



Sonography and podiatry

Sonographic artifacts

By : Brendan Goode – May 2021



Topics to be covered

- Sonographic artifacts
- What the sonographer/radiology department want on an ultrasound referral
- Image interpretation

Sonographic artifacts

Recognition of sonographic artifacts is critical to the interpretation of ultrasound images.

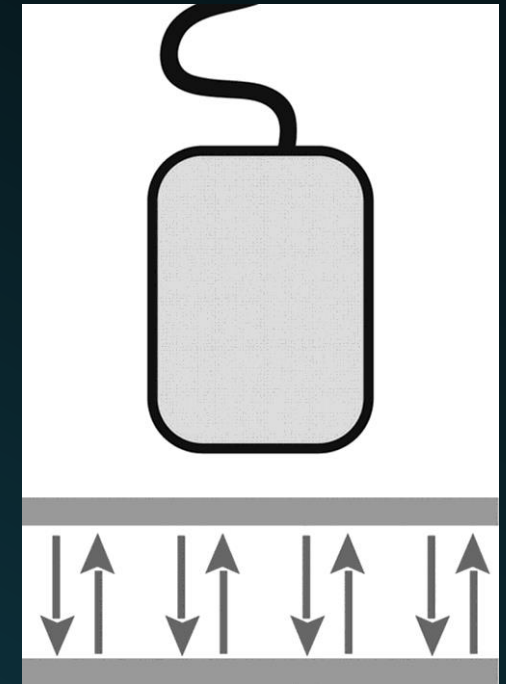
Sonographic artifacts provide clues to tissue composition thereby aiding in the understanding of pathology and increase diagnostic accuracy.

Being able to identify and potentially remedy sonographic artifacts aids quality control and assists us to provide optimal patient care.

- Reverberation
- Beam width artifact
- Posterior enhancement/shadowing
- Anisotropy
- Color flash
- Color bleeding
- Aliasing

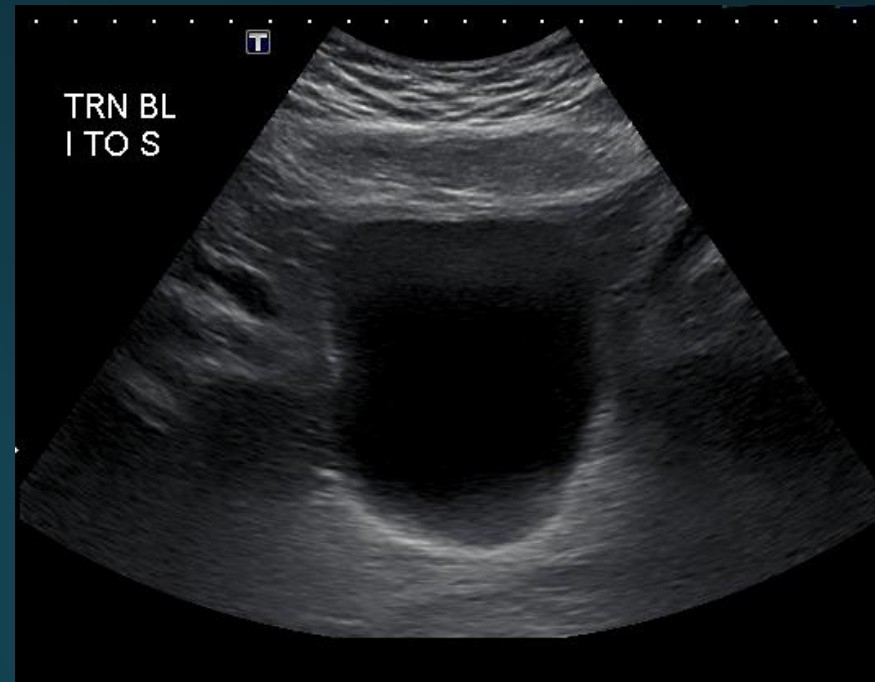
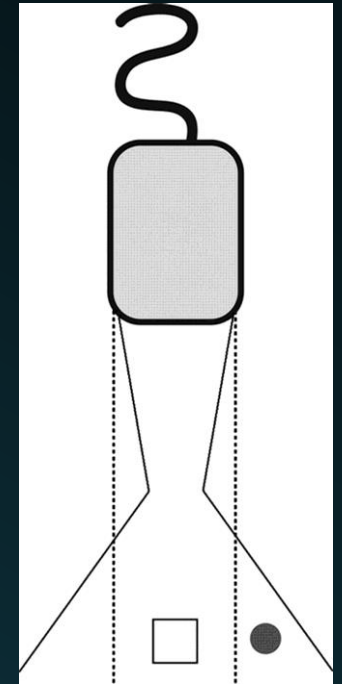
Reverberation

- Adjust focal zone position
- Reduce probe pressure
- Increase probe frequency
- Ensure gain set appropriately



Beam width artifact

- Adjust focal zone position
- Place probe in middle of object
- Increase probe frequency
- Ensure gain set appropriately



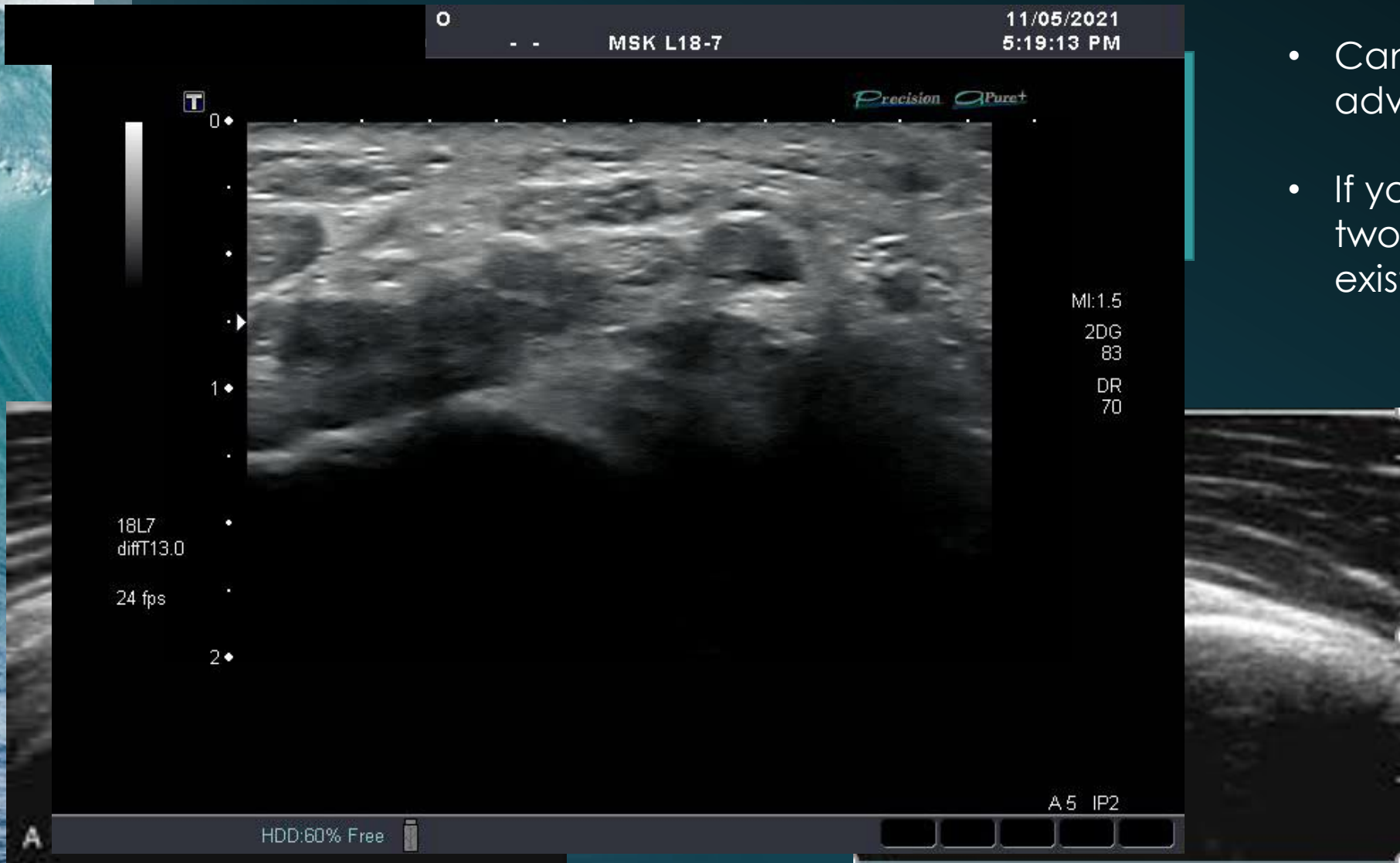
Posterior enhancement/shadowing

- Be aware of the potential
- Use the artifact to our advantage
- Optimize imaging gain settings especially TGC settings



Material	Attenuation Coefficient (dB/cm)
Water	0.0002
Soft tissue	0.3–0.8
Fat	0.5–1.8
Bone	13–26
Air	40

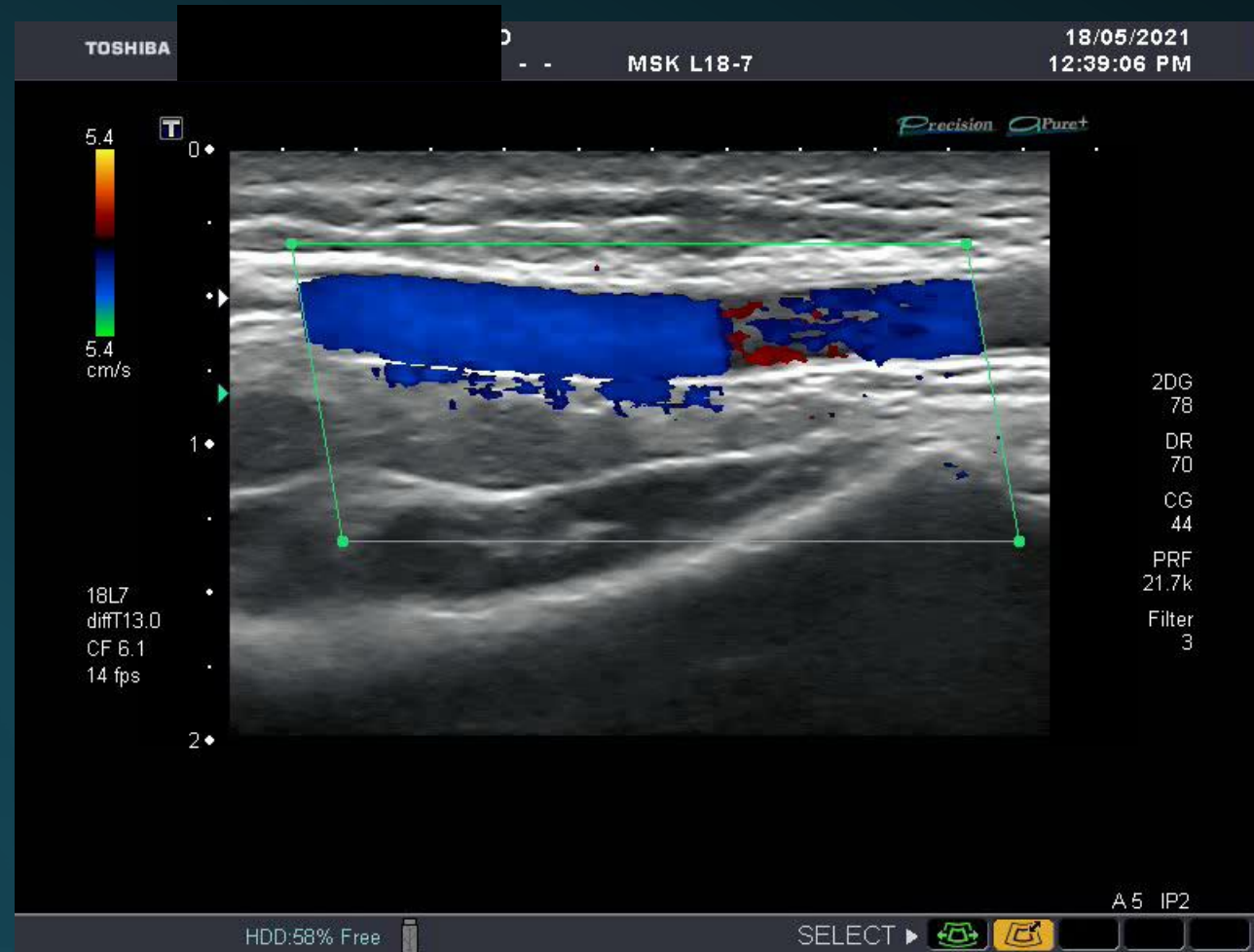
Anisotropy



- Beware aware of the possibility
- Can be used to our advantage
- If you cannot see it in two planes it does not exist

