

Renal Complete US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ Age: _____

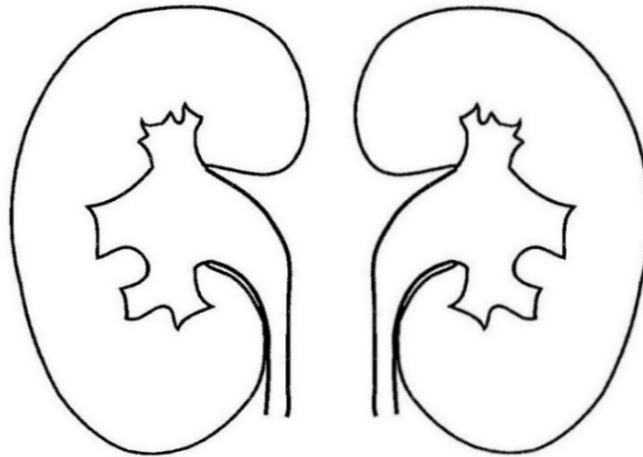
History/Symptoms: _____

GFR: _____

	Flank Pain	Hydro	Stones	Hematuria	Nausea	ARF	HTN
	R L	R L	R L	Dysuria	Vomiting	CKD	DM

	Size			Echogenicity			Hydronephrosis		
RIGHT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	
LEFT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	

Place stones, cysts or mass on diagram with size.



BLADDER	wnl	decompressed	Foley	poor vzld	Jets? (if hydro)	R	L
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Other Findings: _____

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____