

SCROTUM/TESTES US PROTOCOL

PURPOSE:

- To evaluate the size of the testes and assess for abnormalities of the testes and extra testicular structures.

INDICATIONS:

- Evaluation of scrotal pain, including but not limited to testicular trauma, ischemia/torsion and infectious or inflammatory scrotal disease.
- Evaluation of a palpable inguinal, scrotal or testicular mass.
- Evaluation of scrotal asymmetry, swelling or enlargement.
- Evaluation of potential scrotal hernia.
- Detection/evaluation of varicoceles.
- Evaluation of male infertility.
- Follow-up of prior indeterminate scrotal ultrasound findings.
- Localization of nonpalpable testes.
- Detection of an occult primary tumor in patients with metastatic germ cell tumor or unexplained retroperitoneal adenopathy.
- Follow-up of patients with prior primary testicular neoplasms, leukemia or lymphoma.
- Evaluation of an abnormality noted on other imaging studies.
- Evaluation of a disorder of sexual development.

EQUIPMENT:

- 5-15 MHz linear probe

PATIENT PREPARATION & ASSESSMENT:

- Introduce yourself to the patient.
- Verify patient identity via two patient identifiers (name and date of birth) per hospital policy.
- Explain the examination, its purpose and how long it will take.
- Answer any questions the patient may have regarding the examination.
- Obtain patient history including symptoms, signs, risk factors and other relevant history.

GENERAL GUIDELINES:

- Send the measurements screenshot page if your machine is capable.
- For focal lesions (masses, cysts, nodules, lymph nodes, fibroids) obtain split-screen images of the lesion without calipers, with calipers and with Color Doppler.
- Any deviations from the standard protocol and any limitations to the examination should be documented on the technologist worksheet for future reference and for repeatability in follow-up studies.
- Report preliminary critical findings to the referring clinician when appropriate (i.e. immediate medical attention may be warranted) and according to hospital policy.

DOCUMENTATION:

Right Testis

- Document longitudinal images of the following (scanning lateral to medial):
 - Lateral (far lateral)
 - Lateral (between lateral & mid)
 - Mid without and with maximal length measurement (normal 3-5 cm) and one with color Doppler flow
 - Medial (between mid & medial)
 - Medial (far medial)
- Document transverse images of the following (scanning superior to inferior):
 - Superior (far superior)
 - Superior (between superior and mid)
 - Mid without and with AP and TR measurements (normal AP 3 cm and TR 2-4 cm) and one with color Doppler flow
 - Mid with spectral Doppler waveforms of the artery and vein (normal artery PSV 4-19 cm/sec and EDV 2-7 cm/sec)
 - Inferior (between mid and inferior)
 - Inferior (far inferior)

Right Extra Testicular Structures

- Document transverse images of the epididymal head without and with width measurement and with color Doppler flow.
- Document longitudinal images of the epididymal head without and with width measurement and with color Doppler flow.
- Document any hydroceles, varicoceles, extra testicular masses, lymph nodes or inguinal hernias.

Left Testis and Extra Testicular Structures

- Document same as for right side.

Dual Comparison

- Document transverse grayscale and color Doppler images showing both testes.