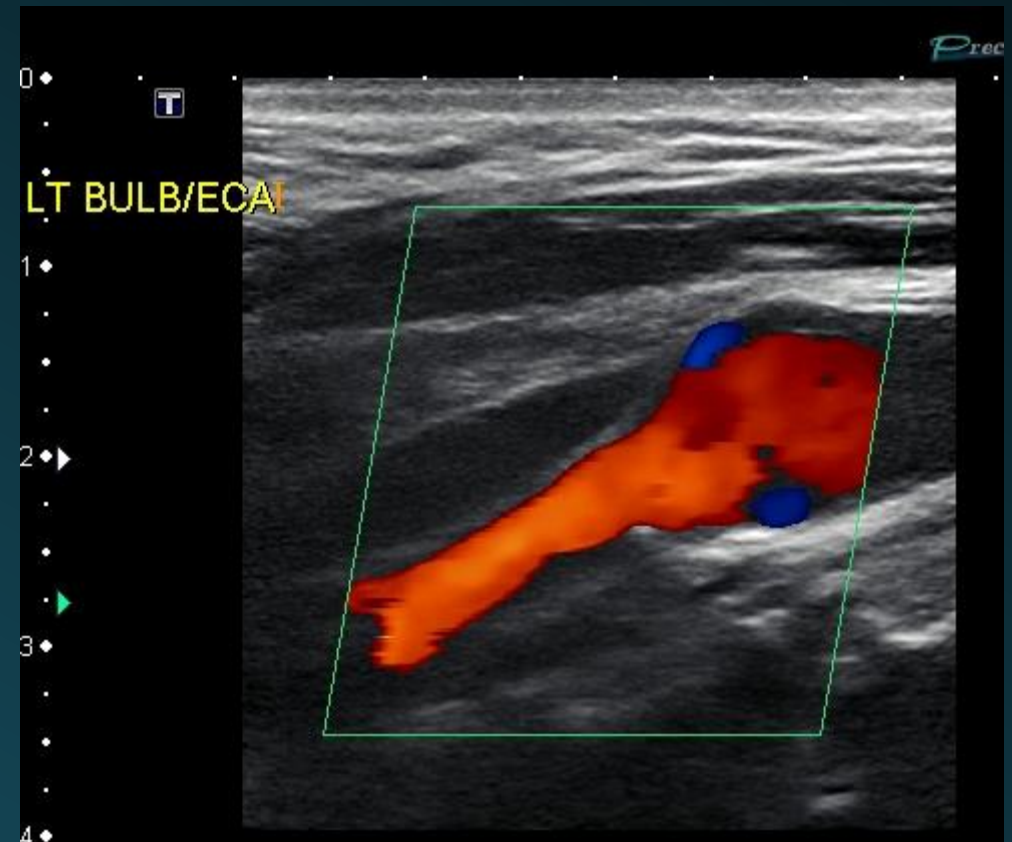
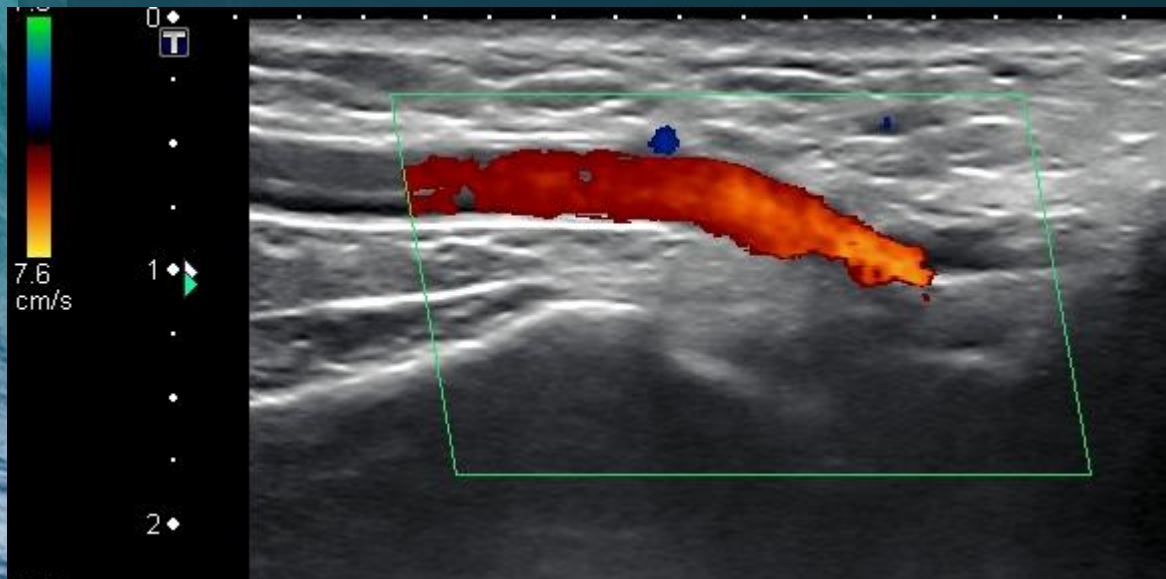
Color flash

- Reduce all movement, patient and us
- Reduce color gain
- Increase color scale



Color bleeding

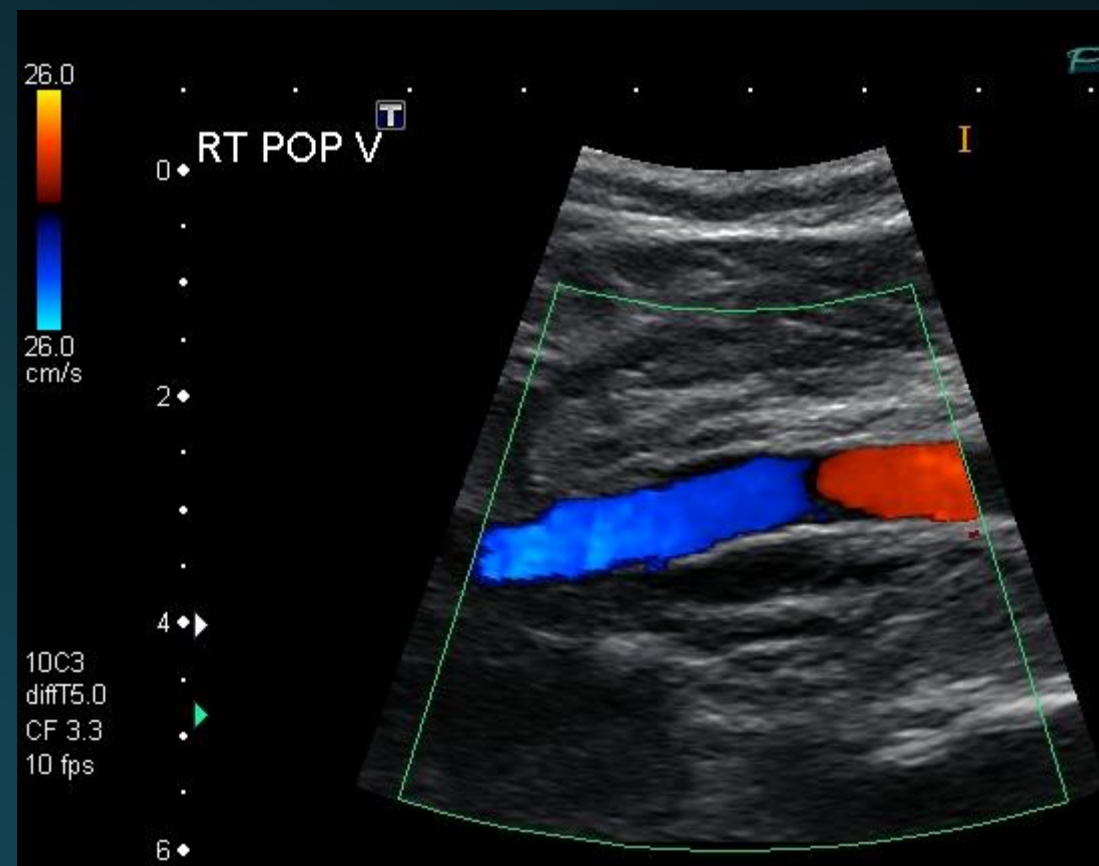
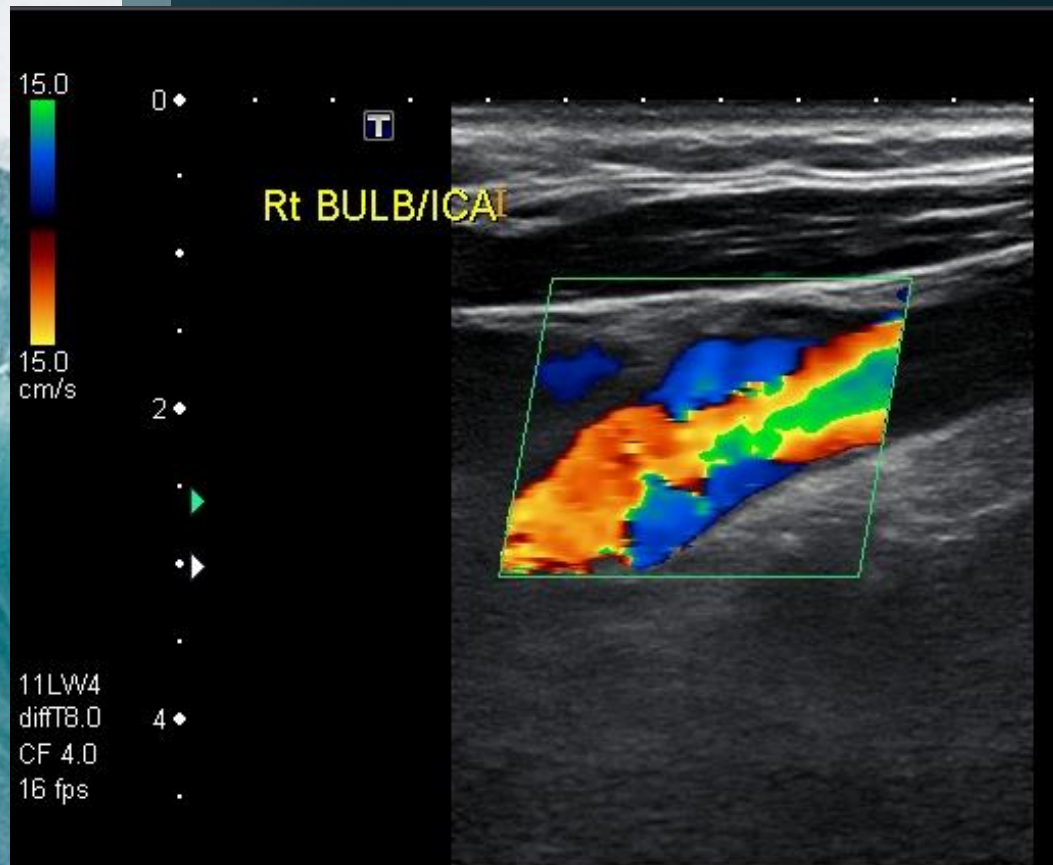
- Reduce color gain
- Increase color velocity scale



