Basic Ultrasound Concepts

Jon A. Jacobson, MD FACR, FSRU, FAIUM, RMSK

Musculoskeletal Radiologist Lenox Hill Radiology, NYC University of California, San Diego



Disclosures

- Consultant: Bioclinica
- Book Royalties: Elsevier
- Not relevant to this lecture

Note: all images from the textbook entals of Mi keletal Ultraso ted by Elsevier Inc

See www.jacobsonmskus.com for syllabus other educational material

Equipment: probe selection

- Frequency determines resolution
- High frequency = high resolution
- Poor depth penetration
- Superficial structures: 10 17 MHz -Distal extremities and peripheral nerves
- Deep: 5 7 MHz linear or curvilinear -Thigh or hip

Scanning: basics

- Holding transducer:
 - -Anchor hand/transducer -5th finger or hand on
 - patient
- Coupling gel
- Imaging plane:
 - Long axis of transducer



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Long Head of Biceps Brachii TendonImage: Strain Strain



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- Occurs at interface with high impedance differences
 Surface of object is irregular
- Sound beam is absorbed
- Bone, calcification, gas
- Foreign bodies



Foreign Body

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Reverberation

- Occurs when sound beam hits smooth surface
- Sound beam reflected back and forth between object and transducer
 Ring down linear echoes

• Metal, glass, bone cortex



Increase Through Transmission

- Occurs when sound beam passes through fluid or homogeneous mass
- Sound beam brighter deep to object
- Fluid
- Solid mass: nerve sheath tumor, metastasis, etc.





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Refraction

- Occurs when sound beam hits edge of tendon at site of tear
- Oblique shadow
- Patellar and Achilles tendon tears



Color and Power Doppler

- Increased blood flow or hyperemia

 Neovascularity: tumor, tendinosis
 - Inflammation
- Not seen in normal tendon, ligament, or peripheral nerve
- Pitfall:
 - -Avoid too much transducer pressure
 - -Obscure flow

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Take Home Points

- Optimize image
- Scanning technique:
 - -Stabilize transducer on patient with hand
 - -Move transducer small amount at a time
 - -Beware: anisotropy

