

# Ultrasound report of the      left      right hip joint

Equipment:

Date: ..... Card number: ..... Ref. by: .....

Patient name: ..... Patient DOB: .....

Femoral head contours:

Hyaline cartilage thickness:

The neck of the femur:

The articular lip:

The synovial membrane:

Fluid in the joint cavity:

The pubofemoral ligament:

The Ischiofemoral ligament:

The synovial bursa:

**Impression:**

**Advised:**

**Sonographer:** .....