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|---|--------------------------------|----------------|--|
|  | <b>US Testicle and Scrotum</b> |                |  |
|   | Reviewed:                      | Date: 1/4/2022 |  |
|   | Revised:                       | Date: 1/4/2022 |  |

## PURPOSE

Practice parameter for the performance of diagnostic ultrasound of the testicles and scrotum

## SUPPORTIVE DATA

- Obtain a written, verbal, or electronic order from provider
- Verify that written orders are scanned into Epic
- Previous relevant imaging procedures

## INDICATIONS

Indication for testicular and scrotal ultrasound including but not limited to:

- Evaluation of scrotal pain, including but not limited to testicular trauma, ischemia/torsion, and infectious or inflammatory scrotal disease
- Evaluation of palpable inguinal, intrascrotal, or testicular mass
- Evaluation of scrotal asymmetry, swelling, or enlargement
- Evaluation of potential intrascrotal hernia
- Detection/evaluation of varicoceles
- Follow-up of prior indeterminate scrotal ultrasound findings
- Localization of nonpalpable testes
- Detection of an occult primary tumor in patients with metastatic germ cell tumor or unexplained retroperitoneal adenopathy
- Follow-up of patients with prior primary testicular neoplasms, leukemia, or lymphoma
- Evaluation of abnormality noted on other imaging studies
- Evaluation of a disorder of sexual development

## CONTRAINDICATIONS

- There are no absolute contraindications.

## EQUIPMENT LIST

- Real-time ultrasound scanner with transducer of appropriate frequency
- Gel
- Towels
- Patient gown (if applicable)

## **SAFETY**

- Universal precautions for bodily fluids should be observed as per hospital protocol.
- All ultrasound carts are annually checked and are up to date with all state and manufacturer guidelines.
- Exams will be prioritized according to ordering status (STAT, ASAP or Routine)

## **PATIENT PREPARATION**

- None

## **PROCEDURE**

1. Check provider's orders for reason for exam and any comments.
2. Review report of patient's most recent ultrasound, relevant imaging or relevant labs if applicable.
3. Start exam in Epic
4. Verify patient by 2 patient identifiers (name, DOB, wristband).
5. Process should be explained to patient.
6. Have patient change into gown if appropriate
7. Perform imaging procedure
8. End exam in Epic

## **IMAGING PROCEDURE**

A normal ultrasound of the Testicles and Scrotum will aim to include the following views:

### **RIGHT TESTE**

1. SAG ML
2. SAG ML w/ measurement
3. SAG ML including Epididymus w/ Color Doppler
4. TRANS Sup
5. TRANS Mid
6. TRANS Mid w/ measurement
7. TRANS Inf
8. Venous spectral PW Doppler for torsion
9. Arterial spectral PW Doppler for torsion

### **RIGHT EPIDYDIMUS HEAD**

1. SAG ML
2. TRANS Mid
3. Measure AP Head

## **LEFT TESTE**

1. SAG ML
2. SAG ML w/ measurement
3. SAG ML including Epididymus w/ Color Doppler
4. TRANS Sup
5. TRANS Mid
6. TRANS Mid w/ measurement
7. TRANS Inf
8. Venous spectral PW Doppler for torsion
9. Arterial spectral PW Doppler for torsion

## **LEFT EPIDYDIMUS HEAD**

1. SAG ML
2. TRANS Mid
3. Measure AP Head

## **Additional**

1. Demonstrate any hydrocele or varicocele or other anomalies if present
2. Dual image to compare testes in TRANS using color Doppler
3. Image bilaterally for inguinal hernia
4. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler
5. For patients with testicular mass or known testicular cancer, add scan for inguinal lymph nodes

## **DOCUMENTATION**

1. Written, verbal, or electronic order from provider
2. The worksheet and images need to be scanned into PACS under appropriate exam and put online.
3. Ultrasound images should be labeled with anatomy imaged and orientation (SAG or TRANS)
4. All images are submitted with above documentation for dictation and stored in PACS
5. For all STAT, ER and Urgent Care ultrasound exams, call radiologist for preliminary report to give to ordering provider
6. If it is between 2200 - 0700, submit exam along with proper documentation to teleradiology

## **REFERENCE**

- Approved by Pharmacy and Therapeutics Board on 08/14/2020

- Approved by Medical Executive Team on 09/11/2020
- Approved by Medical Director, Dr. Muneer Desai, on 08/20/2020
- Approved by Radiology Protocol Committee on 3/9/2020
- [ACR Practice Parameters Resolution 35 \(2015\)](#)

## References

| Reference Type                               | Title  | Notes |
|--|--|-------|
| <b>Documents referenced by this document</b> |  |       |
| Referenced Documents                         | <a href="#">ACR Practice Parameters Resolution 35 (2015)</a> |       |