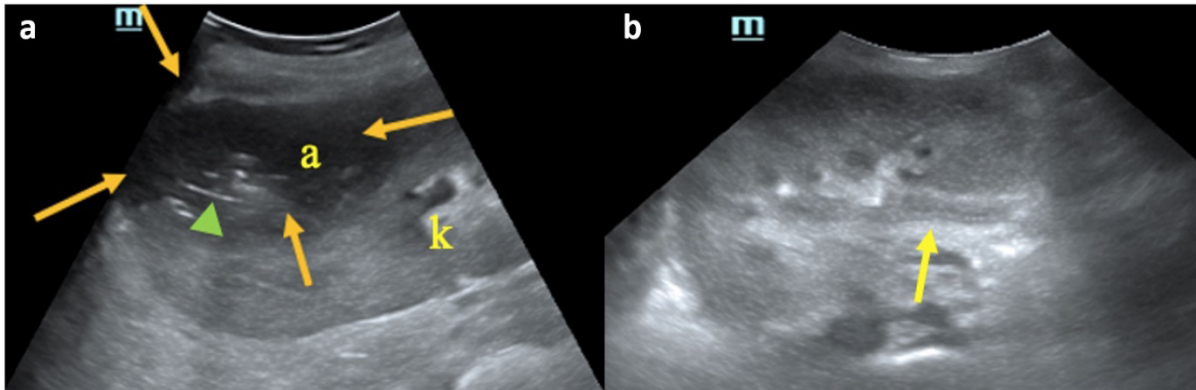
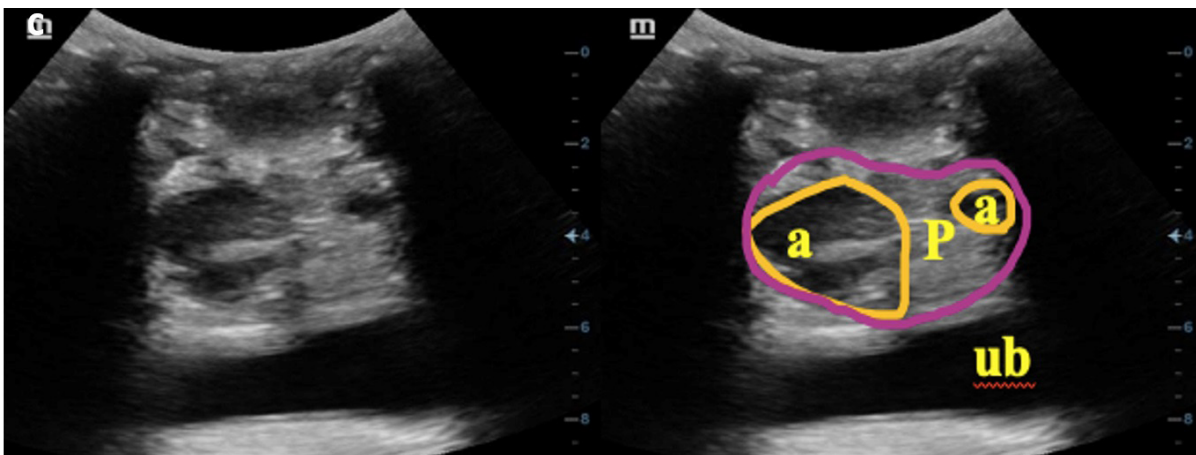


