



For All Your Mobile Ultrasound Needs

**RENAL ARTERY WORKSHEET**

Date of Exam: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Reason For Sonogram: \_\_\_\_\_

**ABDOM AORTA PIC SYSTOLIC** \_\_\_\_\_

**RIGHT KIDNEY:**

SAG \_\_\_\_\_ x AP \_\_\_\_\_ x TRV \_\_\_\_\_

NORMAL \_\_\_\_\_ ABNORMAL \_\_\_\_\_

RT RENAL ARTERY NEAR HELIUM \_\_\_\_\_

RT RENAL ARTERY MID \_\_\_\_\_

RT RENAL ARTERY NEAR AORTA \_\_\_\_\_

**LEFT KIDNEY:**

SAG \_\_\_\_\_ x AP \_\_\_\_\_ x TRV \_\_\_\_\_

NORMAL \_\_\_\_\_ ABNORMAL \_\_\_\_\_

LT RENAL ARTERY NEAR HELIUM \_\_\_\_\_

LT RENAL ARTERY MID \_\_\_\_\_

LT RENAL ARTERY NEAR AORTA \_\_\_\_\_

**STENOSIS: SEEN** \_\_\_\_\_ **NOT SEEN** \_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNOLOGIST: \_\_\_\_\_

Color Doppler Applied?

**No**

**Yes** Comments if YES \_\_\_\_\_