

Renal Complete US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER Beach ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

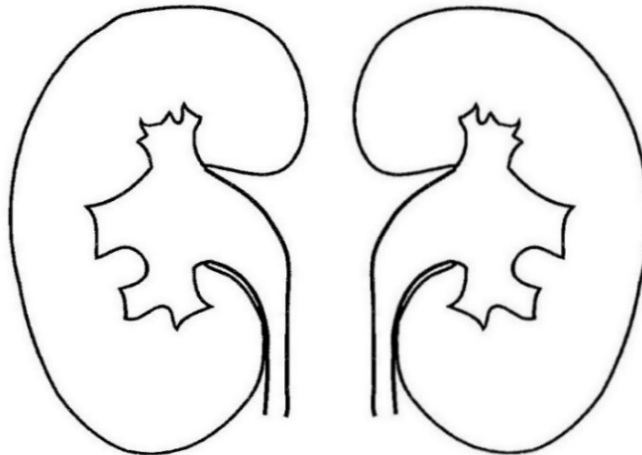
Patient Name: _____ MMI: _____ Age: _____

History/Symptoms: _____

GFR:	Flank Pain		Hydro		Stones		Hematuria		Nausea		ARF		HTN	
	R	L	R	L	R	L	Dysuria		Vomiting		CKD		DM	

	Size			Echogenicity			Hydronephrosis	
RIGHT KIDNEY	x	x	cm	wnl	↑	↓	none moderate	mild severe
LEFT KIDNEY	x	x	cm	wnl	↑	↓	none moderate	mild severe

Place stones, cysts or mass on diagram with size.



BLADDER	wnl	decompressed	Foley	poor vzld	Jets? (if hydro)	R	L
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Other Findings: _____

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____

Not Intended for Treatment Planning

MI-0616
(Revised 6/2025)

Tech Wrksht - "Renal Complete US Chrtform"