



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413

989-269-9521 • Fax: 989-269-7948 • [www.huronmedicalcenter.org](http://www.huronmedicalcenter.org)

**ULTRASOUND OF KIDNEYS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

MR #: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

RIGHT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LONGITUDE

AP

WIDTH

RENAL CORTEX

SHAPE

MEDULLARY

STRUCTURE

LEFT

\_\_\_\_\_

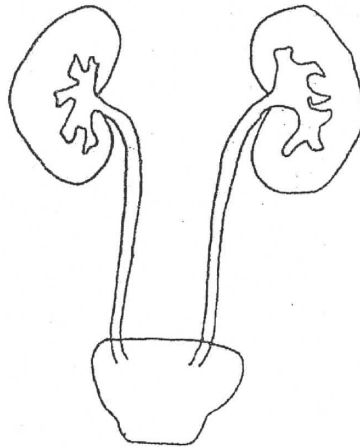
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Full Bladder:

\_\_\_\_\_

\_\_\_\_\_ cc

Prostate:

\_\_\_\_\_

\_\_\_\_\_ cc

Post Void Bladder:

\_\_\_\_\_

\_\_\_\_\_ cc