

TESTICULAR

Patient Prep:

There is no patient prep for this exam.

Survey:

Perform real time survey of the testes, scrotum and epididymi bilateral with attention to arterial and venous blood flow (color flow) if necessary. If the patient presents with pain bilateral arterial and venous Doppler needs to be documented.

Limitations with images should be documented.

Image Documentation:

Each image must be labeled with the patient's full name, medical record number, accession number, initials of the imaging technologist, organ/area identification, scanning plane and patient orientation if different from supine.

General Procedure Description:

1. Patient is in the supine position with testicles supported to improve image quality.
2. The testes, scrotum and epididymis (head, body and tail) should be surveyed for abnormalities. Representative images of normal organs in two planes should be obtained in transverse and Longitudinal axis.
3. Evaluate the scrotal wall.
4. Document color flow images bilateral in the transverse and longitudinal axis.
5. If patient presents with pain document, arterial and venous Doppler images bilaterally.
6. Evaluate the testes for size and echogenicity.
7. Evaluate the epididymis. Color flow images needed.
8. Evaluate pathology in two planes. Measurements needed in longitudinal, anterior-posterior (AP) and transverse. Color flow image.
9. A high frequency linear transducer needs to be utilized.

Guidelines for testicular ultrasound: Exam needs to be performed bilateral

TESTICLES:

1. Longitudinal Axis Image the:
 - a. Medial aspect of the testicle
 - b. Medial of the mid-line
 - c. Midline testicle
 - d. Midline with and without measurement of the maximum length and A-P diameters
 - e. Lateral to the mid-line
 - f. Lateral aspect of the testicle
2. Transverse Axis Image the:
 - a. Superior testicle

- b. Mid superior testicle
 - c. Mid testicle
 - d. Mid testicle with and without measurement of the maximum diameter
 - e. Mid inferior testicle
 - f. Inferior testicle
3. Provide Color Flow images in longitudinal and transverse.
 4. Provide images of the testicles in transverse with both testicles in the image with and without Color Flow.
 5. If patient presents with pain provide at least two arterial and venous Doppler images bilaterally. Make sure to obtain these samples in different areas of the testicles.
 6. Document pathology in two planes. Measurements needed in longitudinal, anterior-posterior (AP) and transverse. Color flow image. Provide clip store/cine images as needed.
 7. Optional evaluation of the inguinal/groin area: Evaluate the inguinal/groin area for a provided history or clinical concern of hernia, or groin symptoms. If a hernia is present include Valsalva images.
 8. With a diagnosis of undescended testicle evaluate the groin and lower abdomen for the testicle.

EPIDIDYMI:

1. Image the epididymi bilaterally to include the superior and inferior areas.
2. Provide color flow images.
3. Document pathology in two planes. Measurements needed in longitudinal, anterior-posterior (AP) and transverse. Color flow image. Provide clip store/cine images as needed.
4. Valsalva images if needed.

Pathology:

1. Document any abnormalities including but not limited to hydrocele, spermatocele, varicocele (with and without valsalva), calcifications, scrotal wall thickening, extratesticular mass and hernia.
2. Document pathology in two planes. Measurements needed in longitudinal, anterior-posterior (AP) and transverse. Color flow image. Provide clip store/cine images as needed.
3. If you suspect testicular torsion, please consult with radiologist, as this is a critical result that will need communicated by radiologist to referring provider.