



Clinical Protocol

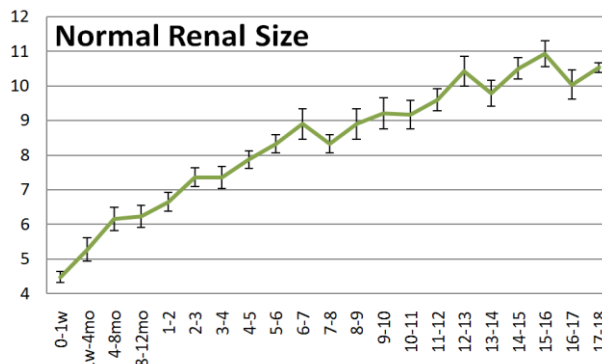
Renal/Retroperitoneal

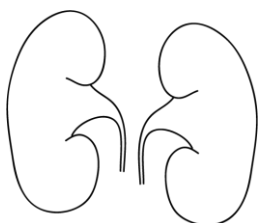
1. Aorta: Long images of aorta with measurements (prox, mid, and dist).
2. Common Iliac Arteries: Image right and left common iliac arteries in long and transverse with single trans (largest) diameter measurement.
3. IVC: Long image.
 - Include AP measurement if over 3.75 cm.
 - If IVC filter or catheter seen, localize with respect to hepatic/renal veins.
4. Bladder: Image long and trans.
 - Measure wall if thickened.
 - Demonstrate ureteral jets if hydronephrosis seen in either kidney or if suspected ureteral stone.
 - If requested, pre- and post-void residual volumes.
5. Kidneys: Long images (medial, mid, lateral) and trans images (upper, mid, lower) of both kidneys.
 - Record max measurement (long and trans) of kidneys.
 - Image comparison to adjacent liver/spleen.
 - Single color Doppler image of kidneys.
 - If absence of kidney, image renal fossa.
 - If hydronephrosis seen, also show ureteral jets.
 - If stones present, measure largest dimension of largest stone.
6. Prostate: Image and measure, if seen.



INDICATIONS	DATE/TIME	
	SONOGRAPHER	

Aorta	Prox	cm
	Mid	cm
	Dist	cm
R Com Iliac		cm
L Com Iliac		cm
IVC	<input type="checkbox"/> Normal	_____ cm if > 3.75 cm
Bladder	<input type="checkbox"/> Normal	
Prostate (if applicable)	_____ x _____ x _____ cm	

**RIGHT****LEFT**

_____ X _____ Long AP	Size (cm)	_____ X _____ Long AP
<input type="checkbox"/> No <input type="checkbox"/> Yes	Hydro	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Echotexture	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> No <input type="checkbox"/> Yes	Ureteral Jets (if applicable)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lesions and stones (size, characteristics, flow)		Lesions and stones (size, characteristics, flow)

Findings/Limitations/Comments

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

Sonographer's Signature

FMC KMC CMC TMC NHSC
KIC MIC PI TI
MFP SFP Other

Name / MR # / Label

US Renal/Retroperitoneal Worksheet