

EXAMINATION: Pediatric Renal Ultrasound (UTD)

CLINICAL INDICATION: Patient Gender, Patient Age. Reason for Study.

TECHNIQUE: Real-time ultrasonography of kidneys and bladder was performed.

UTD classification approach based on Nguyen et al. Multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilation (UTD classification system). Journal of Pediatr Urol. 2014, Dec;10(6):982-9.

FINDINGS:

RIGHT KIDNEY:

Position: Renal fossa/Absent/Horseshoe/Pelvis/Cross fused ectopia

Renal length: XX cm

Parenchyma: Normal/Hyperechoic/Focal thinning/Diffuse thinning

Corticomedullary differentiation: Normal/Poor corticomedullary differentiation/hyperechoic pyramids

Collecting system dilation: Normal/Pelvis/Pelvis & central calyces/Pelvis, central and peripheral calyces/Peripheral calyces

UTD change from prior: No comparison/Unchanged/Increased dilation/Decreased dilation

Renal pelvis AP dimension: XX mm/Not measurable

Ureter: Not visualized/Diffuse dilation/Proximal dilation/Distal dilation/Mid dilation

Urolithiasis: None/Stones

LEFT KIDNEY:

Position: Renal fossa/Absent/Horseshoe/Pelvis/Cross fused ectopia

Renal length: XX cm

Parenchyma: Normal/Hyperechoic/Focal thinning/Diffuse thinning

Corticomedullary differentiation: Normal/Poor corticomedullary differentiation/hyperechoic pyramids

Collecting system dilation: Normal/Pelvis/Pelvis & central calyces/Pelvis, central and peripheral calyces/Peripheral calyces

UTD change from prior: No comparison/Unchanged/Increased dilation/Decreased dilation

Renal pelvis AP dimension: XX mm/Not measurable

Ureter: Not visualized/Diffuse dilation/Proximal dilation/Distal dilation/Mid dilation

Urolithiasis: None/Stones

BLADDER:

Distention: Decompressed/Mildly distended/Moderately distended/Markedly distended

Bladder wall: Normal/Thick walled XX mm

Lumen: Normal/Normal, jets observed/Small debris/Moderate debris/Large debris/Ureterocele/Catheter

Voiding: No residual/Small residual/Moderate residual/Large residual/Did not void/Catheterized

IMPRESSION:

Picklist:

[Choice: Normal] Normal renal ultrasound. No follow-up is necessary.

[Choice: UTD P1 (low risk)] UTDP1: Follow-up renal ultrasound in 6 months recommended. Consider consultation with pediatric urology.

[Choice: UTD P2 (intermediate risk)] UTD P2: Follow-up renal ultrasound in 6 months and consultation with pediatric urology are recommended. (If there is ureteral dilation add in: A voiding cystourethrogram (VCUG) is also recommended).

[Choice: UTD P3 (high risk)] UTD P3: Recommend a voiding cystourethrogram (VCUG), a follow-up renal ultrasound in 3 months and consultation with pediatric urology.

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The information presented here is not intended to articulate the standard of care applicable to any specific patient presentation, but rather serve as an educational resource for the reader.