

RENAL ULTRASOUND WORKSHEET

Name: _____ Date: ____/____/____ ID: _____

DOB: ____/____/____ Age: ____ Sex: M / F Referring Physician: _____

Indications: _____ Tech: _____

Height: _____ Weight: _____ BP: ____/____

Abdominal Aorta:

Maximum AP Diameter: _____ cm Plaque Dilatation

<p>Right Kidney: _____ X _____ X _____ cm</p> <p>RII: _____</p> <p><input type="checkbox"/> Abnormal Echogenicity <input type="checkbox"/> Decreased Size <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Echogenic Focus <input type="checkbox"/> Dilated pelvicalyces</p>
<p>Left Kidney: _____ X _____ X _____ cm</p> <p>LI: _____</p> <p><input type="checkbox"/> Abnormal Echogenicity <input type="checkbox"/> Decreased Size <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Echogenic Focus <input type="checkbox"/> Dilated pelvicalyces</p>
<p>Bladder: <input type="checkbox"/> Unable to evaluate</p> <p>Wall Thickness: _____ cm</p> <p>Pre-Void Volume _____ cc</p> <p>Post Void Volume _____ cc</p> <p><input type="checkbox"/> Ureteral Jets Seen: RT / LT</p>



Comments: _____

