

***GUNDERSEN HEALTH SYSTEM ULTRASOUND DEPARTMENT
POLICY AND PROCEDURE MANUAL***

SUBJECT: Scrotal Ultrasound Exam
SECTION: Radiology Ultrasound
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APPROVED BY:

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Prep: None.

Patient Position: Supine.

Equipment: Ultrasound unit with at least a 5 MHz linear or curved linear transducer. It may be necessary to have a unit with 7.5 or 10 MHz transducers.

Exam Protocol: With real-time ultrasound the contents of the scrotal sac will be evaluated in detail. This includes but is not limited to the following: each testicle, epididymis, scrotal skin thickness, and any extra testicular masses, fluid collections or other abnormalities. The Valsalva maneuver or alternative patient positioning other than supine may be used as needed. Blood flow to the testicles and surrounding contents of the scrotum is evaluated using color Doppler. Blood flow in the symptomatic side is compared to the asymptomatic side to note any variation from normal. When evaluating blood flow, the Doppler frequencies and color Doppler settings should be set as sensitive as possible to obtain optimum resolution and flow detection.

The sonographer informs the radiologist of any structure not clearly seen during the ultrasound exam.

Imaging Protocol: Even though only specific images are documented all scrotal contents are to be scanned in detail. The following images will represent the scrotal ultrasound exam, with note that additional images may be necessary for proper documentation:

Gray Scale Images

Three transverse images right testicle: upper, mid, lower (one with maximum transverse measurement).

Three longitudinal images right testicle: medial, mid, lateral (one with maximum testicular length and AP measurements).

One longitudinal image right epididymis.

Three transverse images left testicle: upper, mid, lower (one with maximum transverse measurement).

Three longitudinal images left testicle: medial, mid, lateral (one with maximum testicular length and AP measurement).

One longitudinal image left epididymis.

One transverse image of both testicles in same image.

Color Images

Longitudinal image right testicle.

Spectral Doppler image right testicle demonstrating intratesticular arterial blood flow; do NOT measure the resistive index (RI).

Longitudinal image right epididymis.

Longitudinal image left testicle.

Spectral Doppler image left testicle demonstrating intratesticular arterial blood flow; do NOT measure the resistive index (RI).

Longitudinal image left epididymis.

Transverse bilateral testicles with both in same image.

Additional images may be necessary for proper documentation: For example, when a right varicocele is seen, the right kidney should be imaged to evaluate for a possible right renal mass. Patency of the right renal vein and IVC should also be confirmed with color and spectral Doppler. Representative images of the RT kidney, RRV with color and spectral Doppler, and IVC with color and spectral Doppler should be included.