PEDIATRIC: Abdomen, Renal or Spleen Ultrasound
NOT A MEDICAL DOCUMENT

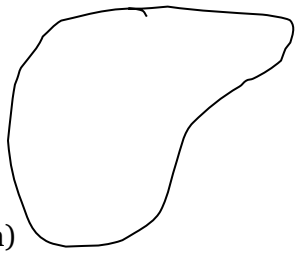
Patient Name:
DOB:
MRN:

PEDIATRIC: (through age 15)

Date: _____ **Tech:** _____

Indication:

O Abdomen Comp **O Liver/GB (RUQ)** **O Spleen**



Abdominal Ultrasound:

Gall Bladder _____(or removed)

G B Wall Thickness _____mm (≤3mm)

CBD/CHD_____mm (range 1 – 4 mm)

Spleen Length_____cm (<1 yr <7cm, 1-4 yrs <9cm, 4-11 yrs < 11cm, 12-15 yrs < 12cm)

Pancreas ☐ ☐ NWS

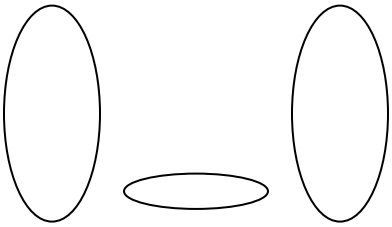
Liver ☐ ☐ NWS _____cm If Requested

Aorta ☐ ☐ NWS IVC ☐ ☐ NWS

Renal

Right

Length _____cm
Width _____cm
Depth _____cm
Volume _____ml's



Left

Length _____cm
Width _____cm
Depth _____cm
Volume _____ml's

AMA Coding Options:

O Comp Abd 76700
O Limit Abd 76705
O Comp Retro 76770

Post Void Residual
Diagnosis:
Hydronephrosis
UTI
Reflux (documented)
Enuresis

☐ Pt able to void

☐ Pt unable to void

Bladder Volume:

Pre___ _x____x__cm Volume ____ml

Post____x____x__cm Volume ____ml

Comment

Normal Kidney Size in Children

Age	5%	50%	95%
0 mo	4.1	5.2	6.3
2 mo	4.4	5.5	6.5
4 mo	4.7	5.8	6.9
6 mo	5.0	6.1	7.2
8 mo	5.3	6.4	7.5
1 yr	5.5	6.8	8.0
2 yr	5.8	7.1	8.3
3 yr	6.0	7.3	8.5
4 yr	6.2	7.5	8.7
5 yr	6.4	7.7	8.9
6 yr	6.6	7.9	9.1
7 yr	6.8	8.1	9.3
8 yr	7.1	8.4	9.6
9 yr	7.4	8.7	9.9
10 yr	7.6	8.9	10.1
11 yr	7.9	9.2	10.4
12 yr	8.2	9.5	10.7
13 yr	8.5	9.8	11.0
14 yr	8.7	10.0	11.2
15 yr	9.0	10.2	11.4

PREMATURE

Normal Kidney Length for Body Weight mm

Weight	Lower limit	Upper Limit
1lb 5oz	26.4	35.7
1lb 9oz	27.2	36.5
1lb 12oz	27.9	37.2
2lb 0oz	28.7	38.0
2lb 3oz	29.4	38.7
2lb 7oz	30.1	39.5
2lb 10oz	30.9	40.2
2lb 14oz	31.6	41.0
3lb 1oz	32.4	41.7
3lb 5oz	33.1	42.5
3lb 8oz	33.9	43.2
3lb 12oz	34.6	43.9
4lb 0oz	35.4	44.7
4lb 3oz	36.1	45.4
4lb 7oz	36.9	46.2
4lb 10oz	37.6	46.9
4lb 14oz	38.4	47.7
5lb 1oz	39.1	48.4
5lb 5oz	39.9	49.2
5lb 8oz	40.6	49.9
5lb 12oz	41.3	50.7
5lb 15oz	42.1	51.4
6lb 3oz	42.8	52.2
6lb 6oz	43.6	52.9

05/2010
9/2018 revised
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