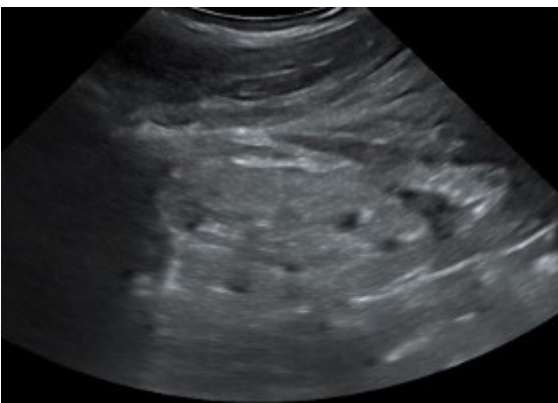
Supplementary Figures



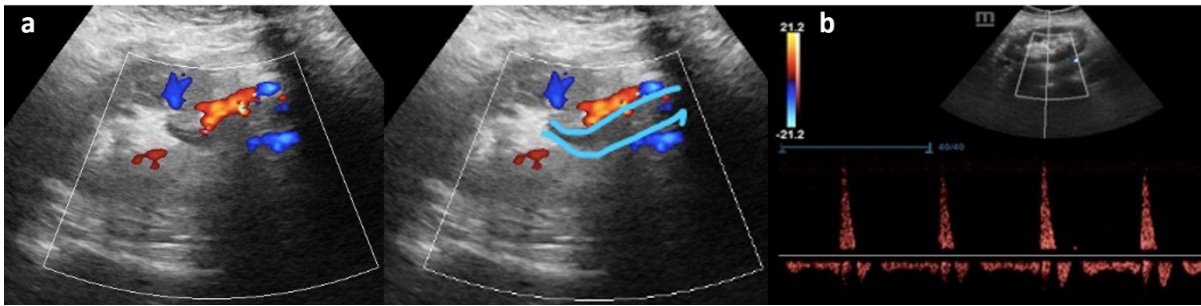
Suppl Fig.1: a) Abscess(a) in the upper pole of the graft kidney (k) is seen as a hypoechoic lesion with hyperechoic air pockets (green arrow head), b) Urothelial thickening due to edema seen in a patient with JC polyoma virus related infection.



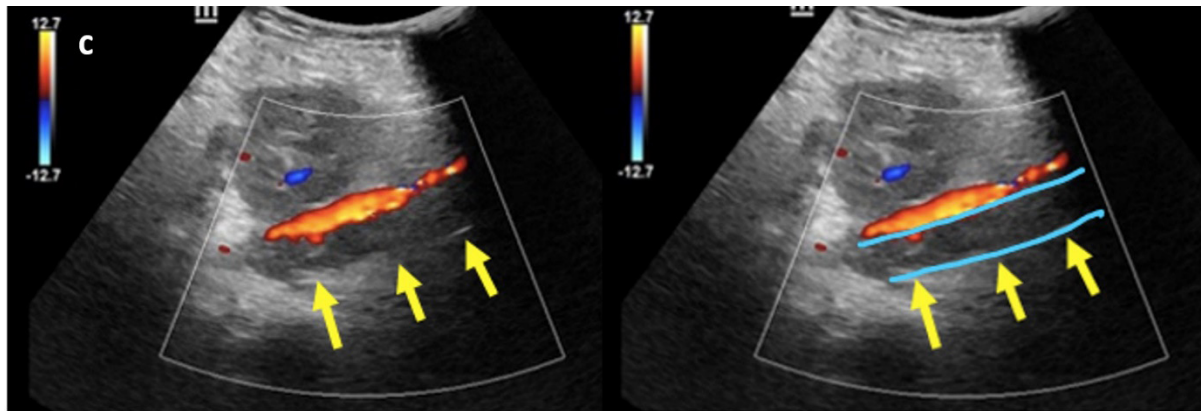
Suppl Fig 1 c) Transperineal USG shows two hypoechoic collections within the prostate gland (P- outlined in purple) consistent with prostatic abscesses (a- outlined in yellow). Urinary bladder has been marked for clarity



