1. Image testicle (R/L) in B-mode:
   - TRANS – sup, med, inf.
   - LONG – central, medial, lateral.
   - Measure in MID section pole-to-pole and AP.

2. Obtain arterial and venous color Doppler waveforms.

3. Take comparison images of both testicles in B-mode and color Doppler.
   - If use dual screen, make sure gain settings are same.

4. Image epididymis long in B-mode and color Doppler.
   - Obtain images of head, body, and tail.

5. If findings are concerning for torsion, image/evaluate spermatic cord.

6. If no testicle seen in hemiscrotum, take images of ipsilateral inguinal canal/inguinal ring and pelvis/retroperitoneum to look for ectopic or undescended testicle.

7. **If Doppler ordered, ADD-ON Spectral Analysis of Gonads Worksheet MUST BE COMPLETED. This includes RIs.**


9. Evaluate for hydrocele and scrotal skin thickness.

Measure all cysts and masses in three dimensions and evaluate with color Doppler.

*Absence of flow in testicles is Critical Finding and must be reported STAT.*
# Scrotum and Contents Worksheet

**INDICATIONS**  
**DATE/TIME**  
**SONOGRAPHER**

## RIGHT Testes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Size (cm)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Long</td>
<td>AP</td>
<td>Trans</td>
<td></td>
<td>Long</td>
<td>AP</td>
<td>Trans</td>
</tr>
</tbody>
</table>

- Normal
- Increased
- Decreased

- Perfusion
- Doppler (if performed)

## LEFT Testes

- Normal
- Increased
- Decreased

- Arterial Flow
- Venous Flow

## RIGHT Epididymis

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Head Size (cm)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Long</td>
<td>AP</td>
<td>Trans</td>
<td></td>
<td>Long</td>
<td>AP</td>
<td>Trans</td>
</tr>
</tbody>
</table>

- Normal
- Enlarged
- Increased
- Decreased

## LEFT Epididymis

- Normal
- Enlarged
- Increased
- Decreased

## RIGHT Additional Findings

- Hydrocele
- Varicocele
- Skin Thickness
- Normal
- Thickened

## LEFT Additional Findings

- Hydrocele
- Varicocele
- Skin Thickness
- Normal
- Thickened

- Yes
- No

Color Flow and Spectral Doppler Analysis ordered (and performed).

**SONOGRAPHER CONFIRMATION**: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

Sonographer’s Signature

---

**FMC**  
**KMC**  
**CMC**  
**TMC**  
**NHSC**  
**KIC**  
**MIC**  
**PI**  
**TI**  
**MFP**  
**SFP**  
**Other**  

**US Scrotum and Contents Worksheet**