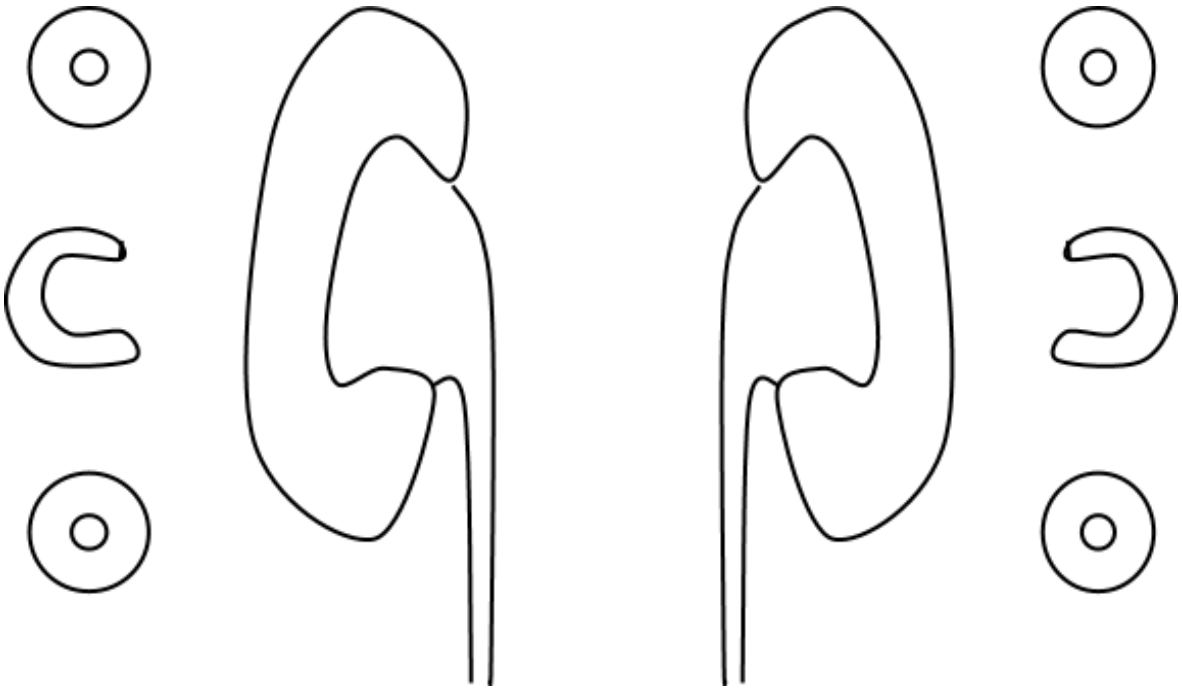
MEDICAL IMAGING ASSOCIATES

a radiology partners practice

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
Hydronephosis:	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:_____