

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

### RENAL ULTRASOUND

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

Site:	_____
Tech/ext:	_____
Date:	_____

Rt kidney:            Normal            Abnormal    L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

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Lt kidney:            Normal            Abnormal    L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

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Aorta:                Normal            Abnormal

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

IVC:                 Normal            Abnormal

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Urinary bladder:      Normal            Abnormal

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#### TECH COMMENTS:

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