

**Company Name**

Name: Fname Lname  
Chart #: /SharedID  
DOB: /DOB  
Age: /Age  
Date: /Today

**RENAL/BLADDER ULTRASOUND WORKSHEET (PBUAREBL)**

Sex: M / F  
REASON FOR EXAM: \_\_\_\_\_

**RIGHT KIDNEY:** \_\_\_\_ cm X \_\_\_\_ cm X \_\_\_\_ cm

Echogenicity: NML / Hyper / Hypo  
Continuous renal sinus: Y / N  
Cortex: WNL / Thick / Thin  
Contour: Smooth / Lobulated  
Y / N Column of bertin  
Y / N Pyramids ident  
Y / N Hydronephrosis  
Y / N Echogenic foci  
Y / N Cystic structure  
Y / N Solid mass  
Y / N Complex mass

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

**LEFT KIDNEY:** \_\_\_\_ cm X \_\_\_\_ cm X \_\_\_\_ cm

Echogenicity: NML / Hyper / Hypo  
Continuous renal sinus: Y / N  
Cortex: WNL / Thick / Thin  
Contour: Smooth / Lobulated  
Y / N Column of bertin  
Y / N Pyramids ident  
Y / N Hydronephrosis  
Y / N Echogenic foci  
Y / N Cystic structure  
Y / N Solid mass  
Y / N Complex mass

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

**BLADDER EVALUATION**

**Bladder:** \_\_\_\_ cm X \_\_\_\_ cm X \_\_\_\_ cm    **PVR:** \_\_\_\_ cc    **Wall Thickness:** \_\_\_\_ mm

**Wall mass:** Y / N

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

**Echiogenic foci:** Y / N

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

**Diverticulum:** Y / N

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

**Wall thickening:** Y / N

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

\_\_\_\_\_  
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Physician