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| Transducer | |
| High frequency linear array | Provides exquisite image resolu-  tion (Fig. 1), often better than with MRI. |
| Small transducers | Best suited  for examination of the superficial structures of the wrist/  hand or ankle/foot |
| Lower  frequency | Higher penetration is re-  quested (obese or athletic patient, examination of menisci in the knee or anterior glenoid labrum in the shoulder), |

* **Perpendicular examination**
* **Comparison with the contralateral side.**
* **Interaction with the clinical findings.**
* **Sonopalpation**
* **Color Doppler examination:**

Detection of soft tissue vessels makes it possible to differentiate between solid tissue and fluid, and to identify regions with inflammation (Fig. 6), tissue regeneration or tumors

* **Dynamic examination**:

May help the visualization of small tendon or muscle tears, muscle hernias, tendon subluxation, glenoid labrum lesions, shoulder impingement and joint instability

* **Ultrasound-guided interventional procedures**

• Evacuation of fluid collections (abscess, hematoma, Serma, bursitis, cyst and joint effusion) by puncture or catheter drainage

• Needle biopsies (soft tissue tumor, enlarged lymph node, suspected recurrence in patients with operated sarco

Ma). Steroid injection (joint, tendon sheath or bursa)

• Aspiration of tendon calcification

• Preoperative needle localization of non-palpable pathological findings

• Removal of foreign body

• Intraarticular injection of contrast (arthrography)