UNITED IMAGING
CONSULTANTS

Renal/Retroperitoneal Ultrasound

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

Indication/History: ☐ Flank pain R / L ☐ CKD ☐ AKI ☐ ↑Cr ☐ Hematuria ☐ Mass ☐ Hydronephrosis

Specify: _____

Right Kidney: Size_____x_____x_____ cm **Left Kidney**: Size_____x_____x_____ cm

☐ Normal ☐ Echogenic ☐ Cortical thinning
☐ Hydronephrosis mild moderate severe
☐ Stones
Greatest resistive index (nl <0.7) _____

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☐ Hydronephrosis mild moderate severe
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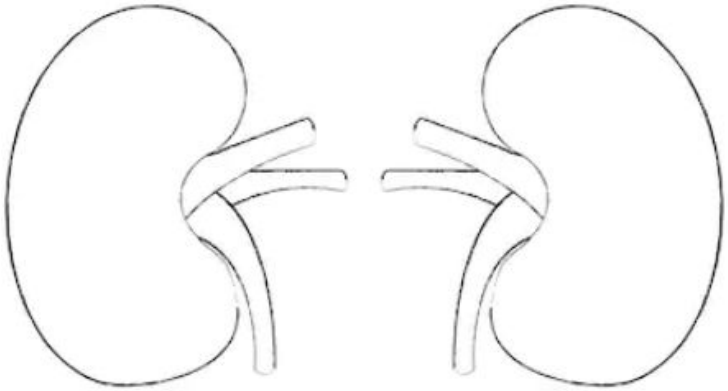
_____

Indicate lesions as cystic ◯, complicated ◍, solid ●, or stone ◆, with sizes in mm.



Bladder: ☐ Normal ☐ Wall thickening ☐ Foley ☐ R jet ☐ L jet ☐ Other _____

Aorta: ☐ Normal ☐ Incompletely visualized ☐ Plaque ☐ Aneurysm size _____ cm

IVC: ☐ Normal ☐ Incompletely visualized ☐ Thrombus

IMPRESSION/SUMMARY:_____

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