

SCROTAL ULTRASOUND

Image TRANS superior, mid, inferior of **right/left** testis

TRANS mid w/color Doppler

LONG lateral, mid, medial of **right/left** testis

LONG mid w/color Doppler

Measure size of testis in longitudinal, AP and transverse dimensions

Demonstrate arterial and venous flow with spectral Doppler

Image TRANS dual screen **right** and **left** mid testis (side by side at the same depth to compare echogenicity).

Image TRANS head, body and tail of **right/left** epididymis

LONG head, body and tail of **right/left** epididymis

Evaluate epididymis with color Doppler

Document and measure masses/cysts in longitudinal, AP and transverse views. Also utilize color/power and/or spectral Doppler.

Varicoceles are seen as multiple elongated, tortuous anechoic structures above, around, or beneath the testicle.

Normal = vein diameter of 1.5 mm.

Borderline = vein diameter of 2-3 mm.

Abnormal = vein diameter > 3 mm or anytime reflux is seen regardless size of vein.

Valsalva maneuver should be done with color Doppler to look for flow reversal (reflux).

If a palpable abnormality is the indication for the sonogram, this area should be directly imaged.

Exams for *acute scrotal pain* should include at least one side-by-side image comparing both testes with color and/or power Doppler.

If a testis is not identified within the scrotum, assess inguinal canal and/or pelvis.

The spermatic cord should be evaluated if there is suspicion for testicular torsion.