

# US RENAL

DATE: \_\_\_/\_\_\_/\_\_\_

TECH: \_\_\_\_\_

ID #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

SEX: M / F

**ACUTE HX** (location, duration, severity) :

\_\_\_\_\_

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\_\_\_\_\_

**CHRONIC HX:** \_\_\_\_\_

Diabetes      HTN      COPD      CHF      DVT

Smoking      ETOH      Obesity      Renal Failure

Surgeries: \_\_\_\_\_

COMPARISON: YES · NO

DATE: \_\_\_\_\_

RIGHT KIDNEY	Normal	Suboptimal	Abnormal	
				Size : _____ cm x _____ cm x _____ cm
LEFT KIDNEY	Normal	Suboptimal	Abnormal	
				Size : _____ cm x _____ cm x _____ cm
BLADDER	Normal	Suboptimal	Abnormal	
OTHER				

Tech Summary:

\_\_\_\_\_

\_\_\_\_\_