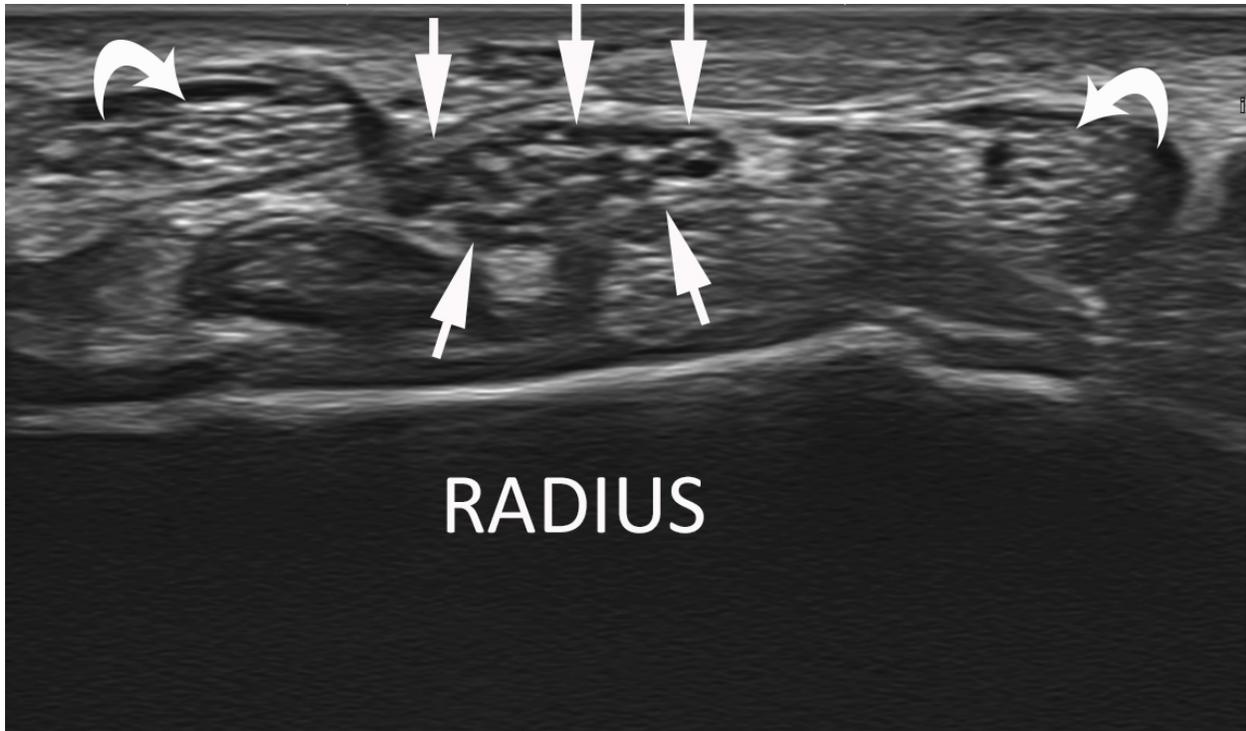


Figure 20. Normal median nerve. Ultrasound image obtained using a 24-MHz transducer shows a transverse section of a normal median nerve over the distal radius (straight arrows) with hypoechoic circles representing nerve fascicles on a hyperechoic background representing epineurium between fascicles. Contrast this with the finer fascicular appearance of two adjacent flexor tendons (curved arrows).

