

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: _____

Native RT kidney: Normal Abnormal L_____AP_____W_____

Native LT kidney: Normal Abnormal L_____AP_____W_____

Transplant kidney: L_____AP_____W_____ Peri-renal fluid: Y / N

RI's: _____ upper, _____ mid, _____ lower; Iliac art PSV _____ cm/s

MRA PSV _____ cm/s prox, _____ cm/s mid, _____ cm/s dst

Aorta: Normal Abnormal

Iliac Artery Origins: Right: Normal / Abnormal / Not Vis Left: Normal / Abnormal / Not Vis

IVC: Normal Abnormal

Urinary bladder: Normal Abnormal

Urine jets: Visualized Not visualized

TECH COMMENTS: _____