Aliasing

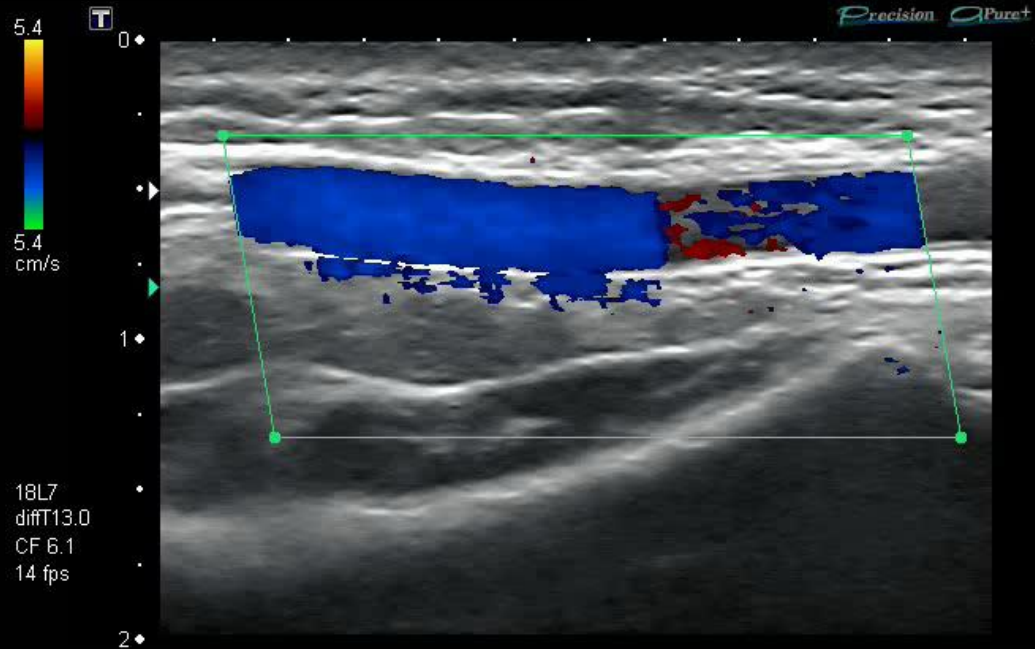
- Increasing color velocity scale (alters probe pulse repetition frequency/more camera frames)
- Reducing probe frequency (creates a smaller doppler shift)





SK L18-7

18/05/2021
12:39:06 PM



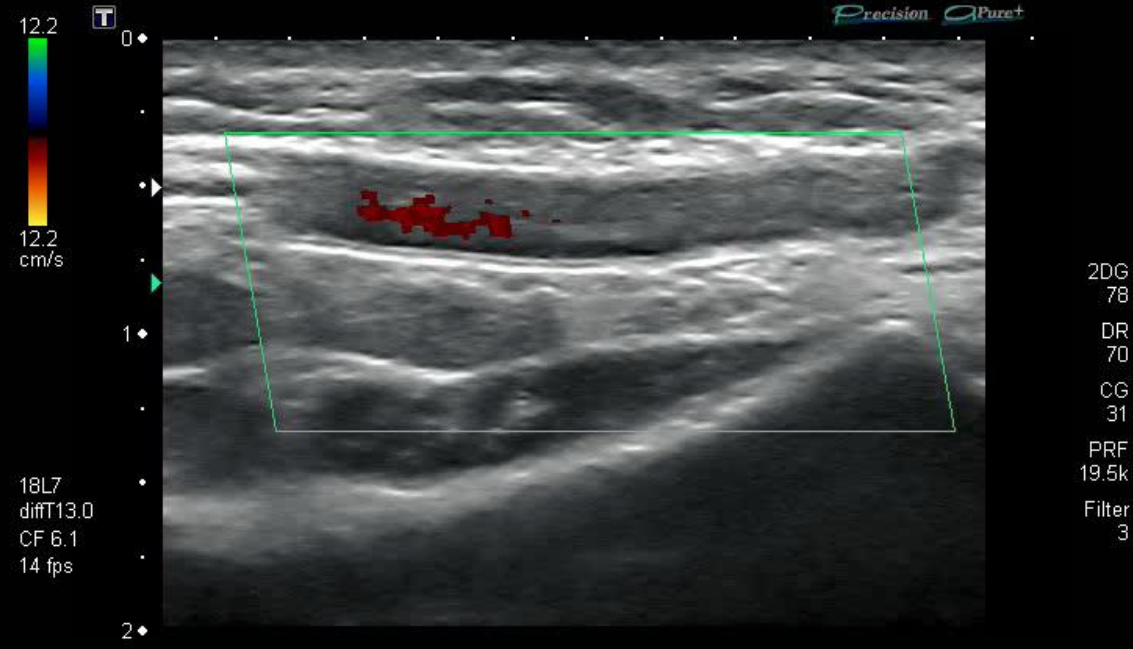
A5 IP2

HDD:58% Free

SELECT

MSK L18-7

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A5 IP2

HDD:57% Free

SELECT

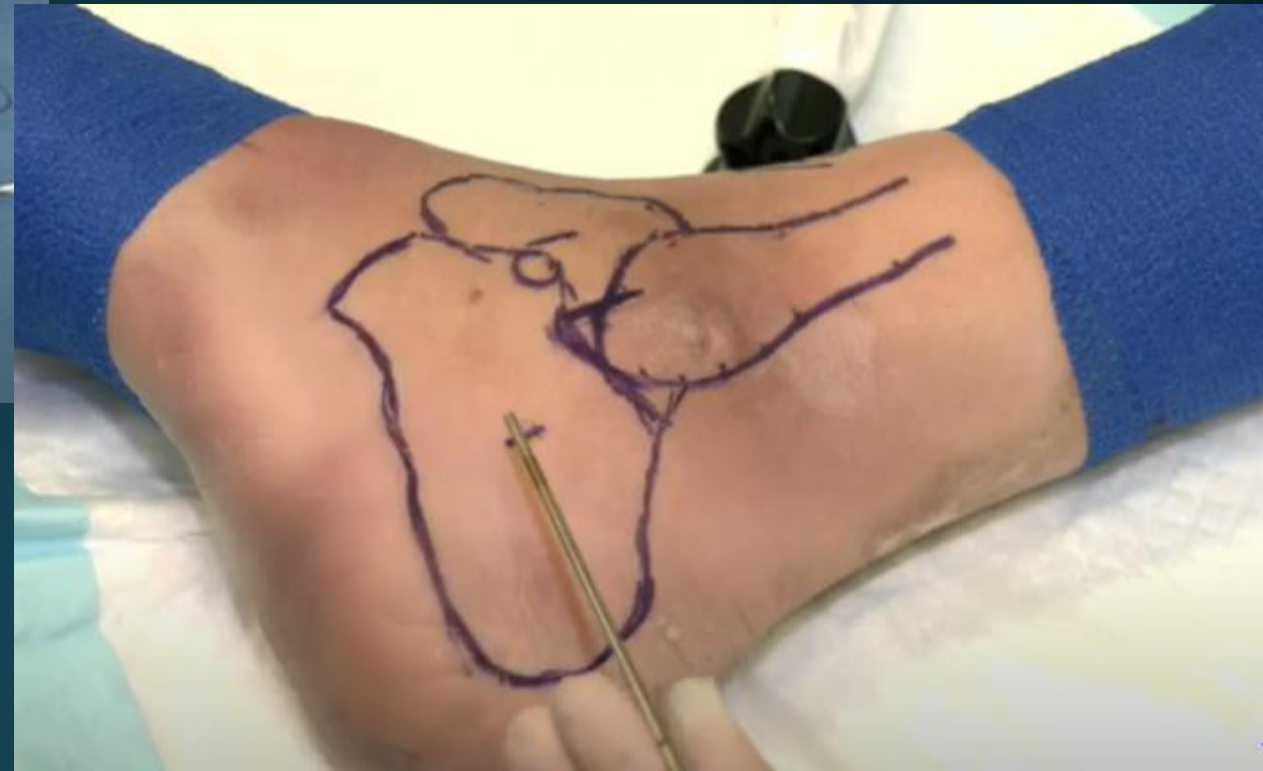
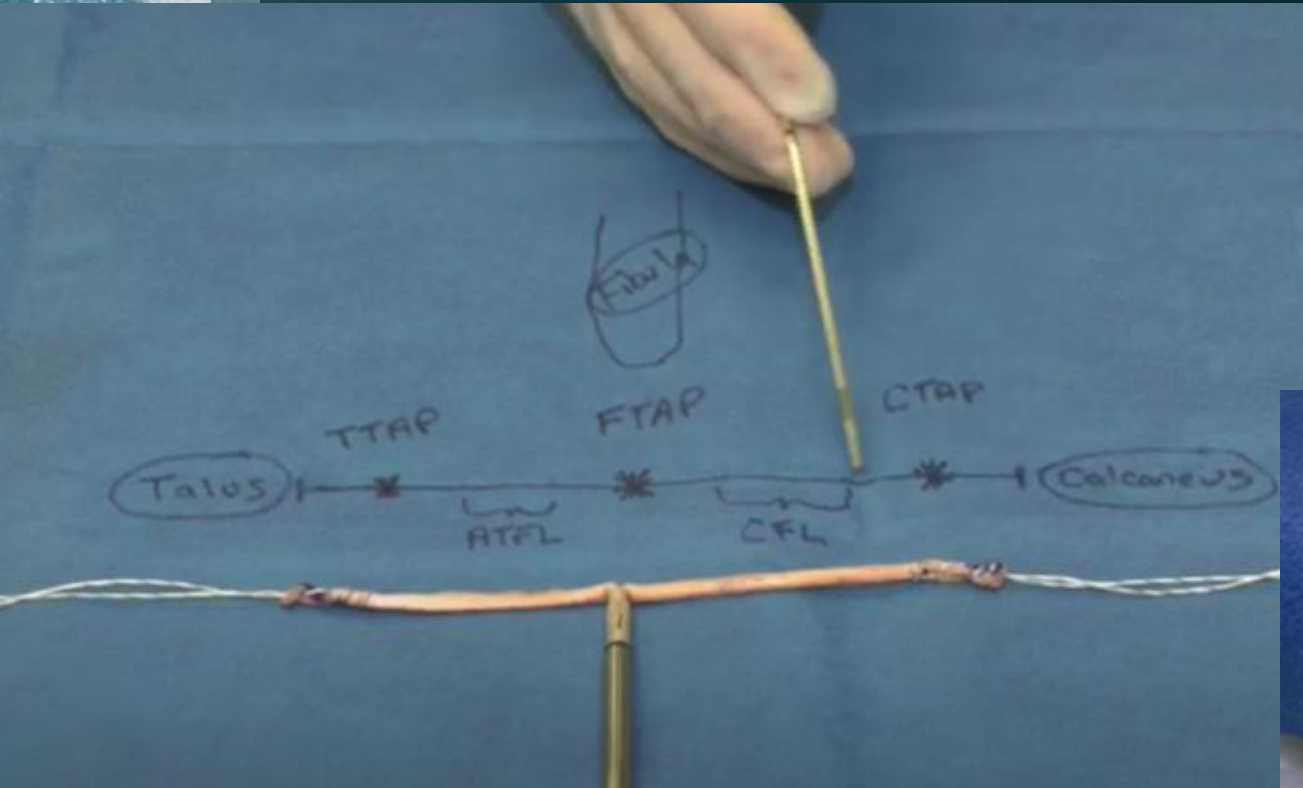


