

# RENAL ULTRASOUND WORKSHEET

Patient I.D.	Sonographer
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Scan Quality \_\_\_\_\_

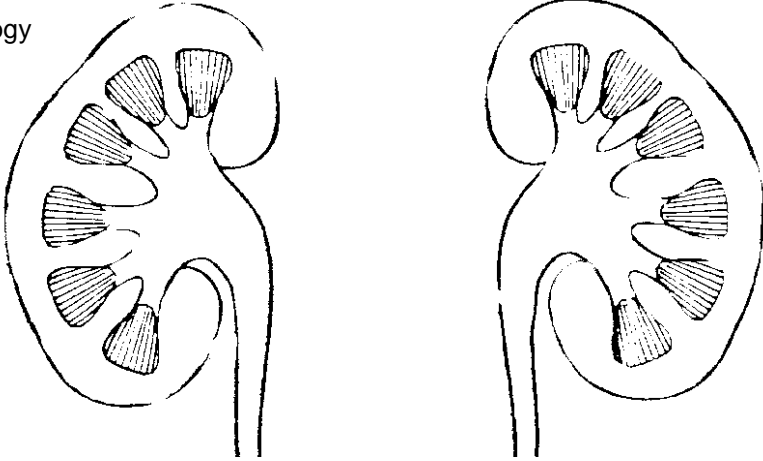
Clinical Indication

Relevant Surgery

Right Kidney \_\_\_\_\_ mm

Left Kidney \_\_\_\_\_ mm

Indicate Pathology



Bladder

Volume  Pre Mict  \_\_\_\_\_ cc    Post Mict \_\_\_\_\_ cc

U. Jets:    Seen    Not Seen

Prostate

Volume \_\_\_\_\_ cc

Other/Pelvic structures