

DEPARTMENT OF RADIOLOGY
RENAL ARTERY DOPPLER WORKSHEET

Name: _____ Date: ____ / ____ / ____

Sonographer: _____

- Symptoms:**
- HTN Yes No Uncontrolled
 - Diabetic Yes No
 - Heart Problems Yes No
 - Kidney Disease Yes No
 - Renal Failure Yes No
 - History of Cancer Yes No
 - Renal Surgery Yes No
 - Hemodialysis Yes No
 - Renal Transplant Yes No

	RT		LT	
Size	_____		_____	
PSV	_____		_____	
RA Aorta A	Velocity	RAR	Velocity	RAR
Mid B	_____	_____	_____	_____
Dist-Hilum / RA SV	_____	_____	_____	_____
AO PSV	_____		_____	
RAR AO	_____		_____	
Arcurate Art	_____		_____	
RI	_____		_____	
Acceleration Time U.P.	_____		_____	
Acceleration Time L.P.	_____		_____	

Impressions:



PT.

MR.#/RM.

DR.