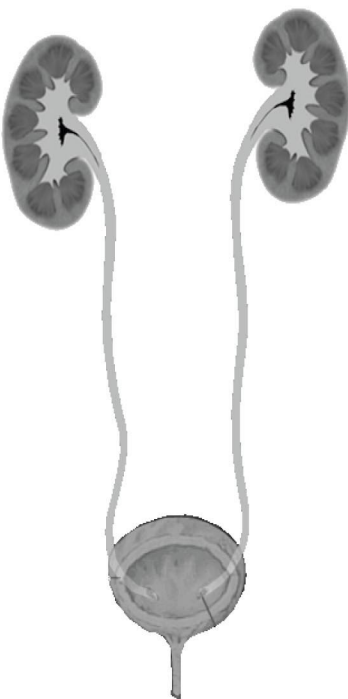
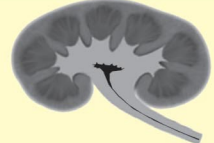




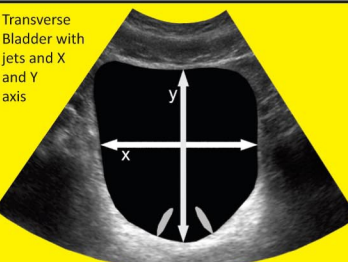
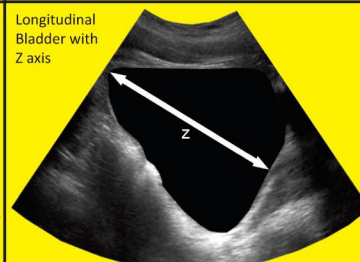


History

Urinalysis

Creatinine

Images		Notes	Findings					
 <p><b>Sketch findings on this image</b> Copyright Rippey and Erleve 2009</p>		<p><b>Normal</b> Renal length 9-13cm Parenchymal thickness &gt; 10mm</p>	<b>Kidney</b>	<b>Hydronephrosis</b>	<b>Right</b>		<b>Left</b>	
		<p><b>Mild hydronephrosis</b> Dilatation of the collecting system with retention of cupped calyces</p>			Adequate	Inadequate	Adequate	Inadequate
		<p><b>Moderate hydronephrosis</b> Increased dilatation with clubbing of the calyces</p>			_____cm		_____cm	
		<p><b>Severe hydronephrosis</b> Increased dilatation with thinning of the renal cortex</p>			Absent		Absent	
		<p><b>Simple cyst</b> Well defined thin wall Rounded anechoic cystic structure No solid components Post cystic enhancement Parapelvic cysts and an extrarenal pelvis can simulate hydronephrosis</p>			Mild		Mild	
 <p>Transverse Bladder with jets and X and Y axis</p>	 <p>Longitudinal Bladder with Z axis</p>	<p><b>Ureteric Jets</b> Use colour doppler and wait. Ipsilateral jet presence excludes complete obstruction, however it's absence does not confirm obstruction</p> <p><b>VUJ stones</b> Look for poor / absent jet, hydroureter / hydronephrosis, shadowing and twinkle artifact</p> <p><b>Bladder</b> Bladder volume = X x Y x Z x 0.52</p>	<b>Ureters</b>	<b>Jets</b>	Seen	Not seen	Seen	Not seen
		<b>VUJ stones</b>		Seen	Not seen	Seen	Not seen	
			<b>Bladder</b>	<b>Transverse (X)</b>	_____cm			
				<b>Depth (Y)</b>	_____cm			
				<b>Length (Z)</b>	_____cm			
				<b>Volume (X x Y x Z x 0.52)</b>	_____mL			

**Conclusions** (Note: Renal USS findings must be consistent with clinical suspicion; integrate history, examination, investigations and Renal USS findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

Clinician \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_