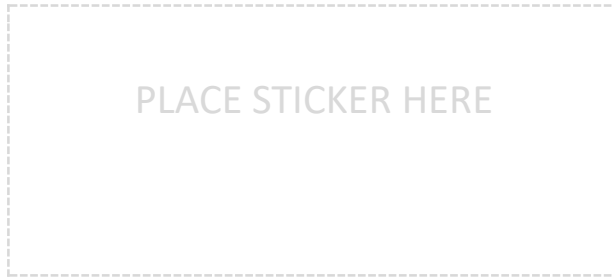


TRANSPLANT RENAL DOPPLER WORKSHEET



Sonographer: _____

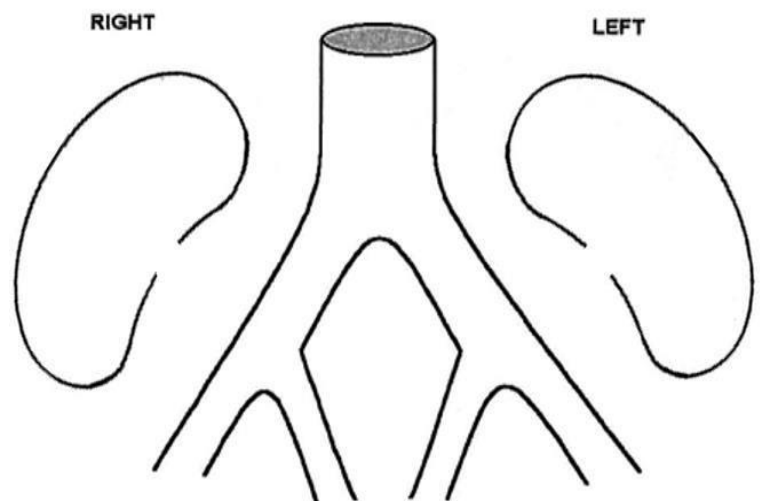
Radiologist: _____

TX RENAL ARTERY	PSV (cm/s)	SIGNIFICANT STENOSIS
PROXIMAL		YES / NO
MID		YES / NO
DISTAL		YES / NO

INTRARENAL ART	RI	AI
UPPER		
MID		
LOWER		

NATIVE ARTERIES	PSV (cm/s)
AT ANAST	
PROX TO ANAST	
CFA	

NATIVE VEINS	FLOW
EXTERNAL ILIAC	Y / N / POOR
CFV	cm/sec
CFV PHASICITY	Y / N



TRANSPLANT DATE	
TX KIDNEY LENGTH	
TX RENAL PERFUSION	GOOD / POOR / ABSENT
TX RENAL VEIN FLOW	cm/sec
PERINEPHRIC COLLECTION	Y / N (Draw on diagram)
IMAGE QUALITY:	GOOD / POOR