

Renal Transplant 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: _____

Date of Transplant: _____

Reason for Transplant: _____

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

RENAL ALLOGRAFT	Size			Echogenicity			Hydronephrosis	
	x	x	cm	wnl	↑	↓	none	mild
							moderate	severe

Main Renal Artery			Segmental Arteries		Renal/Iliac PSV Ratio
PSV (cm/sec)	RI	ΔT (msec)		RI	
Prox			Upper		Renal Vein Patent Not Patent
Mid			Mid		
Distal			Lower		

Findings of renal artery stenosis: PSV >180-200 cm/sec, ratio >3.5, ΔT >70 msec (i.e. tardus parvus waveform)

Resistive Index: 0.5-0.7 (normal), 0.7-0.8 (borderline), >0.8 (elevated), <0.5 (low)

Iliac Artery	cm/sec	Iliac Vein	Patent	Not Patent
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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-0645
(Revised 6/2025)

Tech Wrksht - "Renal Transplant US Chrtform"