

Adult Emergency Department
Emergency Ultrasound
Limited Renal Exam
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Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Indication:

Indication: A focused ultrasound of the kidneys was performed to evaluate for hydronephrosis and nephrolithiasis. The ultrasound was performed with the following indications, as noted in the H&P:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal or flank pain | <input type="checkbox"/> Acute renal failure |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Anuria |
| <input type="checkbox"/> Groin pain | <input type="checkbox"/> Other indications as noted in the H&P |
| <input type="checkbox"/> Hematuria | |

Identified structures:

- ☐ Right kidney
☐ Left kidney
☐ Bladder

Findings: Exam of the above structures revealed the following findings:

- | | | | |
|---------------------|----------------------------------|----------------------------------|----------------------------------|
| Hydronephrosis: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| If present: | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 |
| Intrarenal Calculi: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Ureteral Calculi: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Vesicular Calculi: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |

Other findings: _____

Impression:

- ☐ Normal limited renal ultrasound, no evidence of hydronephrosis or calculi
☐ Hydronephrosis
☐ Nephrolithiasis
☐ Other: _____

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

CPT: 76775-26