

McLaren Flint
Ultrasound Renal Worksheet

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

Nausea/Vomiting

Fever/Chills

Dysuria

Pain

Hematuria

HTN

Diabetes

Previous Exams and Dates: _____

Rt Kidney: _____

Lt Kidney: _____

Bladder: _____

Other: _____

Sonographer _____



PT.

MR.#/PM.

DR.