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

**SONOGRAPHER NOTES**

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>DATE/TIME</th>
<th>SONOGRAPHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### RIGHT

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

- **Perfusion**
  - Normal
  - Increased
  - Decreased

- **Doppler (if performed)**
  - Arterial Flow
  - Venous Flow

#### LEFT

<table>
<thead>
<tr>
<th>Epididymis</th>
<th>Head Size (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Enlarged</td>
<td></td>
</tr>
</tbody>
</table>

#### RIGHT

<table>
<thead>
<tr>
<th>Additional Findings</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocele</td>
<td></td>
</tr>
<tr>
<td>Varicocele</td>
<td></td>
</tr>
</tbody>
</table>

- **Skin Thickness**
  - Normal
  - Thickened

- **Findings**

#### Color Flow and Spectral Doppler Analysis

- **Yes**
- **No**

**Sonographer’s Signature**

---

**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.

---

**US Scrotum and Contents Worksheet**

---

**Name / MR # / Label**

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

---

Property of Triad Radiology Associates

Version 2.0
See *Pelvis or Scrotum and Contents Worksheet* for this patient.

**INDICATIONS**

<table>
<thead>
<tr>
<th>DATE/TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SONOGRAPHER</td>
</tr>
</tbody>
</table>

*Use side by side comparison whenever possible and keep parameters equal when interrogating both sides.*

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>Gonads</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Radiofrequency Imaging Icon]</td>
<td>![Vein Icon]</td>
<td>![Radiofrequency Imaging Icon]</td>
</tr>
<tr>
<td>![Radiofrequency Imaging Icon]</td>
<td>![Flow Icon]</td>
<td>![Radiofrequency Imaging Icon]</td>
</tr>
<tr>
<td>![Radiofrequency Imaging Icon]</td>
<td>![Flow Icon]</td>
<td>![Radiofrequency Imaging Icon]</td>
</tr>
</tbody>
</table>

- Normal
- Increased
- Decreased

**Venous Flow**

**Arterial Flow**

Resistive Index = ________________

Findings

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

**Name / MR # / Label**
Thyroid

Clinical Protocol

1. Image R/L thyroid lobes in gray scale:
   - TRANS - superior, mid, and interior portions.
   - LONG - medial, mid, and lateral portions.

2. Image R/L thyroid lobes with color Doppler in long at mid section.

3. Necessary measurements R/L lobes:
   - Three dimensions of each lobe.

4. Image isthmus at least in transverse plane.

5. Measure isthmus thickness (AP) on trans view.

6. Image R/L thyroid lobes in trans side-by-side in B-mode and color Doppler.

7. Measure all discrete nodules in 3 planes. Show grayscale and color Doppler image of each nodule. If helpful, take cine clip through nodule. Be specific with image annotation, nodule location for comparison studies.

8. Take representative image of lateral compartments of neck.

9. Take image with appropriate measurements of any abnormal lymph node. Suspicious features such as calcifications, cystic areas, absence of central hilum, round shape, and abnormal blood flow should be documented.

   If lymph node measures 1 cm or greater in short axis dimension, take image.
## Thyroid Worksheet

<table>
<thead>
<tr>
<th><strong>INDICATIONS</strong></th>
<th><strong>DATE/TIME</strong></th>
<th><strong>SONOGRAPHER</strong></th>
</tr>
</thead>
</table>

### SONOGRAPHER NOTES

#### RIGHT

<table>
<thead>
<tr>
<th>Size (cm)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ x __________ x __________ cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long</td>
<td>AP</td>
<td>TRV</td>
</tr>
</tbody>
</table>

#### LEFT

<table>
<thead>
<tr>
<th>Size (cm)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ x __________ x __________ cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long</td>
<td>AP</td>
<td>TRV</td>
</tr>
</tbody>
</table>

### Findings

-  
  - Normal
  - Increased
  - Decreased

### Flow

-  
  - Normal
  - Increased
  - Decreased

### Isthmus (AP) = __________ cm

#### Lesion 1:

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

(Previous Measurements)

#### Lesion 2:

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

(Previous Measurements)

#### Lesion 3:

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

(Previous Measurements)

### Comments

**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**

---

**US Thyroid Worksheet**