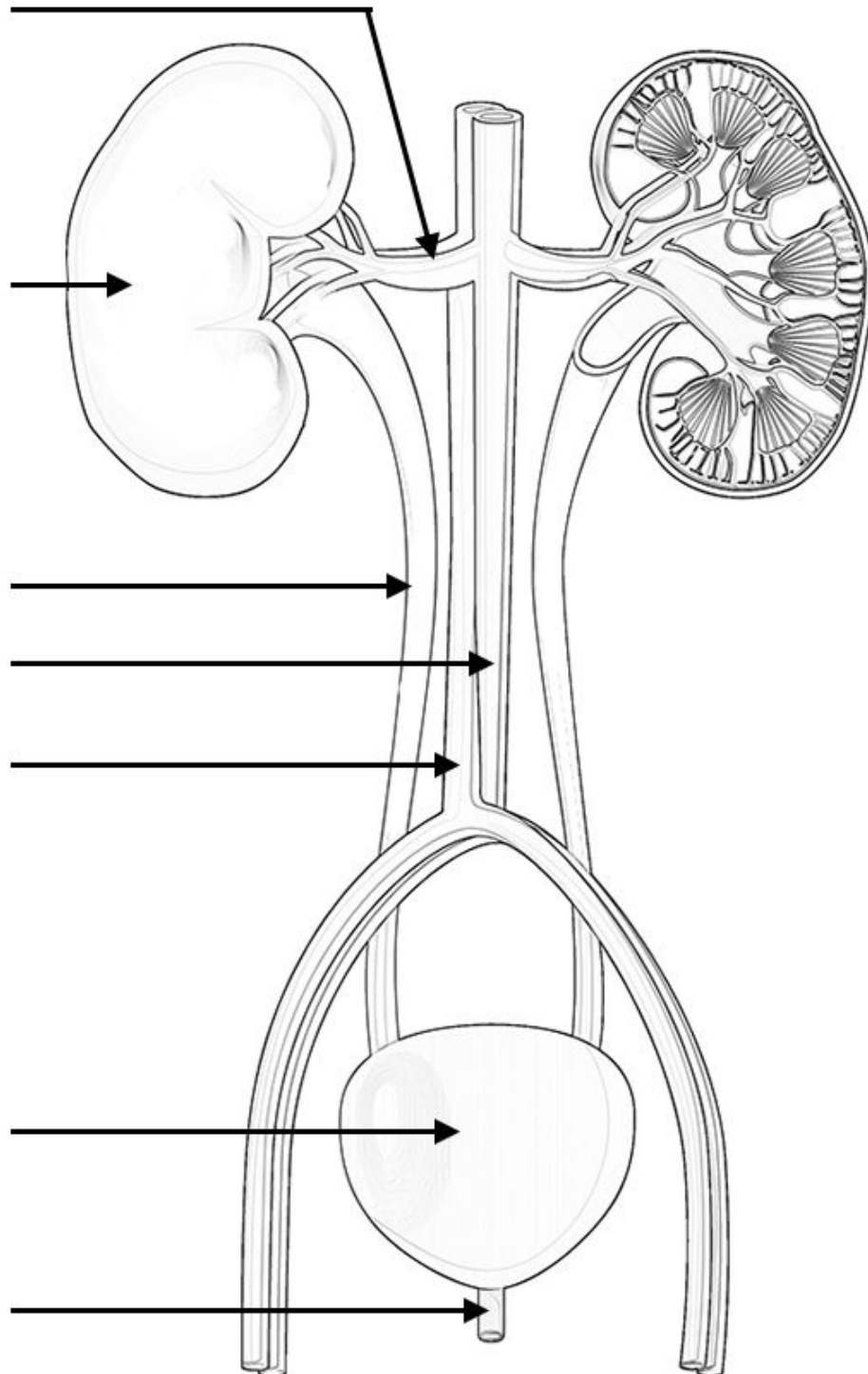


Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Color and Label the Urinary System



- Kidney
- Bladder
- Ureter
- Aorta
- Inferior Vena Cava
- Urethra
- Renal Vein