RENAL ULTRASOUND WORKSHEET

Patient ID:	**Sonographer Initials:**	**Scan quality:**
Not provided	AF	Good

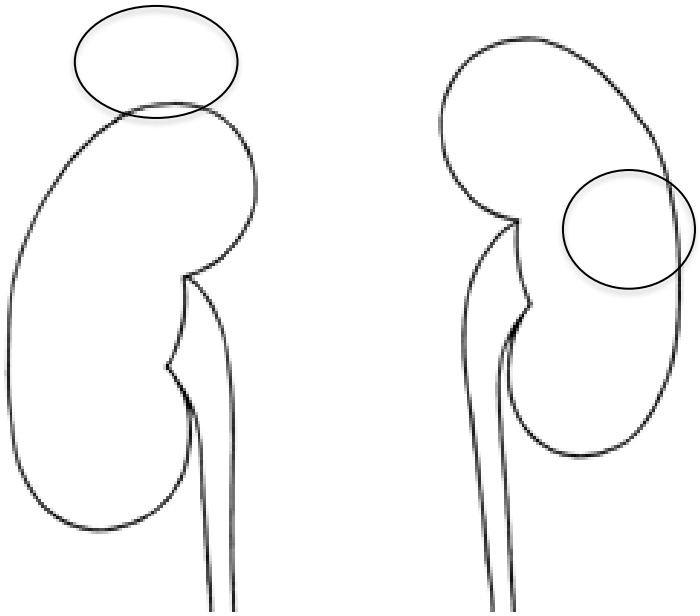
Clinical information:
Microscopic haematuria
Elevated PSA
Nocturia & reduced stream

Right kidney: _____10.9_____cm

Comments: There is a round, anechoic area with posterior enhancement within the U/P cortex measuring 26x26x12mm. This is likely a simple cortical cyst from description. No lesion, hydronephrosis, or renal calculi seen. Kidney appears isoechoic to adjacent liver.

Left Kidney: _____10.7_____cm

Comments: There is a round, anechoic area with posterior enhancement lateral to the I/P region measuring 42x41x36mm. This is likely a simple exophytic cyst from description. No lesion hydronephrosis, or renal calculi seen



Bladder:

Volume: 436.6cc **Post Mict:** 86.4cc (1st void), 86.4cc (2nd void)

Ureteric Jets: (Seen) Not Seen

Comments: There are wall trabeculations noted on the inferior border on pre-mict image. Pt unable to fully empty bladder, even with 2nd attempt.

Prostate:

Volume: 114.7cc

Comments: Prostate appears round, heterogenous and hypoechoic. Volume measurement is consistent with enlargement. Superior border indents into inferior bladder wall.

Aorta: Widest portion of abdominal diameter measures 48x41mm. Widened area is 62mm in length. Measurement and appearance may indicate fusiform AAA appearance. Bidirectional flow noted in aortic lumen via colour.

Comments: The prostate is enlarged, with incomplete voiding attempts, likely identified as BPH. Recommend follow up with specialist for mgmt. ? Possible MRI/TRUS imaging to rule out PCa if suspicious.
Fusiform AAA identified, recommend follow up with specialist for mgmt. Pt returning to referring Dr. for results.