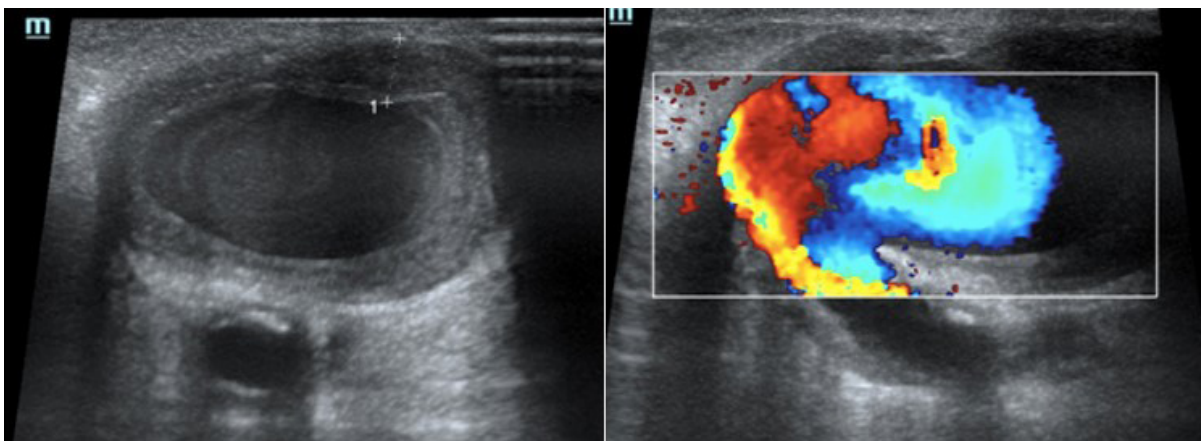
Suppl Fig.2: Failed graft seen as a shrunken kidney with increased cortical echoes and lost corticomedullary differentiation.



Suppl Fig.3: a) Renal vein thrombosis seen as absent flow in the renal vein (outlined with blue in the image on the right), **b)** Increased arterial resistance seen with absent diastolic flow in the same patient with graft RVT



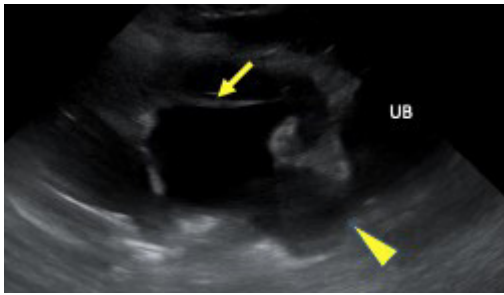
Suppl Fig 3c) External iliac vein thrombosis seen as absent flow (outlined with blue in the image on the right)



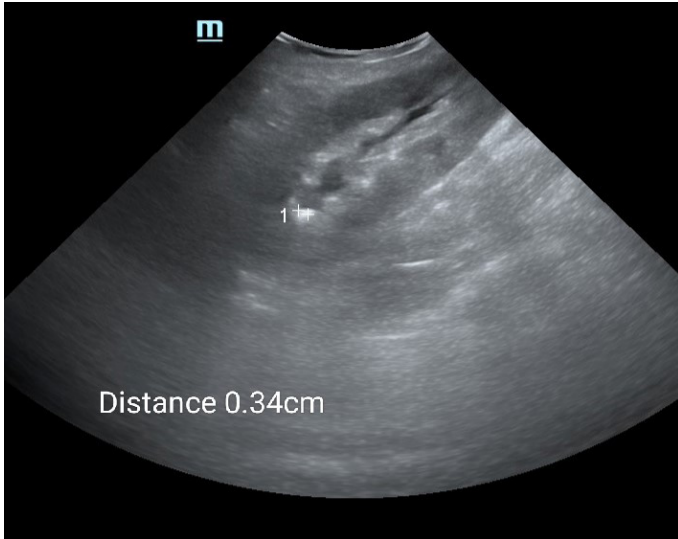
Suppl Fig 3d) Images of aortic aneurysm to depict the yin-yang phenomenon seen in duplex study of aneurysms



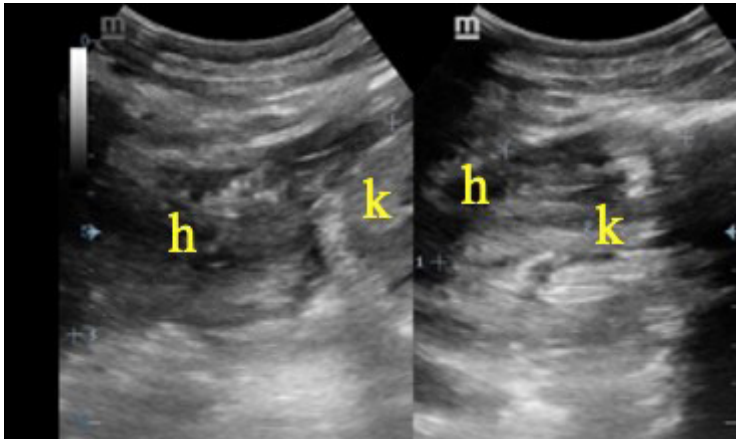
Suppl Fig 3e) Yin-Yang is a concept that originated in Chinese philosophy describing opposite but interconnected, self-perpetuating cycle.



