PEDIATRIC RENAL:

- Prep: If patient is old enough have them come with a full bladder.
- Basic Principle: Use the highest frequency transducer possible for proper penetration of the kidneys. Patient should be examined in both the prone and supine positions.
- Examination should be performed as follows:
    - Prone imaging:
        - Longitudinal:
        - Three images to include the lateral, mid, and medial portions demonstrating optimal renal detail.
        - Two images showing accurate maximum measurements of renal length using the highest frequency transducer possible.
        - Transverse:
        - Three images to include the upper pole, mid kidney (should include the renal hilum), and lower pole of the kidney.
    - Supine imaging:
        - Longitudinal imaging of both kidneys emphasizing the upper pole/adrenal region with the liver/spleen included for comparison of echogenicity.
        - Longitudinal midline image of the bladder. Scan laterally to see if dilated ureters are present and document as appropriate.
        - Transverse and longitudinal bladder images to document pre void bladder volume.
        - Post void: Transverse and longitudinal image to demonstrate any post void residual.
        - Ureteral jets