



Sonographer Scanning Cheat Sheet: Scrotum US

Procedure Overview: A scrotal ultrasound assessment can be utilized to evaluate the scrotal sac contents along with the scrotal and epididymal parenchyma to detect the presence, severity, and location of any pathology.

Required Pre-Procedure Prep:

- Obtain patient verbal consent.
- Obtain patient history including, but not limited to symptoms, recent trauma, and previous testicular surgery.
- Provide the patient with a gown and instruct him to undress from the waist down and to lie in the supine position.

Proper Probe: Linear array probe with a frequency of 7 - 14 MHz that has tri-duplex capabilities.

Protocol for Scrotum Ultrasound (76870)

This protocol aligns with the Mindray I-Works protocol: Imagen Scrotum

You may “Suspend” the protocol at any time to take additional images or handle pathology, then restart I-Works.

*****Document pathology with and without measurement in two planes, Sag and Trv measuring the length, height, & width. Be sure to also include images with and without color Doppler.***

Cine Clips should be taken to help prove pathology and provide context for Remote Radiologists when appropriate. Please be mindful of not taking too many cine clips, just show what's most important.



1. Rt Transverse testicle mid
2. Rt Transverse testicle mid with measurement (width)
3. Rt Transverse testicle with color Doppler
4. Rt Transverse testicle with pulse wave Doppler analysis of arterial flow
5. Rt Transverse testicle with pulse wave Doppler analysis of venous flow
6. Rt Transverse testicle superior
7. Rt Transverse testicle inferior
8. Rt Transverse inferior scrotal sac with color Doppler having patient Valsalva to rule out a varicocele
9. Rt Sagittal testicle mid
10. Rt Sagittal testicle mid with measurements (length and height)
11. Rt Sagittal testicle mid with color Doppler
12. Rt Sagittal testicle lateral
13. Rt Sagittal testicle medial
14. Rt Sag Epididymis Head
15. Rt Sag Epididymis Head w/measurement (length and height)
16. Rt Sag Epididymis Head w/color
17. LT Transverse testicle mid
18. LT Transverse testicle mid with measurement (width)
19. LT Transverse testicle with color Doppler
20. LT Transverse testicle with pulse wave Doppler analysis of arterial flow
21. Lt Transverse testicle with pulse wave Doppler analysis of venous flow
22. LT Transverse testicle superior
23. LT Transverse testicle inferior
24. LT Transverse inferior scrotal sac with color Doppler having patient Valsalva to rule out a varicocele
25. LT Sagittal testicle mid
26. LT Sagittal testicle mid with measurements (length and height)
27. LT Sagittal testicle mid with color Doppler
28. LT Sagittal testicle lateral
29. LT Sagittal testicle medial
30. LT Sag Epididymis Head
31. LT Sag Epididymis Head w/measurement (length and height)
32. LT Sag Epididymis Head w/color
33. Right and left testicle dual image in transverse
34. Right and left testicle dual image in transverse w/ color on both sides.
35. Comparison image using extended field of view

Anatomy	Normal Measurements
Testicle Length	3 to 5 cm
Testicle Height	2.5 to 3.5 cm
Testicle Width	1.5 to 2.5 cm



Epididymis	5 - 12 mm
Scrotal Wall Thickness	2 - 8 mm

Common Pathologies

- Hydrocele: Presents as an anechoic fluid collection surrounding the testicle. Document the hydrocele's location, size, and if septated.
- Epididymitis: Presents as heterogeneous, hypervascular and measures over 17 mm.
- Orchitis: Presents as hypoechoic scrotal tissue with increased vascularity, thickened scrotal wall, and commonly presents with a septated hydrocele.
- Testicular Carcinoma: Presents as a focal lesion with a taller-than-wider presentation, microcalcifications, irregular borders, and internal vascularity. Most commonly located on the left side. If testicular mass is identified, add additional images of abdominal aorta region for distant lymphadenopathy if visualized.
- Varicocele: Presents as dilated veins which expand and become more prominent with valsalva. Show color change with valsalva to prove.
- Torsion: In the acute phase, the patient will be in tremendous pain and testicle will likely be enlarged with possible edema. Be sure to adjust color flow PRF and gain if no flow is suspected. Venous and arterial flow present, will rule out torsion.