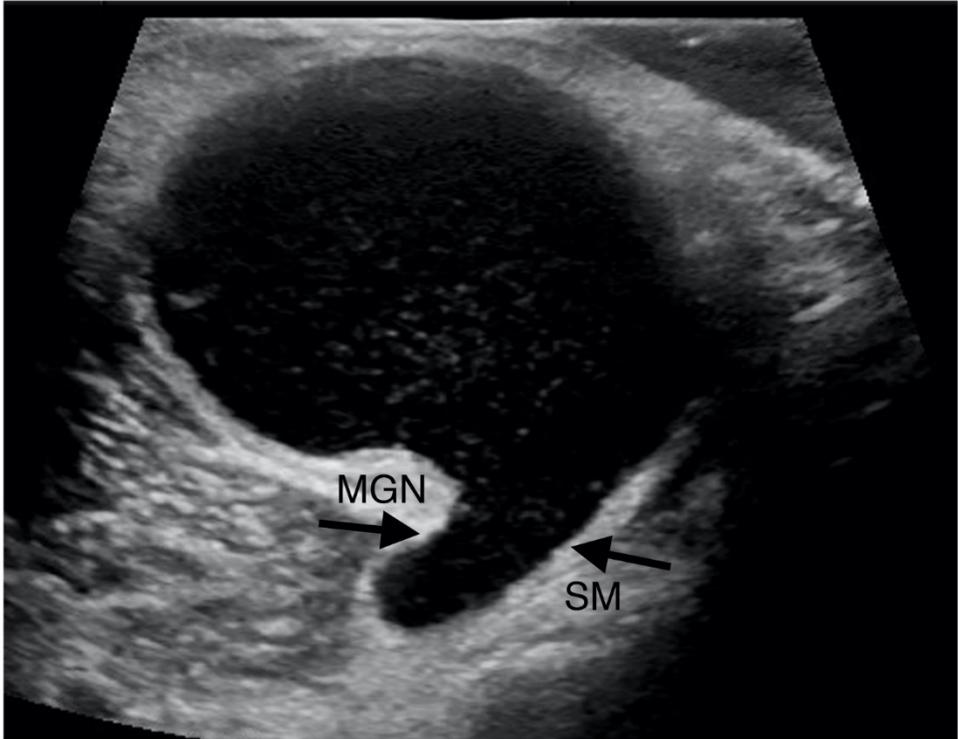


Figure 21(a). Uncomplicated Baker's cyst. Transverse image shows a Baker's cyst with the neck arising between the medial head of the gastrocnemius (MGN) and the semimembranosus (SM) (arrows).

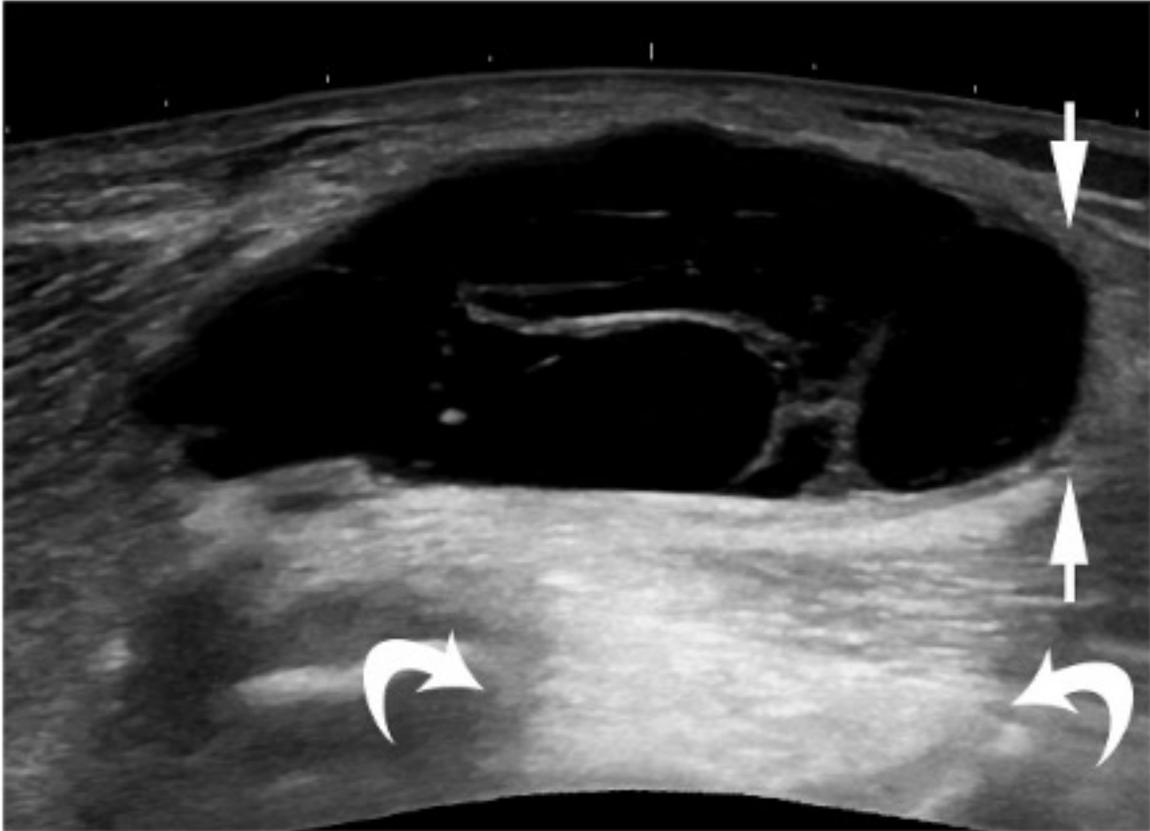


Figure 21(b). Longitudinal image. This shows a normal rounded inferior margin to the Baker's cyst (straight arrows). Note the through transmission (curved arrows).

