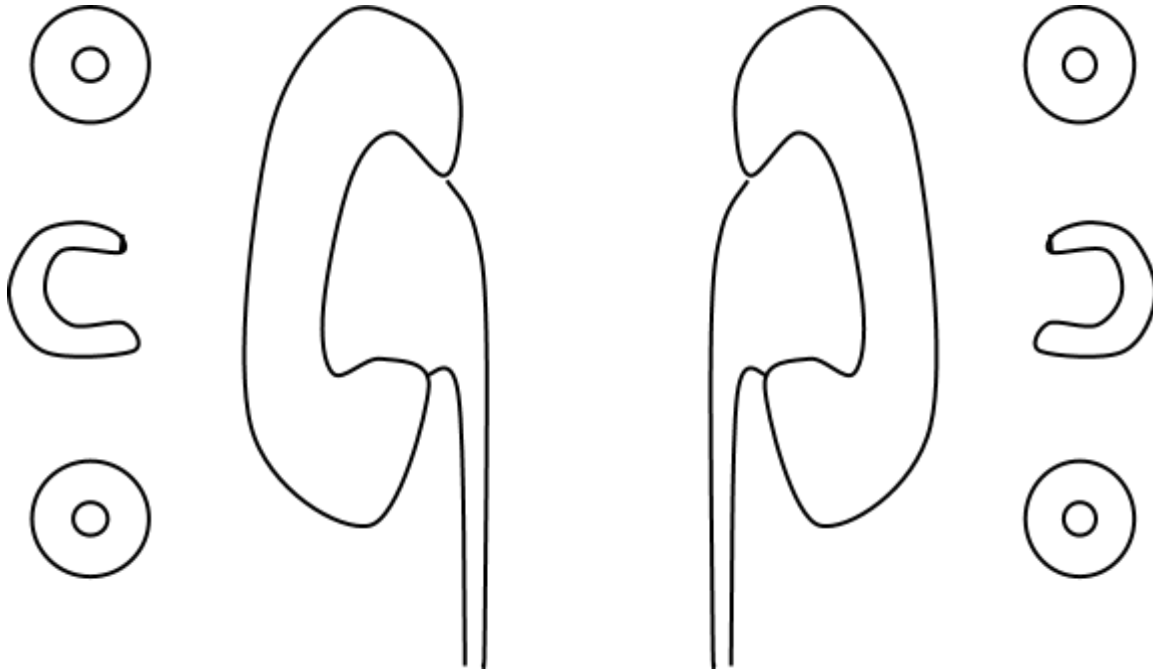


Renal Worksheet

Patient Name: _____

Date: _____

Indication: _____



(Draw the location and indicate size of cysts and/or masses in the above diagram.)

Right

Left

Kidney Size: _____ x _____ x _____ (cm)

_____ x _____ x _____ (cm)

Parenchymal Echogenicity: Normal / Hyperechoic

Normal / Hyperechoic

Hydronephrosis: Normal / Mild / Mod / Severe

Normal / Mild / Mod / Severe

Renal Cortical Thickness: _____ (cm)

_____ (cm)

Ureteral Jets: Yes / No

Yes / No

Bladder Pre Void Volume: _____ (mL)

Bladder Post Void Residual: _____ (mL) (if indicated/requested)

Tech Notes: _____

Sonographer: _____