

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

PEDIATRIC RETROPERITONEAL ULTRASOUND (PRU)

PATIENT NAME: _____ MR# _____

DATE: _____ TECH INITIAL: _____ EXT: _____ AGE: _____

FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION: ☐ Urinary tract infection (UTI) ☐ Prenatal hydronephrosis ☐ Hydronephrosis
☐ Vesicoureteral Reflux ☐ Other: _____

COMPARISON: ☐ NONE ☐ _____

TECHNIQUE: Transabdominal grayscale and color duplex sonography of the retroperitoneum performed.

FINDINGS:

RIGHT KIDNEY: _____ **cm** in length.

☐ Normal renal parenchymal echogenicity

☐ No obstruction, renal calculi, or focal lesion.

☐ OTHER. (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s) _____

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: _____ ***[ADD DICTATION]

LEFT KIDNEY: _____ **cm** in length.

☐ Normal renal parenchymal echogenicity

☐ No obstruction, renal calculi, or focal lesion.

☐ OTHER. (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s) _____

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: _____ ***[ADD DICTATION]

ADRENAL GLANDS:

☐ Within normal limits

☐ Non visualized

☐ OTHER: _____ ***[ADD DICTATION]

URINARY BLADDER:

☐ Prevoid volume of _____ **mL**

☐ Post void residual of _____ **mL**. (<50 mL WNL)

☐ Patient unable to void

☐ Both ☐ Neither ☐ Right ☐ Left ureteral jets identified.

☐ No urinary bladder wall thickening or debris within the urinary bladder. (normal wall thickness ≤ 3 mm distended, ≤ 5 mm underdistended)

☐ Bladder contains a Foley catheter and is decompressed.

☐ OTHER: _____ ***[ADD DICTATION]

PATIENT NAME: _____ MRN: _____

PANCREAS:

- ☐ Visualized pancreas is within normal limits.
☐ Visualized pancreas is unremarkable, but please note that significant portions of the pancreas are suboptimally visualized, potentially obscuring pathology.
☐ Pancreas could not be adequately visualized due to technical factors.
☐ [OTHER]: _____ ***[ADD DICTATION]

IVC:

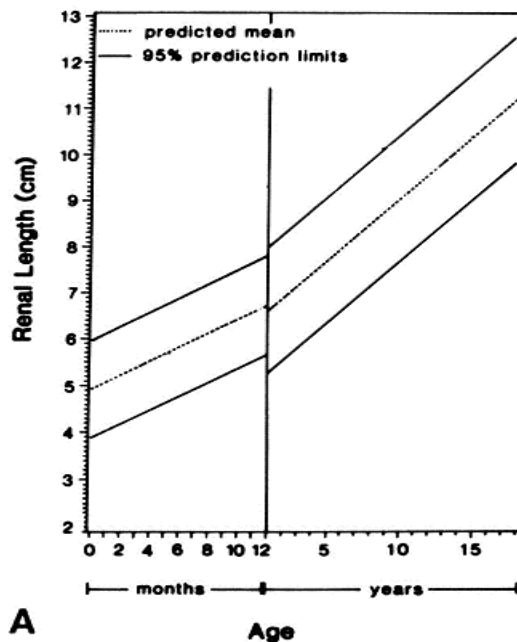
- ☐ Patent.
☐ OTHER: _____ ***[ADD DICTATION]

ABDOMINAL AORTA:

- ☐ Normal caliber abdominal aorta.
☐ Suboptimally visualized secondary to overlying bowel gas, although visualized segments are normal caliber.
☐ OTHER: _____ ***[ADD DICTATION]

COMMON ILIAC ARTERIES:

- ☐ Normal in caliber
☐ Suboptimally visualized secondary to overlying bowel gas.



IMPRESSION: *Preliminary findings/impression subject to radiologist review.*

- ☐ Normal retroperitoneal ultrasound.
☐ ADD DICTATION