What to put on an ultrasound referral

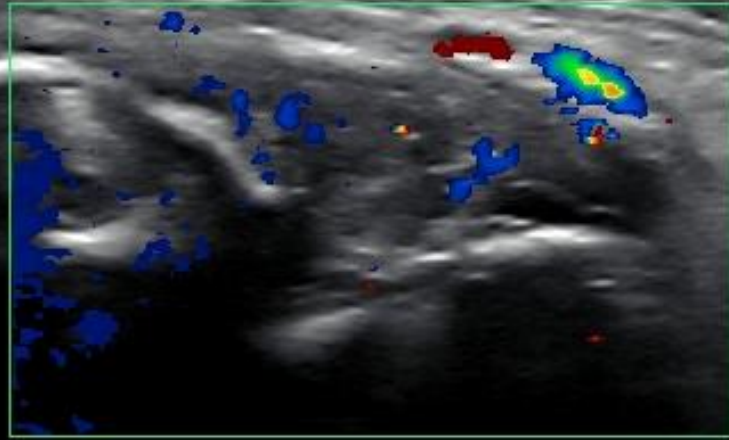
- Make it very clear and succinct what structures you are interested in
- Mechanism of injury
- How long problem has been there
- Any previous imaging results
- If you are unsure say so

Anti-RoLL – Ankle Reconstruction of Lateral Ligaments

<https://www.youtube.com/watch?v=PJmBatcTrl0>

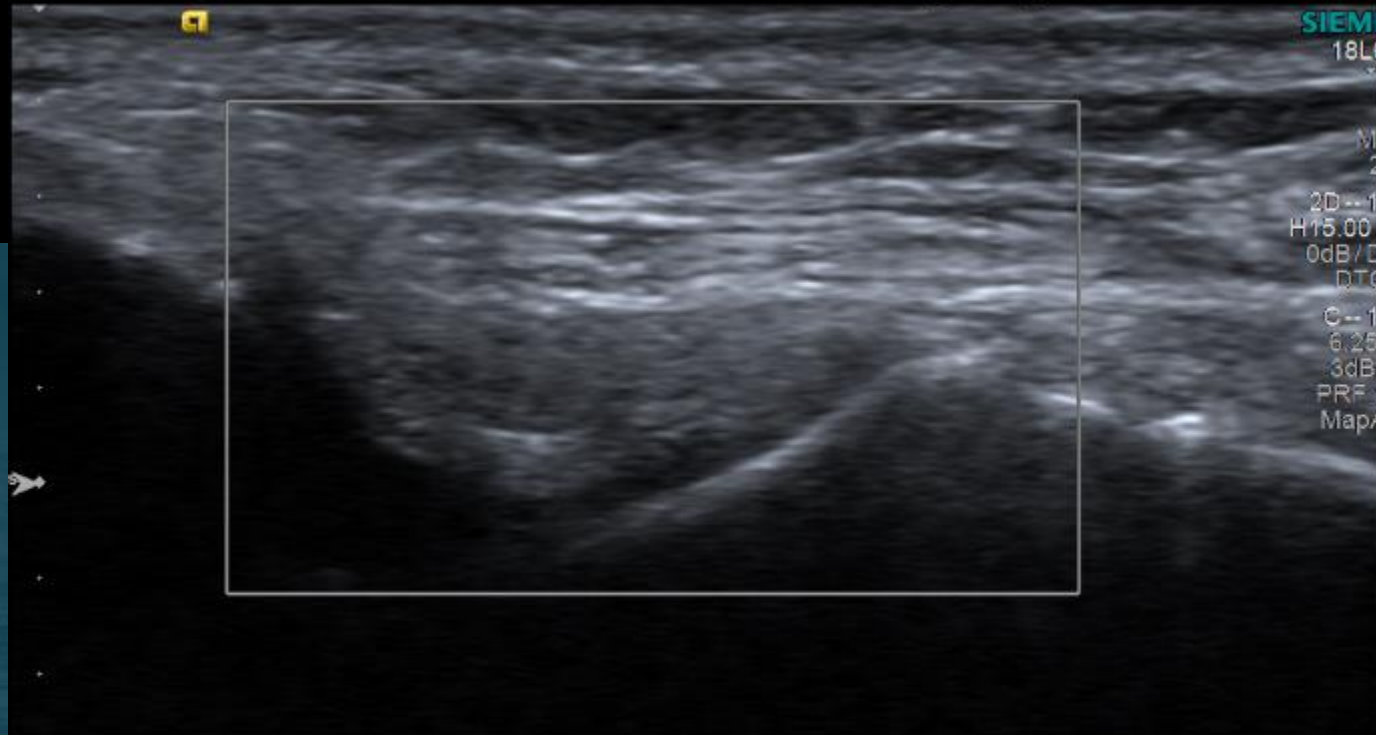


Case study 1

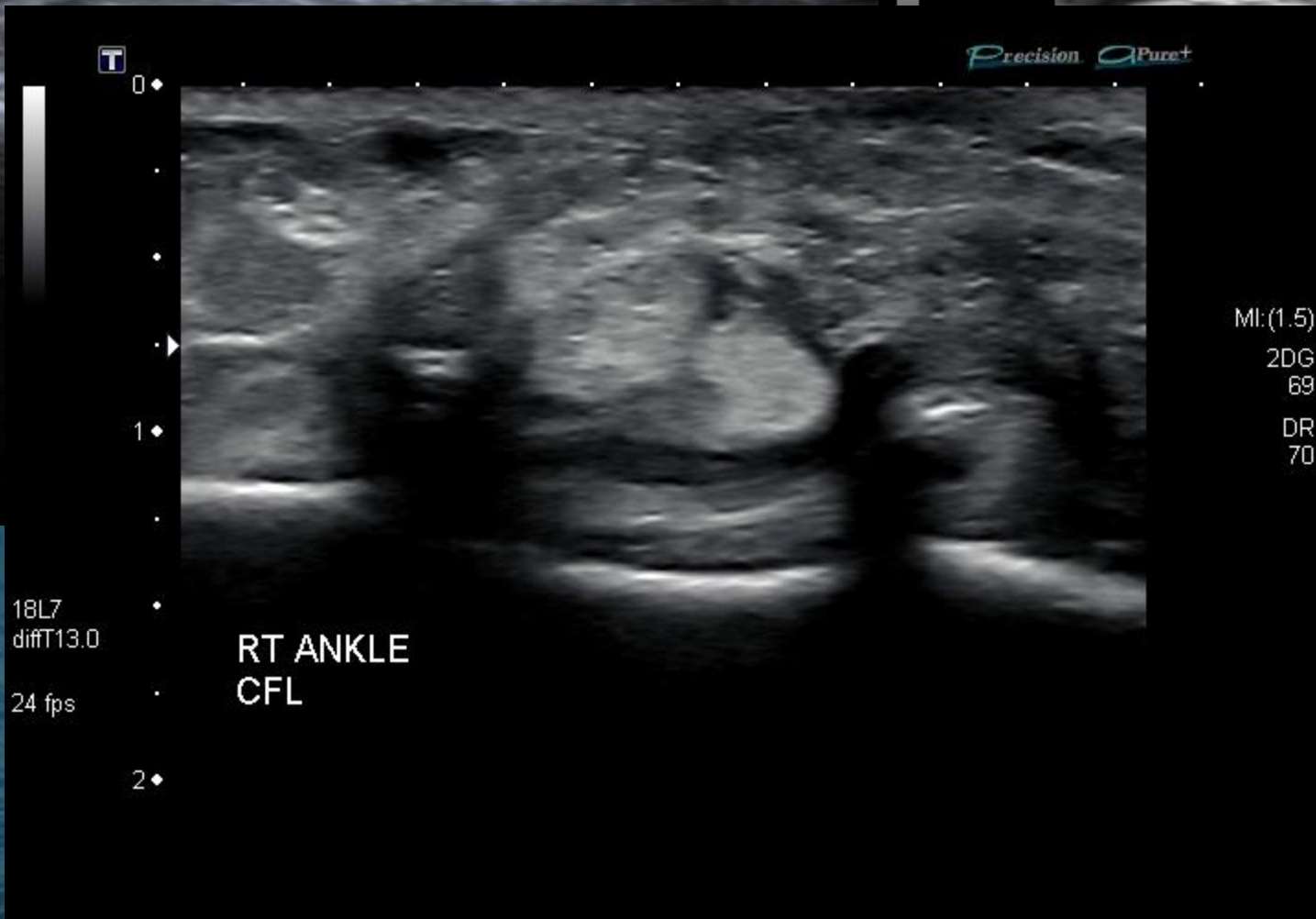
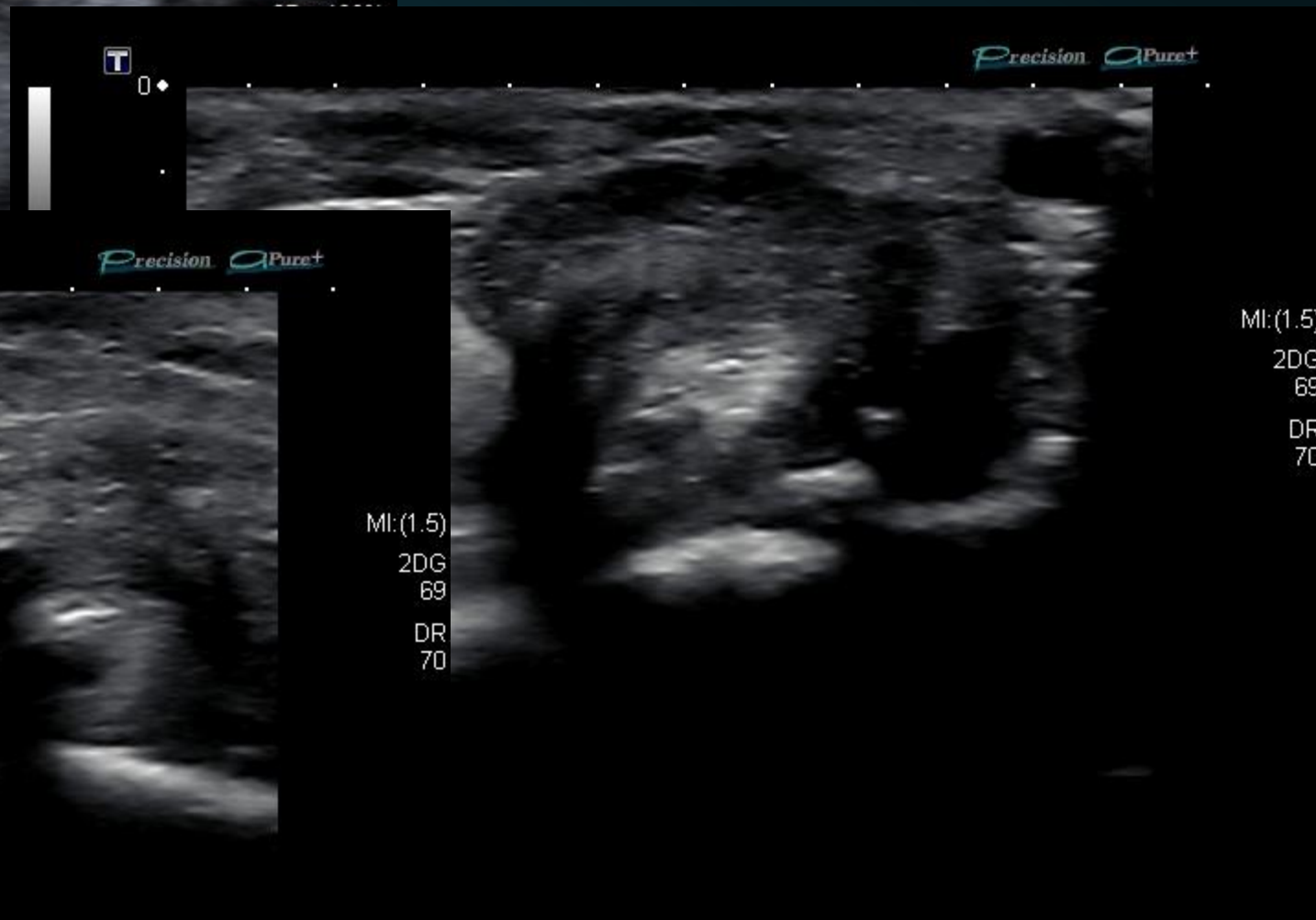
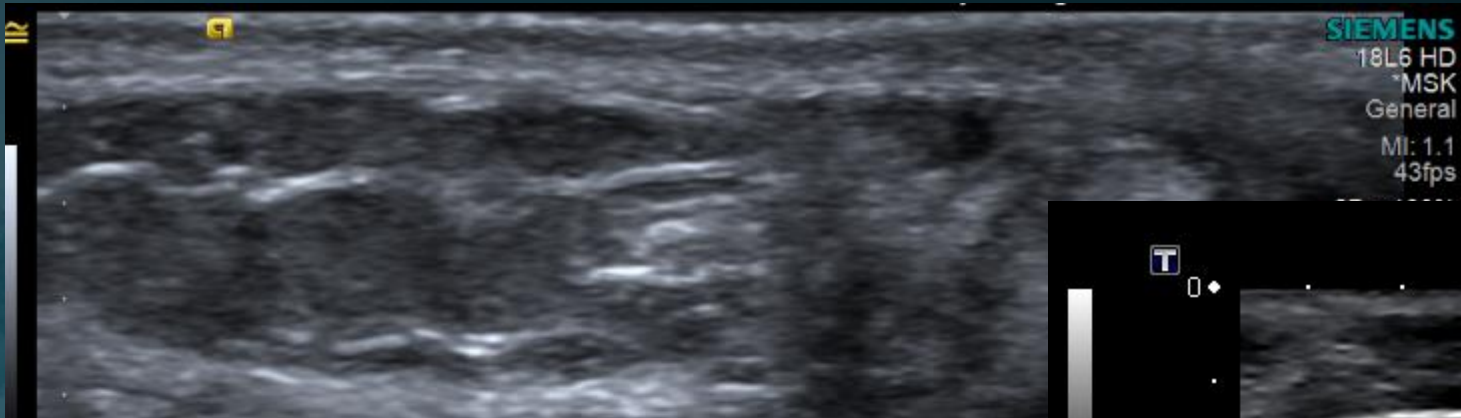


