



CARO REGION

ULTRASOUND RETROPERITONEAL EVALUATION

Patient Name : \_\_\_\_\_ DATE: \_\_\_\_\_

DOB : \_\_\_\_\_ MR# : \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

Reason For Exam: \_\_\_\_\_

**AORTA:** \_\_\_\_\_

Normal  Abnormal

Arteriosclerotic

Tortuous

Aneurysm: \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**IVC:** \_\_\_\_\_

Normal  Abnormal

**Pancreas:** \_\_\_\_\_

Normal  Abnormal

**Bladder:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RIGHT KIDNEY**

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

Normal  Abnormal

RI: \_\_\_\_\_ PSV: \_\_\_\_\_ cm/s

Hydronephrosis

Stones \_\_\_\_\_

Atrophic

Cortical Thinning

Increased Renal Echogenicity

Mass \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

Cyst \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**LEFT KIDNEY**

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

Normal  Abnormal

RI: \_\_\_\_\_ PSV: \_\_\_\_\_ cm/s

Hydronephrosis

Stones \_\_\_\_\_

Atrophic

Cortical Thinning

Increased Renal Echogenicity

Mass \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

Cyst \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**Comments:** \_\_\_\_\_ **Sonographer:** \_\_\_\_\_