

**X-RAY ASSOCIATES**  
**NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY**

**Pt. Name:**  
**Pt. ID:**  
**DOB**  
**Sex:**

**Date of Exam:**  
**Referring:**  
**CC:**

**PLANTAR FASCIITIS ULTRASOUND**

☐ Patient Identity and Referring Physician Confirmed

PREV ☐ Yes ☐ No ☐ MH ☐ SRHC ☐ OTHER

**Clinical History:**

INJURY ☐ Y ☐ N

☐ **RIGHT** ☐ **LEFT**

Medial Plantar Fascia: \_\_\_\_\_ mm (Normal 4.5mm for proximal medial fascia)

Inhomogeneous/Hypoechoic Nodules: ☐ Y ☐ N

Prox \_\_\_\_\_ mm

Mid \_\_\_\_\_ mm

Distal \_\_\_\_\_ mm

Hyperemia: ☐ Y ☐ N \_\_\_\_\_

Lateral Plantar Fascia: Prox \_\_\_\_\_ mm \_\_\_\_\_

Subcalcaneal Bursa: ☐ Normal Fluid ☐ Increased Fluid ☐ Hyperemia

**COMMENTS:**

\_\_\_\_\_ DMS