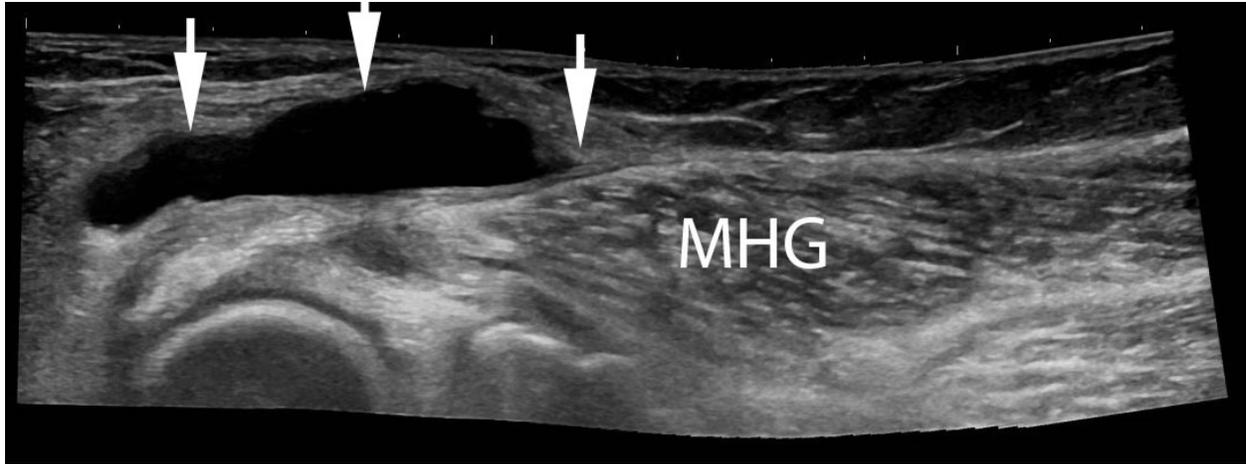


Figure 22. Baker's cyst, borderline rupture. The long axis view shows the Baker's cyst (arrows) tracking out superficial to the medial head of gastrocnemius (MHG). There is irregularity of the inferior margin.

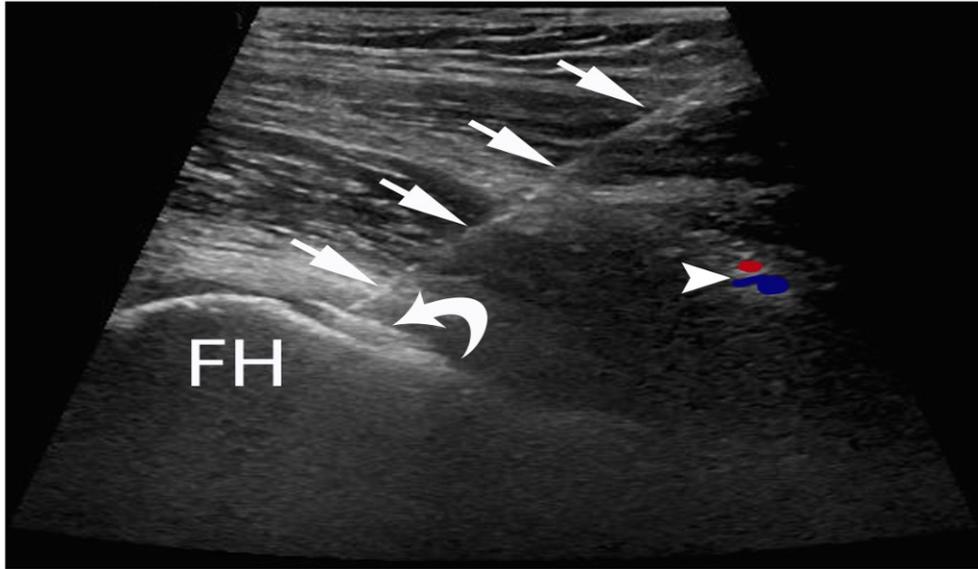


Figure 23. Hip injection under ultrasound guidance. Long axis view parallel to the femoral neck. Note the oblique course of the 20-gauge spinal needle (straight arrows) with the tip on the femoral head (FH). Note the steroid injectate within the hip (curved arrow). Note also the profunda femoris artery and veins (arrowhead).

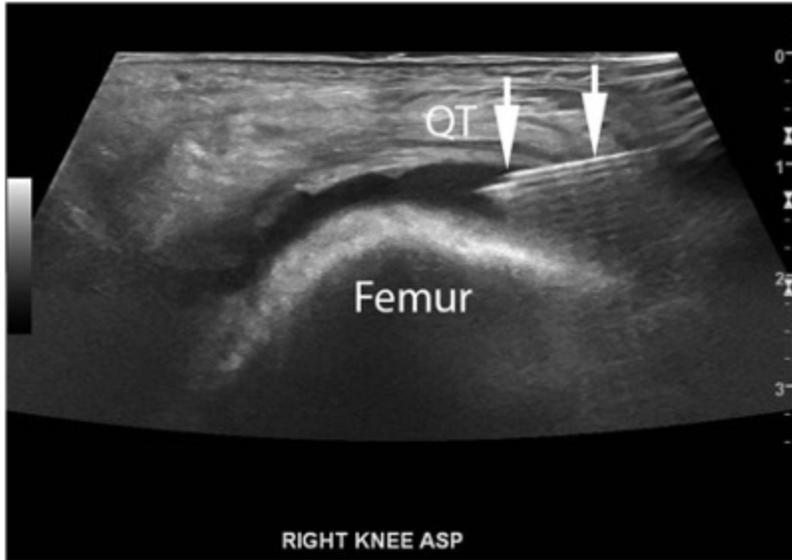


Figure 24. Aspiration of knee joint under ultrasound guidance. Lateral transverse approach into the suprapatellar recess. The short 20-gauge needle (straight arrows) is directed under the quadriceps tendon (QT) into the lateral patellar recess which contains fluid.