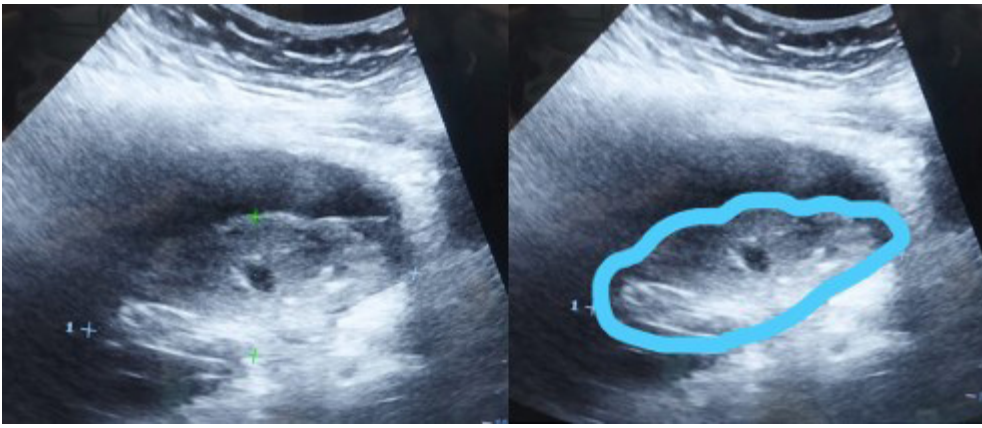
Suppl Fig.4: Dilated pelvicalyceal system (arrow) and ureter (arrowhead) in a graft kidney. Urinary bladder (UB) is seen



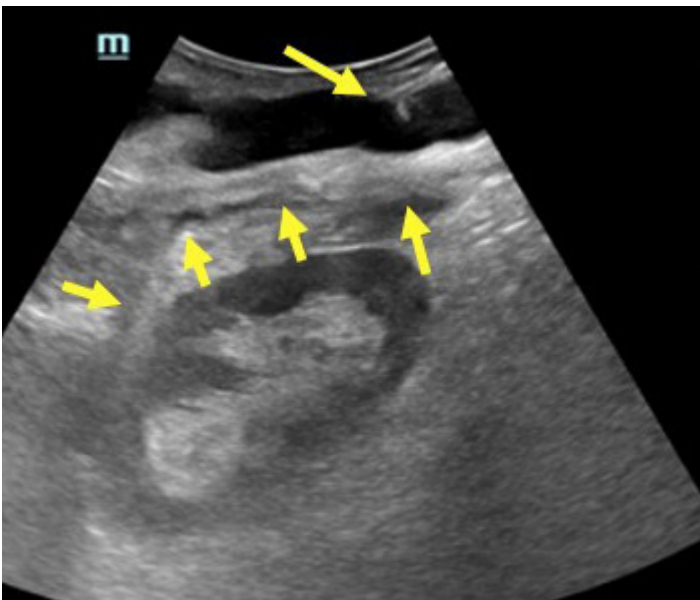
Suppl Fig.5: Hyperechoic calculus seen in the upper pole of the graft kidney



