

Hip Dysplasia Ultrasound Sonographer Worksheet



Patient Name:

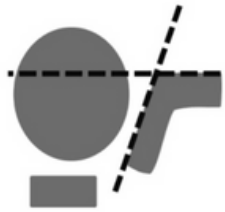
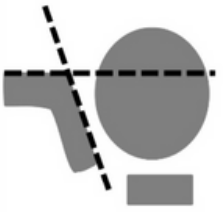


Patient MRN:

Age:

Sonographer:

Current Date:

Comparison Date:

	Right Hip	Left Hip
Coronal	 <p>Alpha Angle: Coverage >50%? Yes No</p>	 <p>Alpha Angle: Coverage >50%? Yes No</p>
Transverse	 <p>Subluxation? Yes No</p>	 <p>Subluxation? Yes No</p>

Comments _____
