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Family Medicine

NARRATIVE ESSAY

Seeing Beneath the Surface

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I still remember the way he limped into the room. His ankle was swollen enough that the skin looked stretched and tight. He lowered himself carefully into the chair and exhaled, more in frustration than relief. "They told me it's gout, and I have been taking medications for this, but I do not feel better," he said, "But it doesn't feel like gout."

He had already been seen at the emergency department. The diagnosis of gout had been made: pain, swelling, and difficulty bearing weight seemed to fit. He had been prescribed allopurinol in the hope that it would improve his symptoms. As he spoke, I noticed the hesitation in his story. There had been no prior flares, no involvement of the first metatarsophalangeal joint, and no dietary triggers that he could identify.

At that point in my training, I had been quietly building my musculoskeletal point-of-care ultrasound (POCUS) skills by scanning colleagues after clinic, reviewing anatomy late at night, electively rotating at the radiology department for ultrasound experience and trying to correlate what my hands felt with what the probe revealed. Ultrasound was not yet central to my identity as a physician, but it had begun to shift how I thought about diagnosis.

I asked if he would mind if I looked with the ultrasound. He nodded, watching closely as I prepared the probe.

He watched the screen as I placed the probe along the lateral ankle. The room was quiet except for the hum of the machine. The anterior talofibular ligament came into view, then the disruption in appearance. The fibers were not where they should have been. Hypoechoic swelling surrounded the area.

"This," I said gently, turning the screen slightly toward him, "is your ligament." He leaned forward.

"That doesn't look right," he said.

I nodded, "It isn't."

In that moment, the story changed. What had been labeled as gout was now clearly a ligament injury. The swelling was not due to crystal deposition. The plan shifted from medication to bracing, protection, and advanced imaging. An MRI later confirmed a complete tear.

What stayed with me was not the confirmation. It was the look on his face, the relief. Not just because the diagnosis was clarified, but because he felt heard. He had known something about the prior explanation did not fit his experience. The image on the screen validated that instinct. We were no longer guessing together; we were observing together.

As he leaned back in the chair, studying the screen, something in my own thinking shifted. The probe did more than identify pathology, it interrupted the diagnostic momentum. It slowed us down. It forced us to reconsider a convenient label. It restored humility to the clinical process.

Now, as an attending family physician and having obtained POCUS certification, I use musculoskeletal POCUS regularly in clinical care and incorporate it into resident teaching. Ankle sprains, knee effusions, tendon injuries, and ganglion cysts—conditions once managed largely by exam and probability can now be visualized in real time. Yet what continues to strike me is not merely the diagnostic precision, but the relational shift that occurs when patients see their anatomy with their own eyes. The screen becomes a shared space, and the uncertainty becomes collaborative.

When I teach residents, I try to emphasize this dimension of ultrasound. Yes, image acquisition matters. Yes, interpretation requires discipline and exposure. But more

importantly, ultrasound is an extension of curiosity. It is a way of saying to a patient, "Let's look together."

In family medicine, we often sit with uncertainty. POCUS does not eliminate that uncertainty, but it does refines it. It offers clarity without fragmentation, and information without distance.

I often think back to that swollen ankle and the quiet hum of the ultrasound machine. What we found that day was a torn ligament. What I discovered was something else entirely. Sometimes the most meaningful part of care is not just finding the answer, but seeing it together.