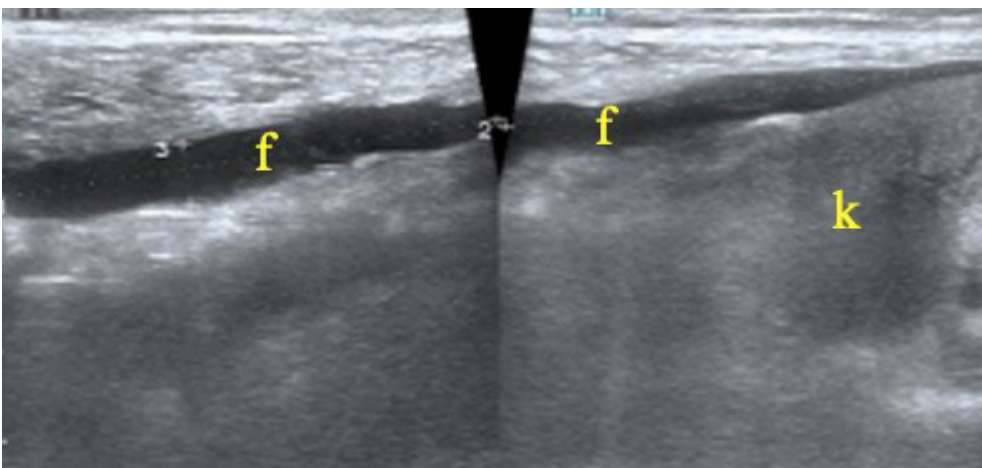
Suppl Fig.6: a) Echogenic hematoma (h) around the upper pole of the graft kidney (k)



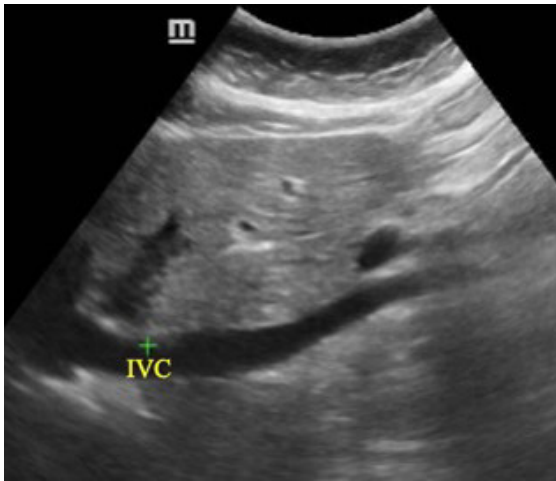
Suppl Fig 6b) Subcapsular hematoma seen in the graft kidney (outlined in the image on the right) in the immediate post operative period



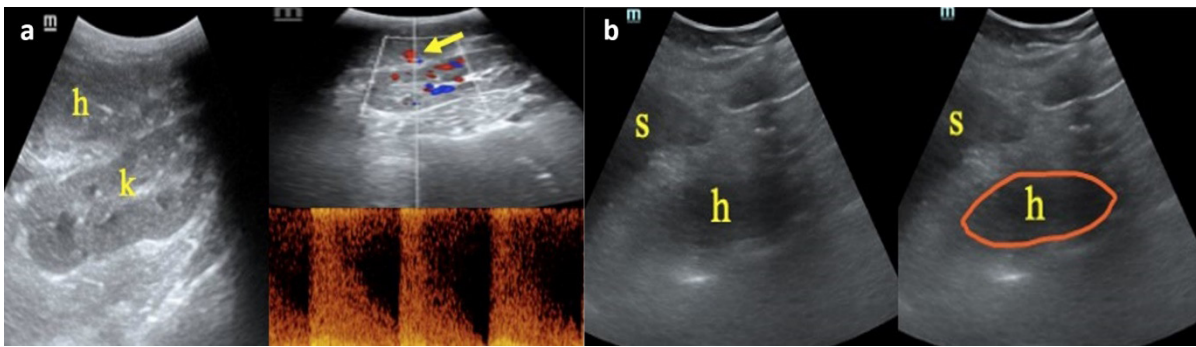
Suppl Fig 6c) Anechoic fluid seen tracking from perigraft region to the subcutaneous plane. The fluid was proven to be urine leaking from the anastomotic site



Suppl Fig 6d) Anechoic perigraft fluid collection(f), a lymphocele/ chronic hematoma are the possibilities, k- graft kidney



Suppl Fig.7: Intrahepatic IVC as seen on USG



Suppl Fig.8: a) Hematoma(h) in the nephrectomy bed of a donor seen inferior to the spleen(s). For clarity, the hematoma is outlined in the image on the right, b) Post biopsy hematoma (h) in the anterior abdominal wall and active bleeding from the inferior epigastric artery is seen (arrow)