

**This is NOT an interpretation of the examination.
See patient dictated report for radiologist findings & impression.**

RENAL TRANSPLANT ULTRASOUND

Patient Name: _____
ACC#: _____
MRN#: _____
DOB: _____

Referring Physician: _____
Date: _____
Site: _____
Tech/ext: _____

Transplant kidney: Normal Abnormal L_____ AP_____ W_____

Main Renal Artery: PSV prox_____cm/sec mid_____cm/sec DST_____cm/sec

Resistive indices: Arcuate: Upper_____ Mid_____ Lower_____
Segmental: Upper_____ Mid_____ Lower_____

Main Renal Vein: Patent Thrombosed Not Visualized

Iliac Artery: PSV _____cm/sec

Perinephric fluid: Visualized Not Visualized

Urinary bladder: Normal Abnormal

TECH COMMENTS: _____