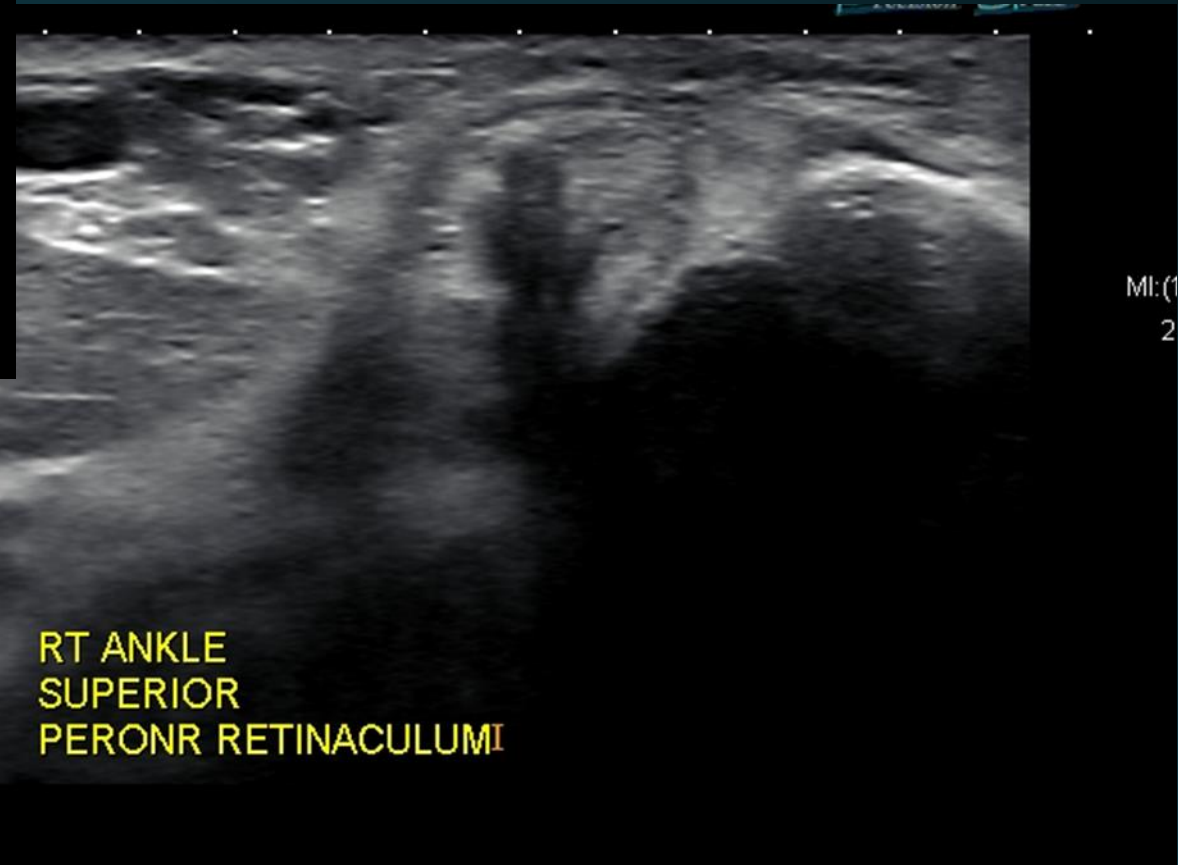
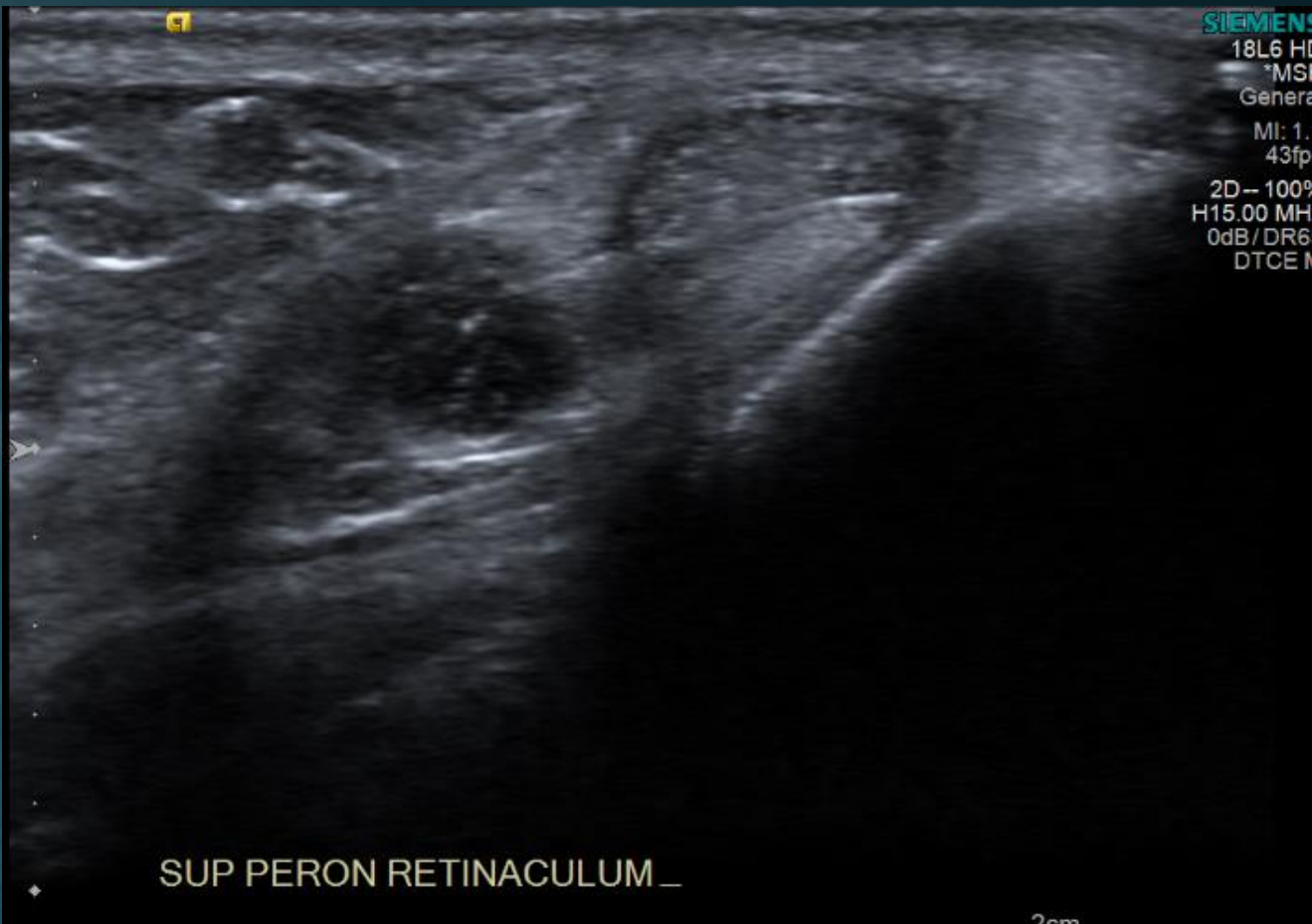
SIEMENS
18L6
18L6
Gel
M
4
2D -- 1
H15.00
0dB/D
DTC

