

**DEPARTMENT OF RADIOLOGY**  
**RENAL ARTERY DOPPLER WORKSHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sonographer: \_\_\_\_\_

**Symptoms:/Indication:**

- HTN  Yes  No  Uncontrolled
- Diabetic  Yes  No
- Heart Problems  Yes  No
- Kidney Disease  Yes  No
- Renal Failure  Yes  No
- History of Cancer  Yes  No
- Renal Surgery  Yes  No
- Hemodialysis  Yes  No
- Renal Transplant  Yes  No

**Severity:** \_\_\_\_\_/10      Duration: \_\_\_\_\_

	RT		LT	
Size	_____		_____	
PSV	Velocity	RAR	Velocity	RAR
RA Aorta A	_____	_____	_____	_____
Mid B	_____	_____	_____	_____
Dist-Hilum / RA SV	_____	_____	_____	_____
AO PSV	_____		_____	
RAR AO	_____		_____	
Arcurate Art	_____		_____	
RI	_____		_____	
Acceleration Time U.P.	_____		_____	
Acceleration Time L.P.	_____		_____	

Impressions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



PT.

MR.#/RM.

DR.