Procedure Name: **Scrotal/Testicular Complete**

Updated: 01/10/13

Indications:
May include but not limited to evaluation of scrotal asymmetry and location (intra or extra testicular) and characteristics of scrotal masses, suspected complications of inflammatory disease such as scrotal/testicular abscess, evaluation of scrotal trauma, evaluation of scrotal pain of undetermined etiology, detection of varicoceles in infertile men or for any other valid medical reason. There are no absolute contraindications.

General Description:
A complete examination of the scrotal region for adults and children includes assessment and imaging of the complete scrotal contents and localization of undescended testicle/testes.

Patient Preparation:
None required

Equipment Selection and Settings:
Select Scrotal from preset menu
A linear 15.0MHz probe will be used for most patients. The sonographer should use the preprogrammed setting for the appropriate body part and adjust gain, depth and transmit zone settings to optimize images. Fill out any applicable impression or worksheet upon completion of exam.

Imaging Sequence:
The following imaging sequence is for a normal exam. Include additional images of pathology to demonstrate dimensions in three planes, texture, size, shape, and relationship to adjacent anatomy.

- Image patient data (demographics page)

TRANS MIDLINE

1. Trans of both testes in same frame (or dual screen) with and without color Doppler for echo texture and vascular profusion comparison.

MEASUREMENTS

1. RT testicle w/measurements in three dimensions (AP should be taken in transverse)
2. LT testicle w/measurements in three dimensions (AP should be taken in transverse)

RIGHT

1. RT epididymal head (measure in three dimensions)
2. RT epididymal body
3. RT epididymal tail
4. RT epididymis with color flow

5. RT TRANS testis superior, mid, inferior
6. RT LONG testis lateral, mid, medial
7. RT testicular spectral waveforms to evaluate for venous and arterial flow. If unable to demonstrate venous flow, need arterial waveforms from at least 3 different areas of the testis.
8. Evaluate RT para-testicular veins for varicocele with and without color Doppler imaging, with and without valsalva.
9. It is also necessary to obtain measurements of the para-testicular veins suspected as enlarged both prior to and during valsalva without color or power Doppler. Be sure to annotate the images indicating the phase in which you acquired it. These are to be obtained without color or Doppler to aid in caliper placement for the measurements

LEFT

10. LT epididymal head (measure in three dimensions)
11. LT epididymal body
12. LT epididymal tail
13. LT epididymis with color flow
14. LT TRANS testis superior, mid, inferior
15. LT LONG testis lateral, mid, medial
16. LT testicular spectral waveforms to evaluate for venous and arterial flow. If unable to demonstrate venous flow, need arterial waveforms from at least 3 different areas of the testis.
17. Evaluate LT para-testicular veins for varicocele with and without color Doppler imaging, with and without valsalva.
18. It is also necessary to obtain measurements of the para-testicular veins suspected as enlarged both prior to and during valsalva without color or power Doppler. Be sure to annotate the images indicating the phase in which you acquired it. These are to be obtained without color or Doppler to aid in caliper placement for the measurements