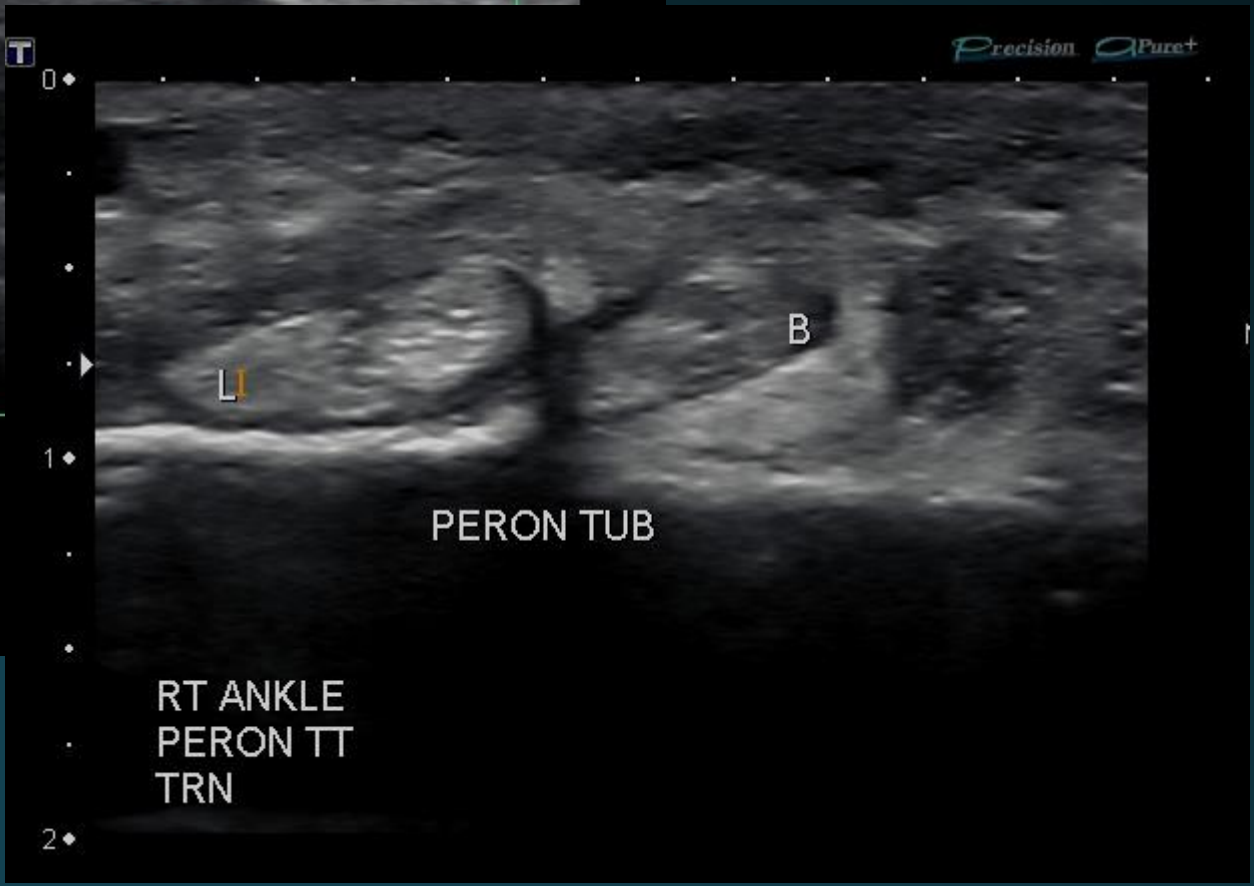
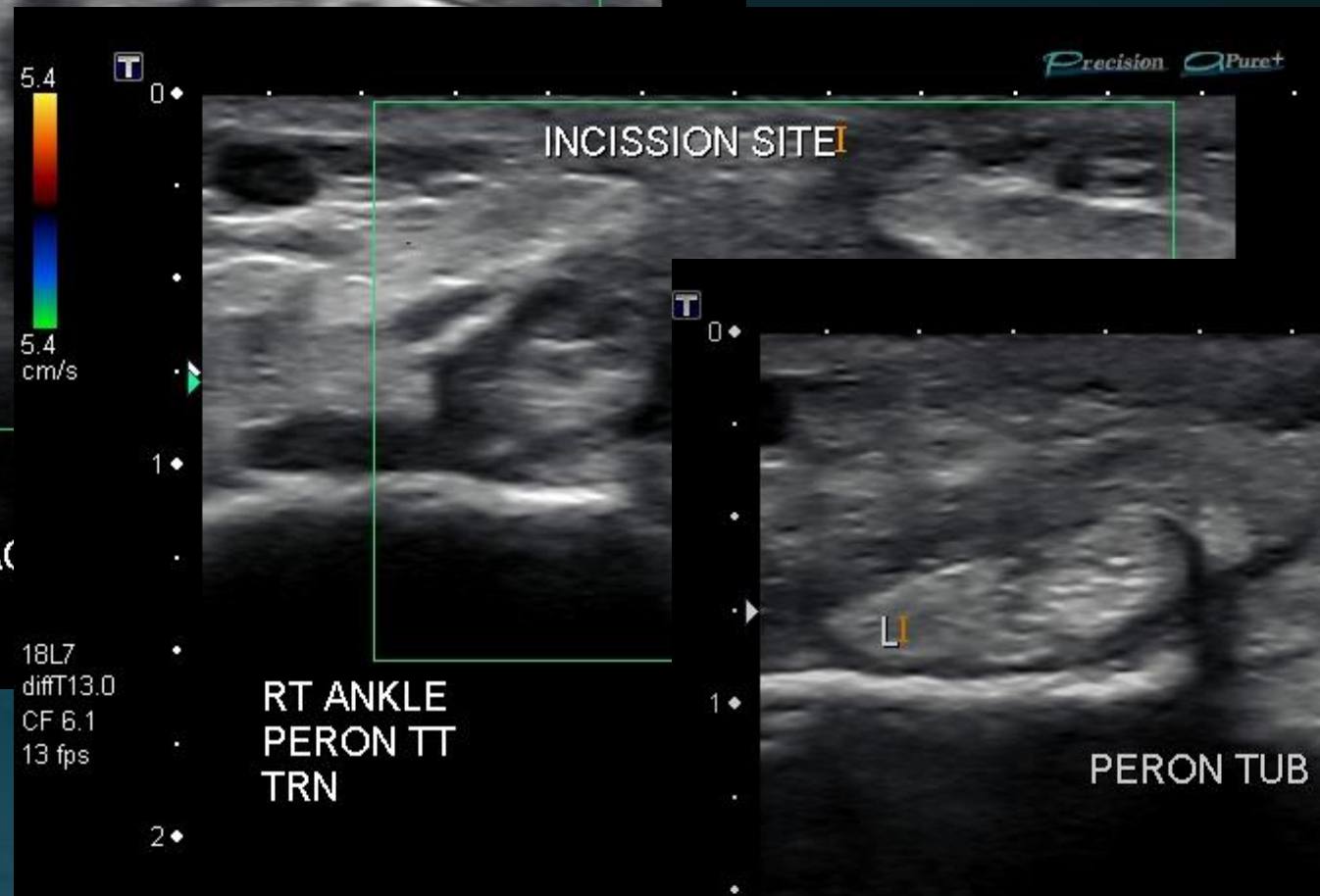
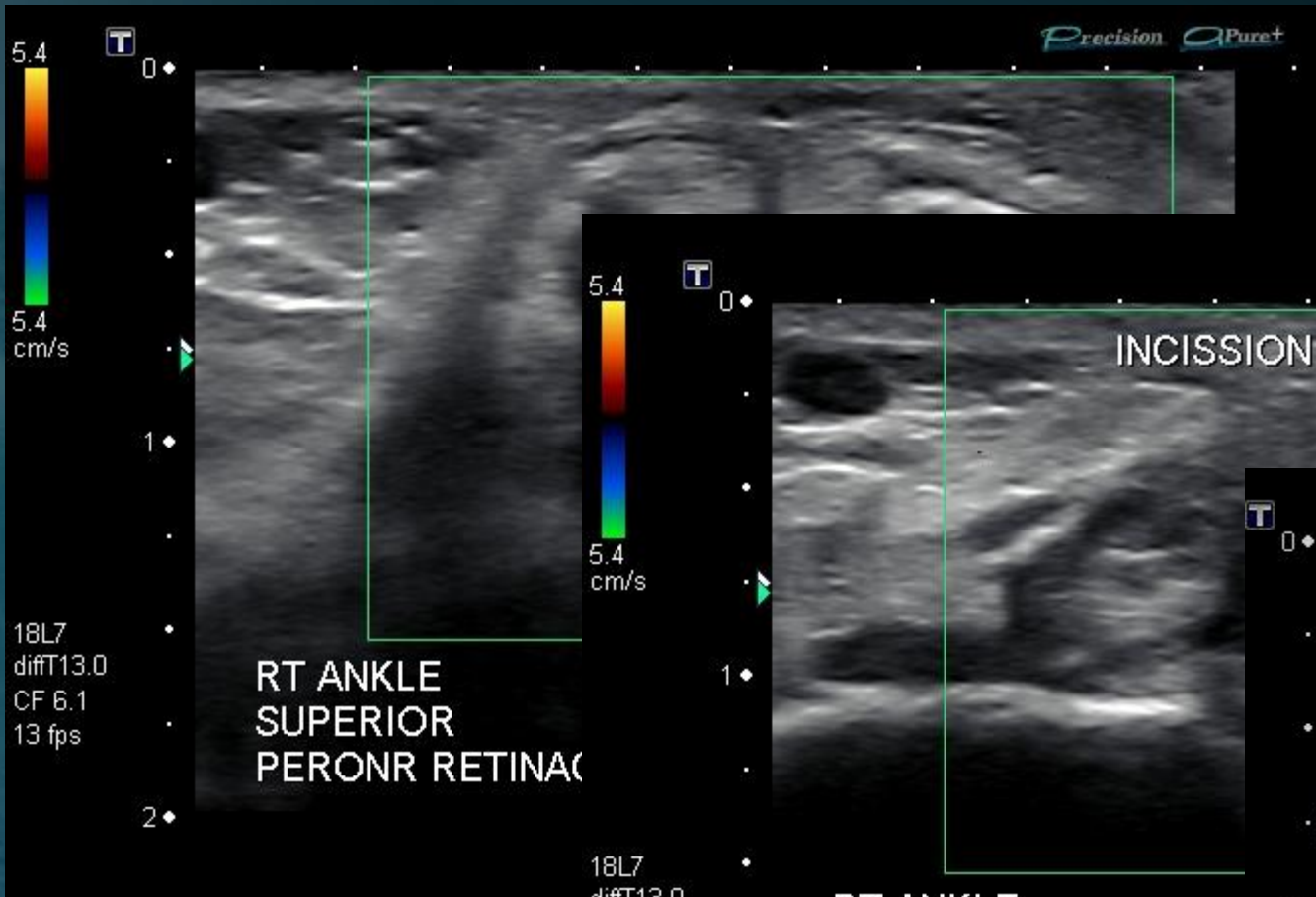
RT ANKLE
ATFL

