

# PAEDIATRIC RENAL ULTRASOUND

Name: .....

Sonographer: .....

Relevant clinical history:.....  
 .....  
 .....

Region

NAD

Comments:

Rt Kidney

Length .....cm

Single system Yes / No

Scarring Yes / No

Dilatation Yes / No

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 .....  
 .....

Lt Kidney

Length .....cm

Single system Yes / No

Scarring Yes / No

Dilatation Yes / No

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 .....  
 .....

Bladder

Initial Volume: .....ml

Post mict residual: .....ml

Ureteric Jets:  Left  Not seen

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 .....

Additional comments: .....  
 .....

