

Retroperitoneal

Ultrasound

(Renal + Aorta/IVC)

Patient Name: _____ MR#: _____ Date: ____/____/____

Referring Physician: _____ Tech: _____

Reason for Study: _____

Patient History: _____

RIGHT KIDNEY: Vol: _____ mL

_____ x _____ x _____ cm

Renal Atrophy:

No ☐ Yes ☐

Echogenicity:

Normal ☐ Increased ☐

Cortical Thickness: _____ mm

WNL ☐ Increased ☐ Decreased ☐

Right Renal Findings:

LEFT KIDNEY: Vol: _____ mL

_____ x _____ x _____ cm

Renal Atrophy:

No ☐ Yes ☐

Echogenicity:

Normal ☐ Increased ☐

Cortical Thickness: _____ mm

WNL ☐ Increased ☐ Decreased ☐

Left Renal Findings:

AORTA:

PROX: Diam: _____ AP x _____ W (cm) WNL ☐ Aneurysm Dilatation ☐ Not Visualized ☐

Flow seen? No ☐ Yes ☐ **Plaque seen?** No ☐ Yes ☐ **Stent?** No ☐ Yes ☐

MID: Diam: _____ AP x _____ W (cm) WNL ☐ Aneurysm Dilatation ☐ Not Visualized ☐

Flow seen? No ☐ Yes ☐ **Plaque seen?** No ☐ Yes ☐ **Stent?** No ☐ Yes ☐

DISTAL: Diam: _____ AP x _____ W (cm) WNL ☐ Aneurysm Dilatation ☐ Not Visualized ☐

Flow seen? No ☐ Yes ☐ **Plaque seen?** No ☐ Yes ☐ **Stent?** No ☐ Yes ☐

If aneurysm present:

Renal Arteries Involved: No ☐ Yes ☐

Aortic findings:

IVC: Unremarkable ☐ Abnormal ☐

Respiratory Variation seen w/ Spontaneous Breathing? No ☐ Yes ☐ N/A ☐

IVC Findings:

Comments: _____