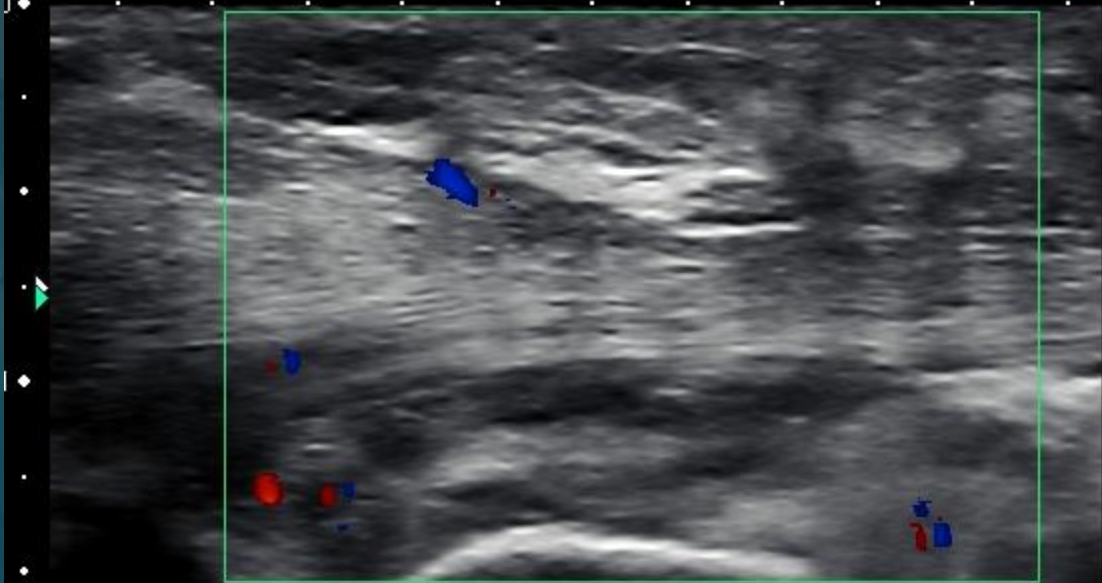


SIEMENS
18L6
18L6
M
2
2D -- 10
H15.00 M
0dB/D
DTC
C -- 10
6.25M
3dB
PRF 1
MapA

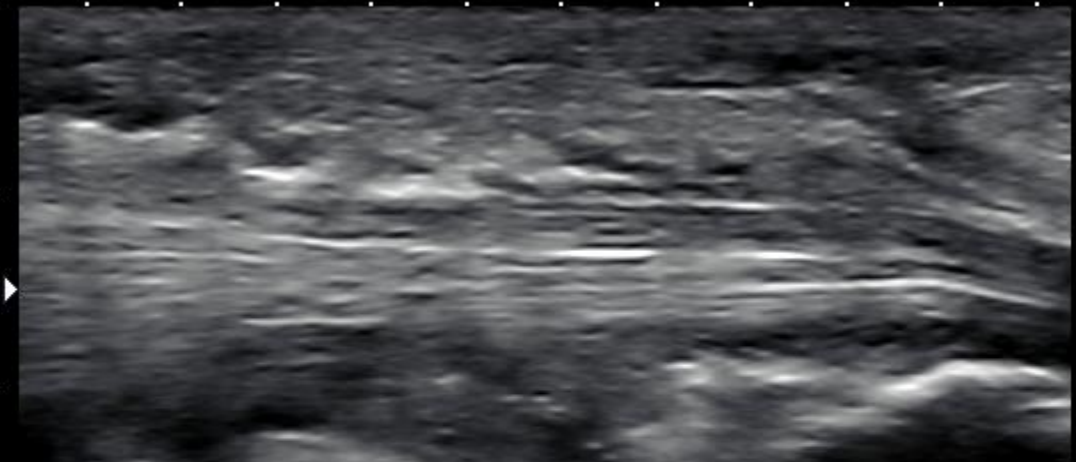








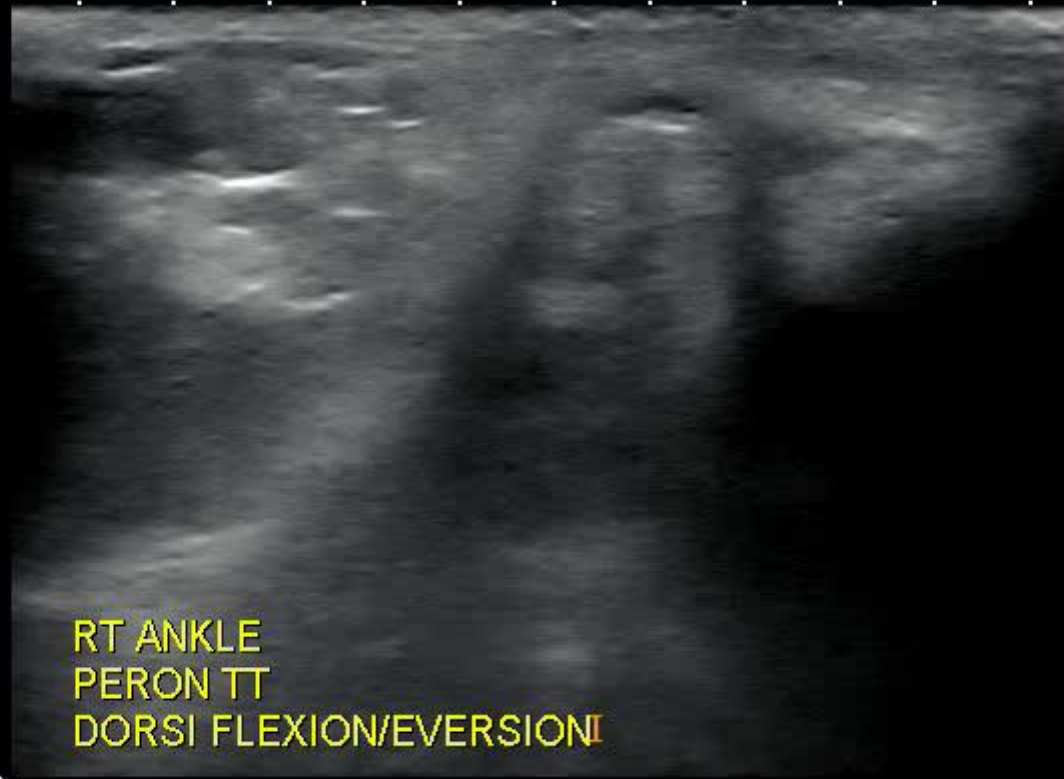
RT ANKLE
PERON BREVIS
SAG



RT ANKLE
PERON LONGUS
SAG

Precision A Pure+

T
0
1
2
18L7
diffT13.0
24 fps



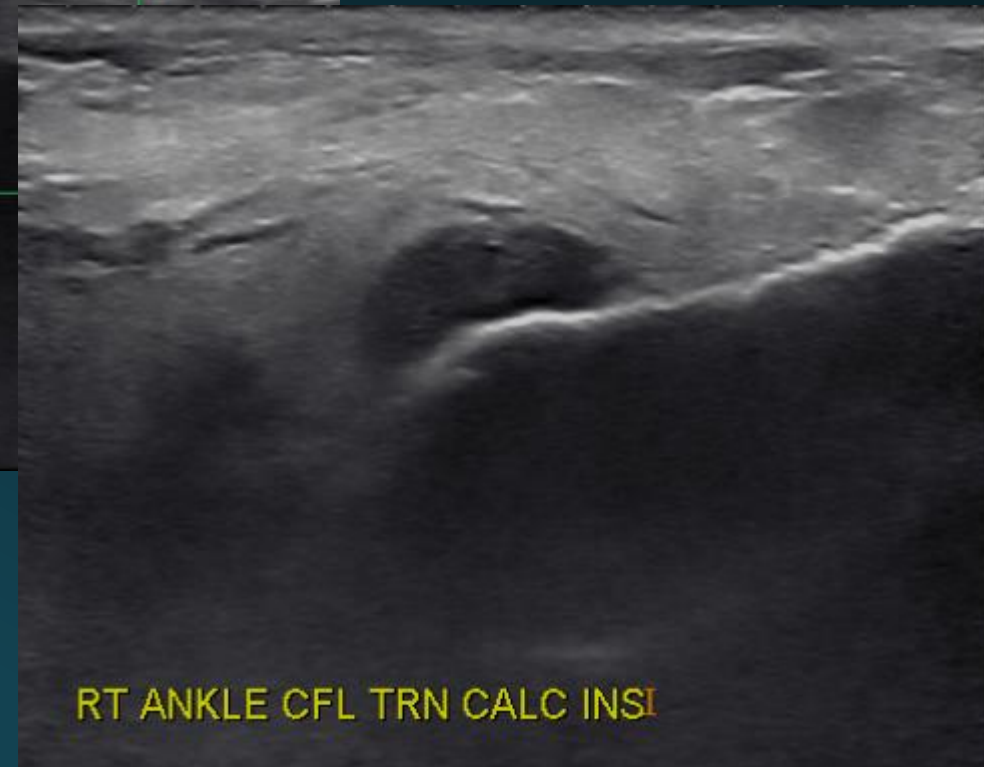
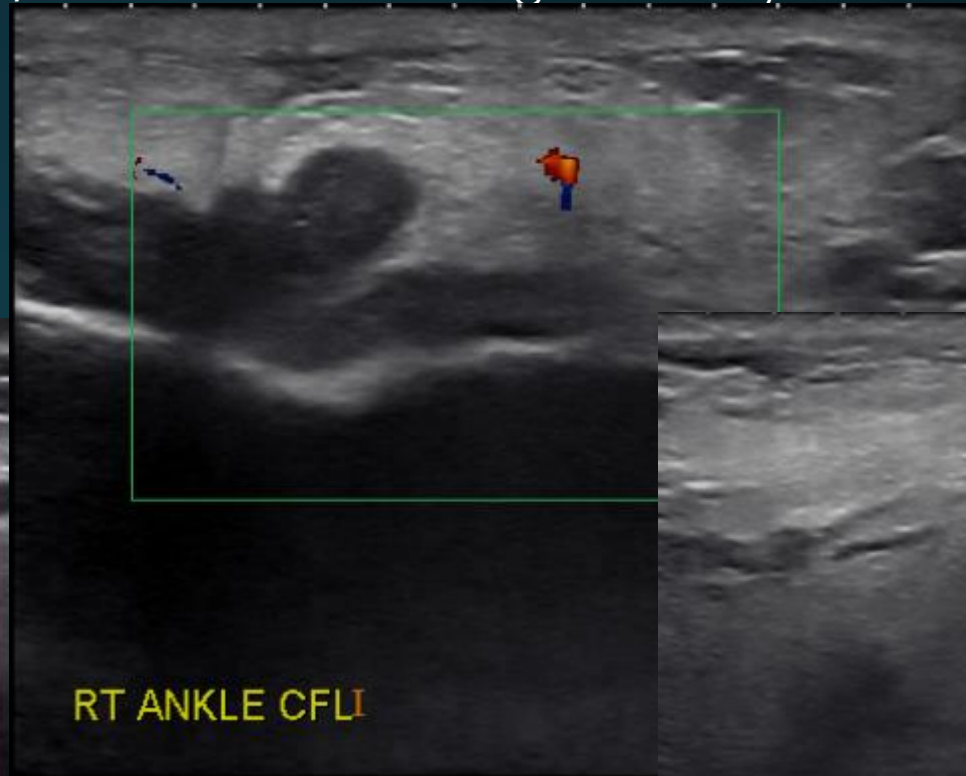
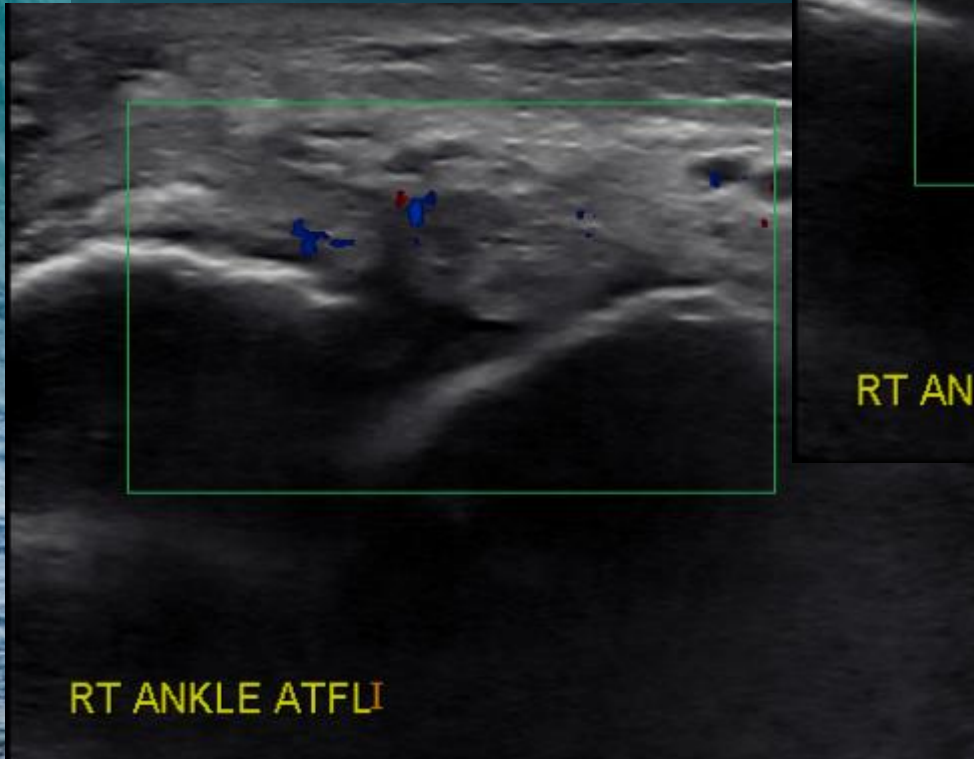
MI:1.3
2DG
74
DR
70

