

# TUI Synovitis Evaluation Form

Date \_\_\_\_\_

Patient name \_\_\_\_\_

Patient ID number \_\_\_\_\_

Examination details \_\_\_\_\_

## Scanning Reason

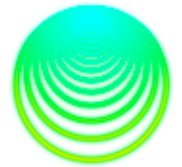
- Diagnosis
- Monitoring

Total number of joints scanned \_\_\_\_\_

## Key

● JOINT

- GS PD CS
- 



**TARGETED  
ULTRASOUND  
INITIATIVE**

## Gray Scale Count (GS)

Please score each joint 0 – 3

Total Count \_\_\_\_\_

Total Score \_\_\_\_\_

## Power Doppler Count (PD)

Please score each joint 0 – 3

Total Count \_\_\_\_\_

Total Score \_\_\_\_\_

## Combined Score (CS)

Total \_\_\_\_\_