US PEDIATRIC RENAL

DATE: _____/_____/

TECH:_____

ID #: _____

UPDATED 8/11/26 - AB

PATIENT NAME:_____ **DOB:**____/____/_____ **SEX: M / F**

History/Lab Values:_____
Pertinent Studies / Prior U/S:_____
Preemie ? Yes / No If yes: Birth Age:_____ **weeks Birth Weight:**_____
Current Age:_____ **Current Weight:**_____ **Current Height:**_____
Prev. TX: _____ **Clinical Indication:**_____

Sonographic Findings: Please acquire images in the following order.

Right Kidney	Normal	Suboptimal	Abnormal	Size :_____cm x_____cm x_____cm _____ _____
Right Adrenal				
Left Kidney	Normal	Suboptimal	Abnormal	Size :_____cm x_____cm x_____cm _____ _____
Left Adrenal				
Bladder	Normal	Suboptimal	Abnormal	

POST VOID RESIDUAL: *Please always do pre and post void if exam is requested for any bladder dysfunction. (i.e. Enuresis, Urinary Frequency, urgency, and retention)*

Pre-void Volume =	**L:_____ x W: _____ x H: _____ x 0.5233 = _____ml**
Post-void Volume =	**L:_____ x W: _____ x H: _____ x 0.5233 = _____ml**

Additional Comments:_____
_____
_____
_____