

RENAL ARTERY ULTRASOUND

Name: _____ Date: _____

Physician: _____ DOB: ____/____/____ Age: _____

Sonographer: _____

Clinical Indications: _____

Blood Pressure:

Right:

RENAL ARTERY VELOCITIES (PSV: cm/s):

Origin: _____ Prox: _____

Mid: _____ Dist: _____

Segmental/Interlobar Arteries:

	<u>cm/s</u>	<u>RI</u>
Superior:	_____	_____
Mid:	_____	_____
Inferior:	_____	_____

R/A Ratio: _____

Renal Vein: patent abnormal

Left:

RENAL ARTERY VELOCITIES (PSV: cm/c):

Origin: _____ Prox: _____

Mid : _____ Dist: _____

Segmental/Interlobar Arteries:

	<u>cm/s</u>	<u>RI</u>
Superior:	_____	_____
Mid:	_____	_____
Inferior:	_____	_____

R/A Ratio: _____

Renal Vein: patent abnormal

Aorta Velocities (PSV: cm/s):

Prox. (Subrenal): _____

Mid: _____

Dist. (Infrarenal): _____

>60% Renal Artery Stenosis Criteria:

PSV > 180cm/s

RAR > 3.5:1

Intrarenal Evaluation: AT <0.07 sec. RI > 0.8**

** (Suggests chronic renal disease; RI is the marker used to determine the success of intervention for RA stenosis.)