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

PRE-OP RENAL ALLOGRAFT ULTRASOUND (PRERTUMWH)

PATIENT NAME: _____MR#:_____DATE:_____
TECH INITIAL: _____EXT:_____ FACILITY: MWH / SH

INDICATION: [ ] Elevated BUN/Creatinine levels [ ] Acute renal failure [ ] Chronic renal failure
[ ] Hypertension [ ] OTHER: _____

COMPARISON: [ ] None Prior exams: [ ] _____

TECHNIQUE: Gray scale, color flow & pulsed spectral Doppler exam of the aorta, common and external iliac artery and vein bilaterally was performed for evaluation of size and patency.

FINDINGS:

Abdominal aorta	AP (cm)	Width (cm)	PSV (cm/s)
Proximal			
Mid			
Distal			

Right Arteries	AP (cm)	PSV (cm/s)		Left Arteries	AP (cm)	PSV (cm/s)
Common iliac				Common iliac		
Internal iliac				Internal iliac		
Proximal external iliac				Proximal external iliac		
Mid external iliac				Mid external iliac		
Distal external iliac				Distal external iliac		
Common femoral				Common femoral		

Right Veins	Patent & Appropriate Waveforms		Left Veins	Patent & Appropriate Waveforms	
Common iliac	[ ] Yes	[ ] No	Common iliac	[ ] Yes	[ ] No
Internal iliac	[ ] Yes	[ ] No	Internal iliac	[ ] Yes	[ ] No
Proximal external iliac	[ ] Yes	[ ] No	Proximal external iliac	[ ] Yes	[ ] No
Mid external iliac	[ ] Yes	[ ] No	Mid external iliac	[ ] Yes	[ ] No
Distal external iliac	[ ] Yes	[ ] No	Distal external iliac	[ ] Yes	[ ] No
Common femoral	[ ] Yes	[ ] No	Common femoral	[ ] Yes	[ ] No

[ ] Thrombus / wall thickening seen in the _____.

[ ] OTHER: _____

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

[ ] ADD DICTATION