

# Retroperitoneal Ultrasound

(Renal + Bladder)

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Physician: \_\_\_\_\_ Tech: \_\_\_\_\_

Reason for Study: \_\_\_\_\_

Patient History: \_\_\_\_\_

**RIGHT KIDNEY:** Vol: \_\_\_\_\_ mL

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**Echogenicity:**

Normal ☐ Increased ☐

**Cortical Thickness:** \_\_\_\_\_ mm

WNL ☐ Increased ☐ Decreased ☐

**Possible Stones:**

No ☐ Yes ☐

**Hydronephrosis:**

No ☐ Mild ☐ Moderate ☐ Severe ☐

**RK Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEFT KIDNEY:** Vol: \_\_\_\_\_ mL

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**Echogenicity:**

Normal ☐ Increased ☐

**Cortical Thickness:** \_\_\_\_\_ mm

WNL ☐ Increased ☐ Decreased ☐

**Possible Stones:**

No ☐ Yes ☐

**Hydronephrosis:**

No ☐ Mild ☐ Moderate ☐ Severe ☐

**LK Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BLADDER:** Well-Distended ☐ Contracted ☐ Over-Distended ☐

Foley Cath ☐ Debris seen ☐ *If so, is it gravity dependent?* No ☐ Yes ☐

**Bladder Dimensions:** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm **Pre-Void Volume:** \_\_\_\_\_ mL

**Wall Thickness:** \_\_\_\_\_ mm **Bladder Wall:** WNL ☐ Thickened ☐ Irregular ☐

**Ureter Jets Seen:** Not Visualized ☐ Right ☐ Left ☐ **Dilated Ureter seen:** No ☐ Right ☐ Left ☐

*\*\*If a Post-void was requested please have the patient void their bladder and take the following measurements\*\**

**Post-Void Dimensions:** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm **Post-Void Volume:** \_\_\_\_\_ mL

*If a true post-void was not possible but requested, why?*

Foley Cath was inserted after pre-void scan ☐ Patient refused ☐ \_\_\_\_\_ ☐

**Bladder Findings:**

\_\_\_\_\_  
\_\_\_\_\_

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