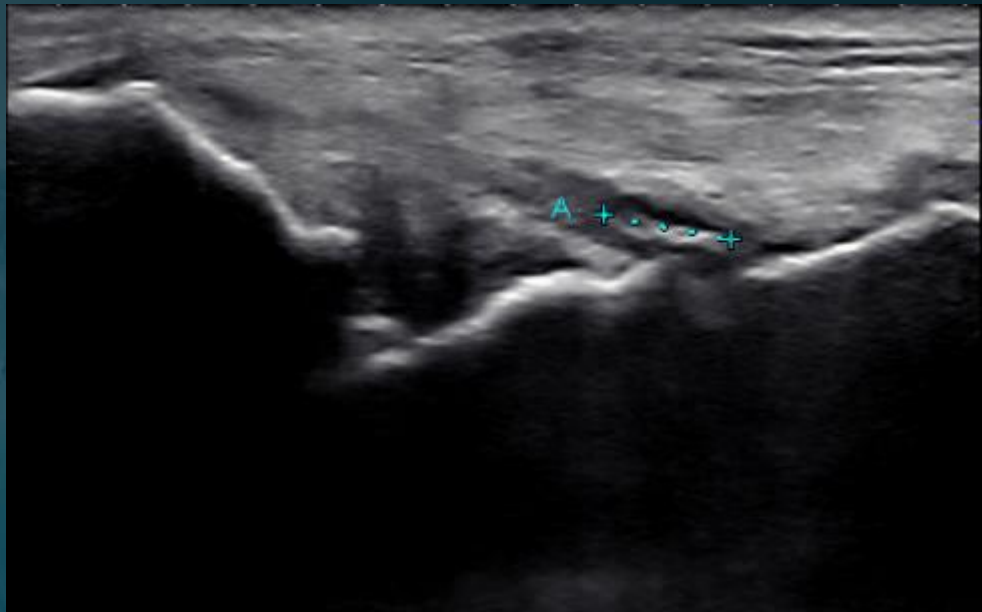
RT ANKLE
PERON TT
DORSI FLEXION/EVERSION!

A 5 IP2

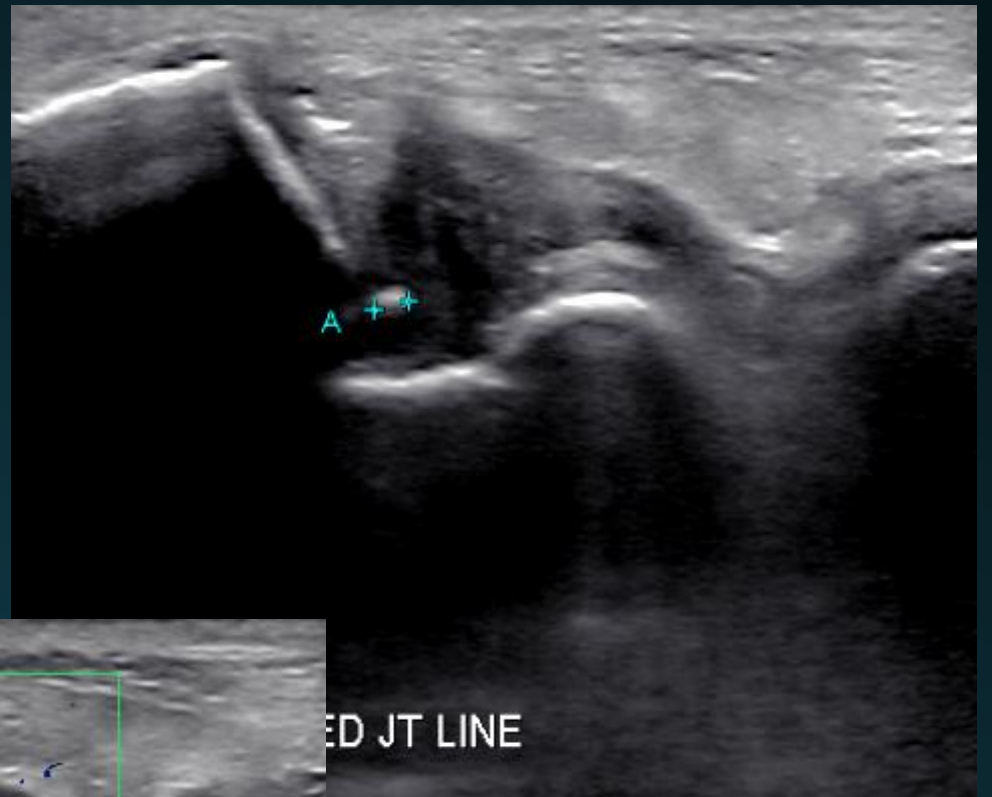
Case study 2

- 57-year-old female with an inversion injury walking down steps seven days ago
- Pain and bruising anterior/lateral ankle reducing in severity but still quite tender to direct pressure





RT ANKLE DELTOID LIG I



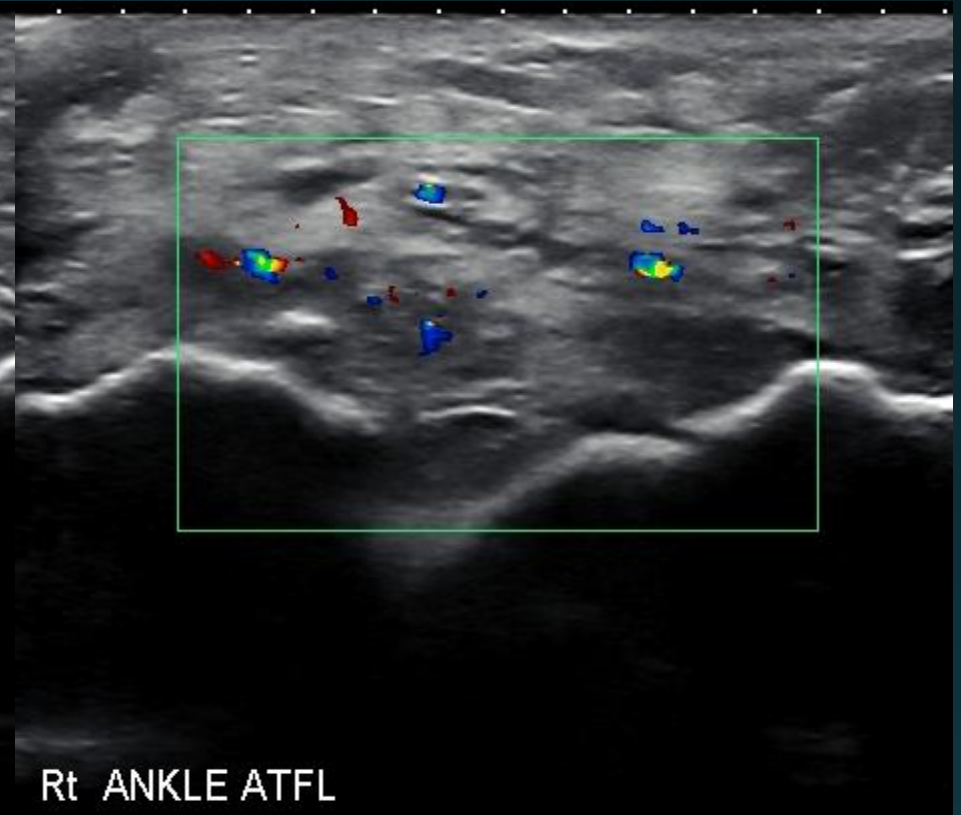
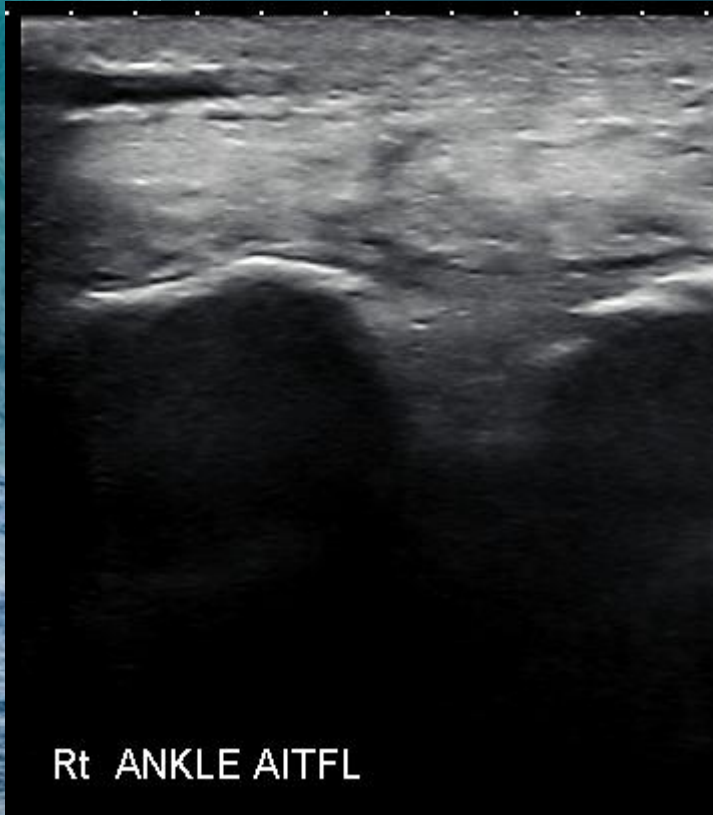
ED JT LINE

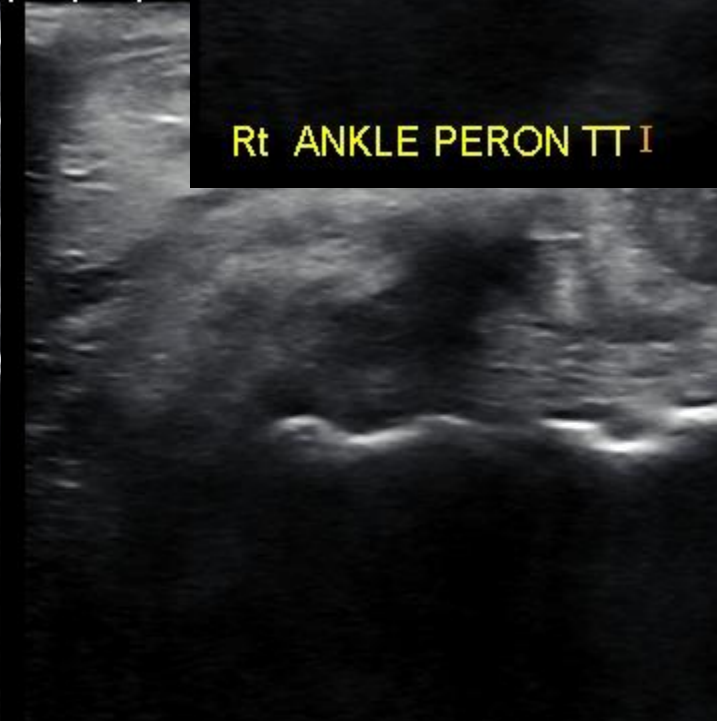


RT ANKLE MED JT LINE

Case study 3

74-year-old female with an inversion/plantar flexion injury ten days ago.
Marked distal calf and dorsal foot bruising now reducing in severity.
Maximum symptoms relate to the anterior and lateral aspects of the ankle





Rt ANKLE CFL

Rt ANKLE CFL

Rt ANKLE PERON TT



Something to try

- Play with the machine settings.
- Reducing dynamic range makes images blacker and whiter
- Narrowing field of view can increase resolution and reduce artifacts
- Layer of gel and /or water bath

Lastly – Don't forget movement

