

Requisition form for Ultrasound Kidneys, Ureters and Bladder

Date: _____

Patient name: _____

Age: _____ Sex: _____

Diagnosis: _____

Dear Dr. _____

Kindly perform ultrasound of KUB for this child with the following parameters -

1. For BOTH kidneys

- a. Renal size - Longitudinal and Transverse (cms)
- b. Hydronephrosis – SFU grade
- c. Three pole cortical thickness (mm)
- d. Pelvis A-P diameter at level of hilum in a transverse section (mm)
- e. Corticomedullary differentiation and echogenicity
- f. Pelvicalyceal abnormalities
- g. Calculi with location & sizes

2. Ureters – if dilated then diameter at upper and lower ends for each ureter and if any evidence of vesico-ureteric reflux

3. Bladder

- a. Thickness in mm
- b. Full bladder capacity in mL
- c. Post void residue (PVR) in mL
- d. Other anomaly such as diverticulum etc.

4. Posterior urethra – if dilated

Many thanks

Sd/-

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