

Renal Doppler Worksheet

Patient Name: _____ MRN #: _____

RIGHT Kidney Doppler		Size:	
MRA / AO Ratio (<3.5)	MRA _____ (Hilum)	AO	
PSV cm/sec	Ratio _____		
Resistive Index (<0.7)	Sup _____	Mid _____	Inf _____

LEFT Kidney Doppler		Size:	
MRA / AO Ratio (<3.5)	MRA _____ (Hilum)	AO	
PSV cm/sec	Ratio _____		
Resistive Index (<0.7)	Sup _____	Mid _____	Inf _____

NOTE: Please perform and fill out Renal US and worksheet if applicable

Technologist: _____

Date: _____

Time: _____