RENAL / URINARY TRACT ULTRASOUND

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Name:_____ **Age:**_____ **Date:**_____

Relevant clinical history:……..

Kidneys; **size** **comment**

Right Kidney ……x…….x…….. mm ……..

……

……

……..

Power Doppler distribution in cases of suspected pyelonephritis **Normal / Abnormal / Not applicable**

Left Kidney ….x……x…….. mm ……..

……

……

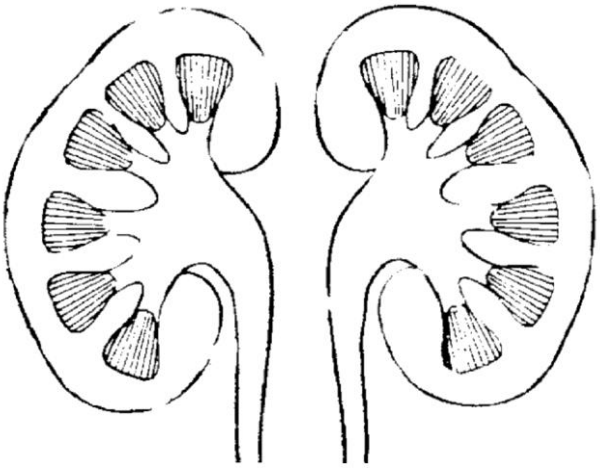
……

Power Doppler distribution in cases of suspected pyelonephritis **Normal / Abnormal / Not applicable**

Indicate pathology

Right

Comment:



Indicate pathology

Left

Comment:

Bladder

Initial Volume: ..... ml
Post mict residual ..... ml

Contour: Normal / Abnormal

Wall thickness: Normal / Abnormal .....mm (Normal ≤ 3mm[9])

Ureteric Jets: Right ☐ Left ☐ Not seen ☐

Comment:……..

……

……

Prostate

Estimated volume .....mL (Normal ≤ 25 mL [1])

Comment:……..

……

Sonographer: