Annex (1): Sonographic pictures of patients with different parenchymal renal pathologies.

Figure (1): A 56 years old male patient with long standing uncontrolled hypertension showing small kidneys RT (7.9) cm LT (8.2) cm with increased echogenicity and loss of C/M differentiation and LT small cysts consistent with chronic renal parenchemal disease CRF.

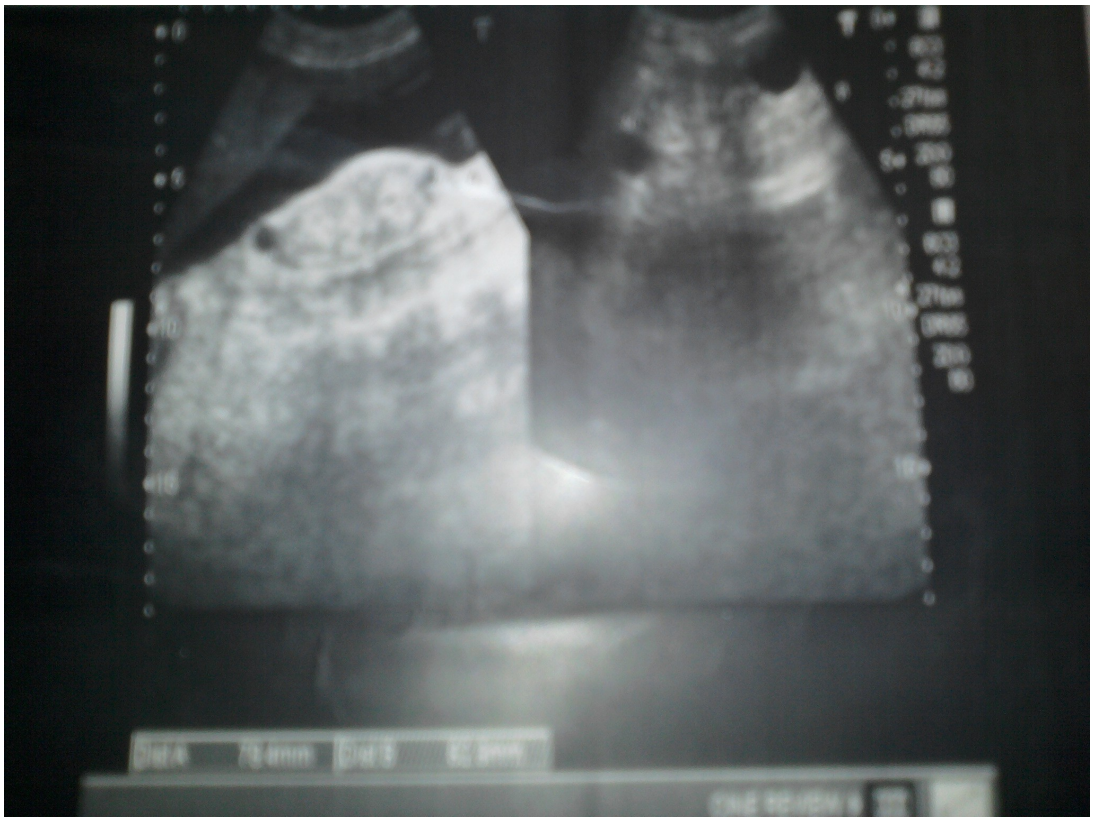

Figure (2): Sonographic pictures of a 60 years old male patient with small hyperechoic kidneys RT (7.3) cm & LT (5.8) cm bipolar length, with loss of C/M differentiation in keeping with end stage failure. No renal stones or obstructive changes, no renal or suprarenal masses. And almost empty UB.

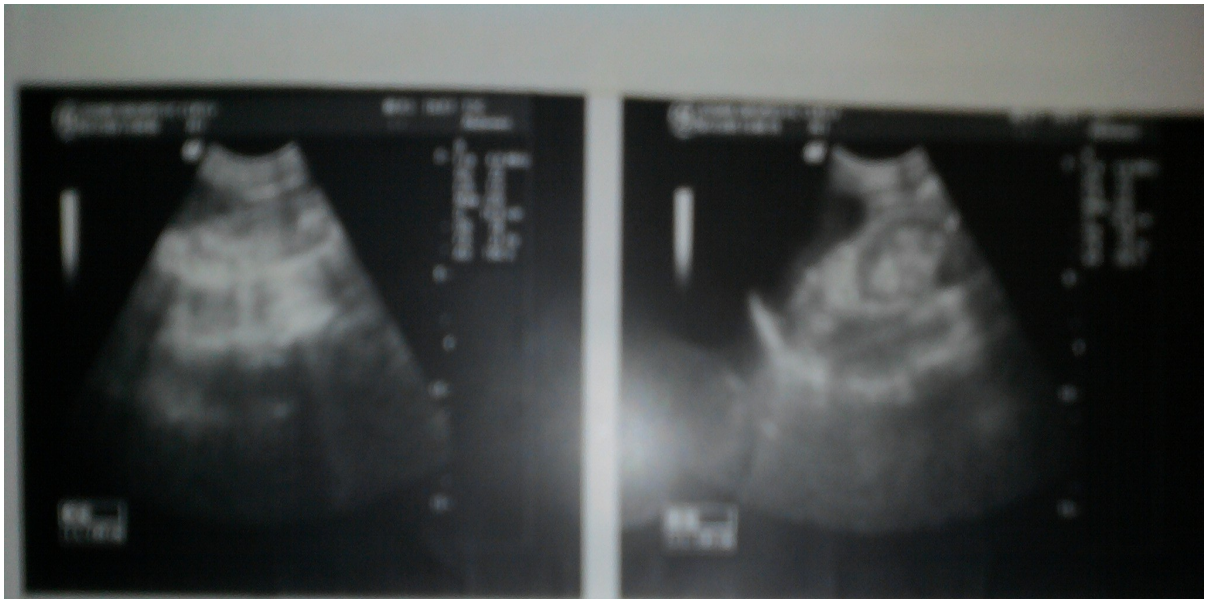

Figure (3): A 48 yrs old patient with diabetes mellitus and systemic hypertension showing both kidneys are normal size, site & parenchymal thickness with bilateral increased echogenicity & multiple variable cysts & small calcifications, no back pressure changes.

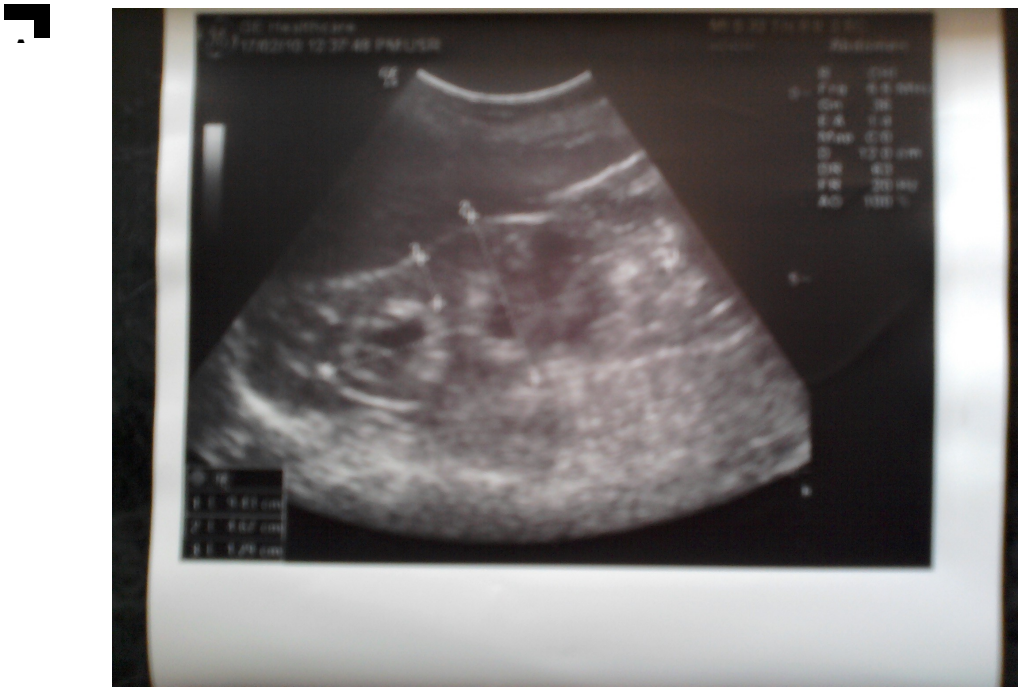

Figure (4): Image of chronic renal insufficiency due to hypertensive renal sclerosis, with atrophied kidney, echogenic parenchyma, surface irregularities and a secondary cyst

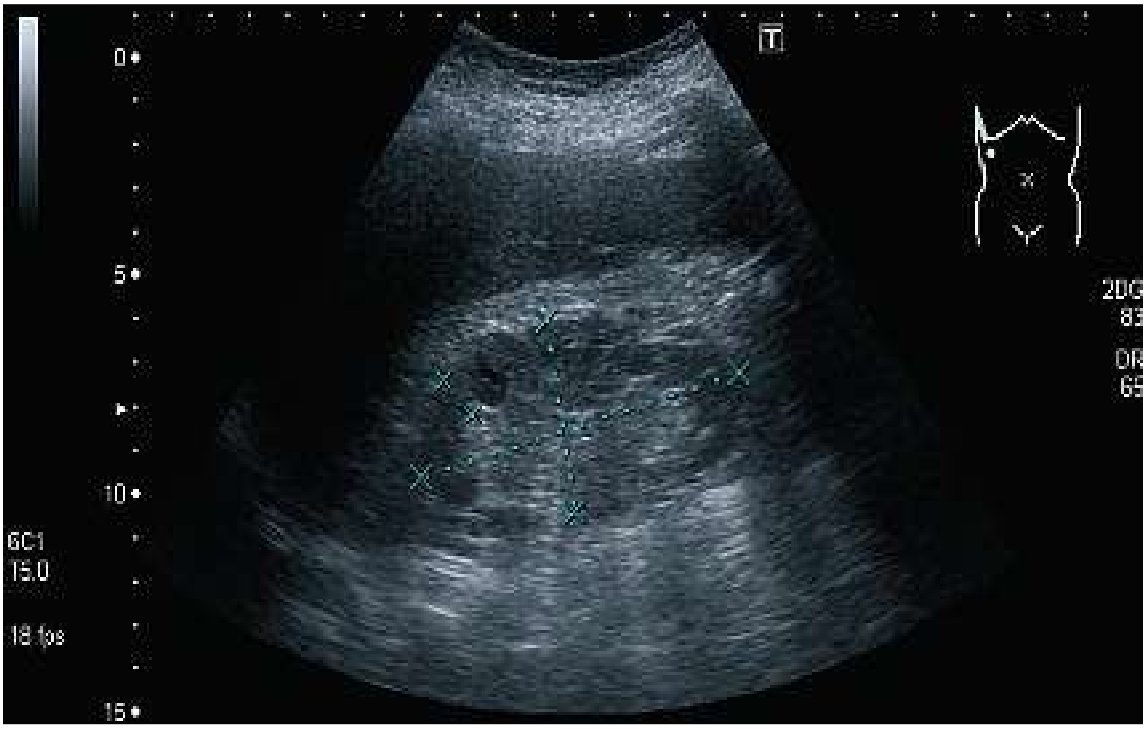

Figure (5): Thickened papillae and calcification in a 59-year old female with analgesic nephropathy

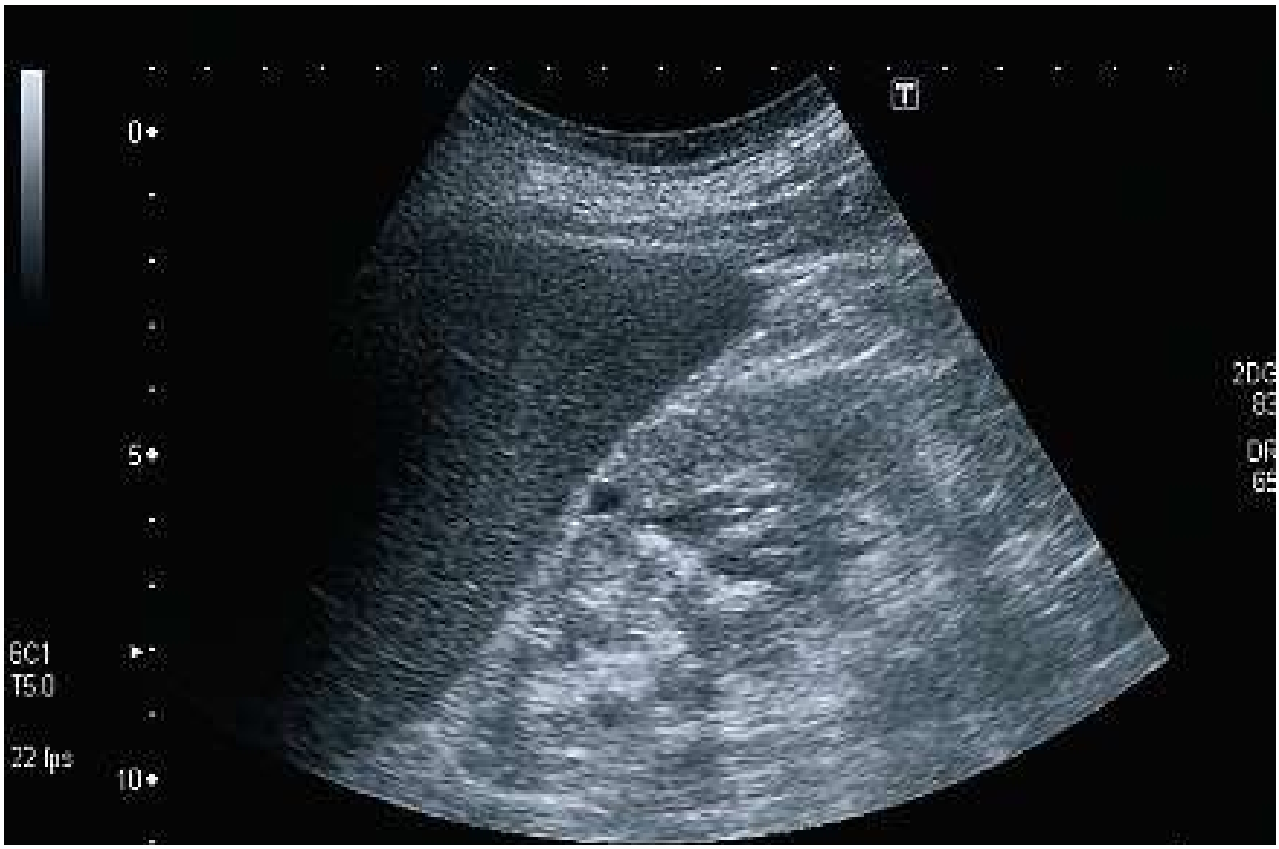

Figure (6): Advanced focal segmental glomerubosclerosis in a 35-year-old man. A Parasagittal scan of the right kidney. The echo intensity of the renal cortex is markedly increased and equal to that of the renal sinus.

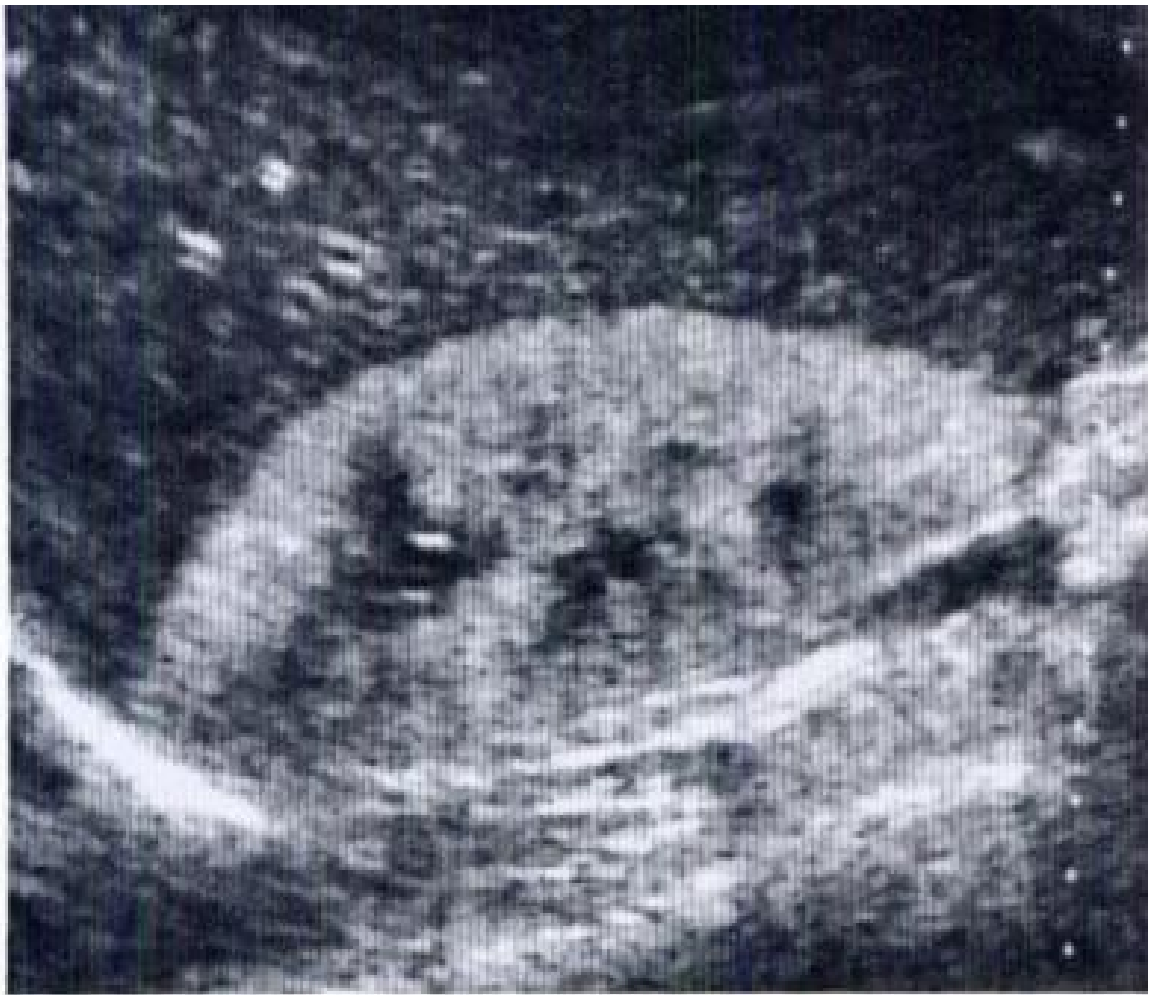

Figure (7): Echogenic parenchymal pattern with a smooth surface in a 63-year old female patient with biologically confirmed chronic glomerulonephritis, middle-grade proteinuria of about 2 g/d and chronic renal insufficiency.