

RENAL ARTERY DOPPLER

Name: _____ Date: ____/____/____ ID: _____

DOB: ____/____/____ Age: ____ Sex: M / F Referring Physician: _____

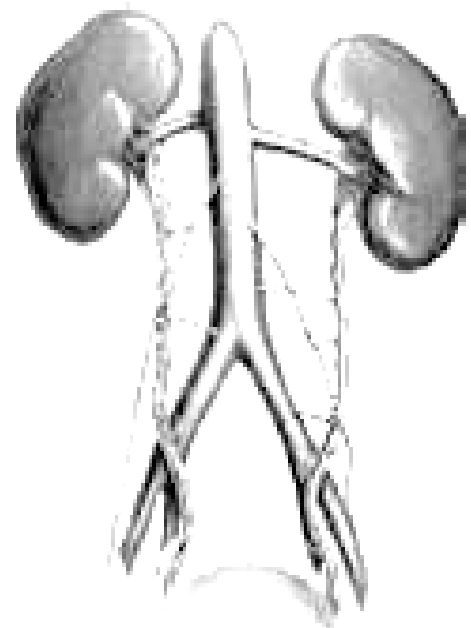
Indications: _____ Tech: _____

Height: _____ Weight: _____ BP: ____/____

Right Kidney: _____ X _____ X _____ cm
Renal Artery Velocities (PSV/EDV)
Prox: _____ cm/s Mid: _____ cm/s Dist: _____ cm/s
Intrarenal Velocities (PSV)
Upper: _____ cm/s Mid _____ cm/s Lower: _____ cm/s
R/A Ratio: _____ R/I: _____
Renal/Aorta _____ / _____ = _____

Left Kidney: _____ X _____ X _____ cm
Renal Artery Velocities (PSV/EDV)
Prox: _____ cm/s Mid: _____ cm/s Dist: _____ cm/s
Intrarenal Velocities (PSV)
Upper: _____ cm/s Mid _____ cm/s Lower: _____ cm/s
R/A Ratio: _____ R/I: _____
Renal/Aorta _____ / _____ = _____

Aorta Velocities:
Prox: _____ cm/s
Mid: _____ cm/s
Dist: _____ cm/s



Comments: _____

