Clinical Protocol

Scrotum and Contents

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.***

8. Document any varicoceles and confirm with Valsalva.

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.

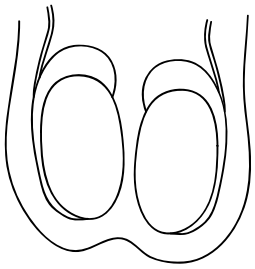
Scrotum and Contents Worksheet

SONOGRAPHER NOTES

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

RIGHT	Testes	LEFT
_____ x _____ x _____ Long AP Trans	**Size (cm)**	_____ x _____ x _____ Long AP Trans
❑ Normal ❑ Increased ❑ Decreased	**Perfusion**	❑ Normal ❑ Increased ❑ Decreased
❑ Arterial Flow ❑ Venous Flow	**Doppler (if performed)**	❑ Arterial Flow ❑ Venous Flow
	Findings	

RIGHT	Epididymis	LEFT
❑ Normal ❑ Enlarged	**Head Size (cm)**	❑ Normal ❑ Enlarged
❑ Normal ❑ Increased ❑ Decreased	**Perfusion**	❑ Normal ❑ Increased ❑ Decreased
	Findings	

RIGHT	Additional Findings	LEFT
❑ Hydrocele ❑ Varicocele Skin Thickness ❑ Normal ❑ Thickened		❑ 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

Name / MR # / Label

ADD-ON
Spectral Analysis of Gonads Worksheet

SONOGRAPHER NOTES

See Pelvis or Scrotum and Contents Worksheet for this patient.

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

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

RIGHT	Gonads	LEFT
❑ Normal ❑ Increased ❑ Decreased	**Venous Flow**	❑ Normal ❑ Increased ❑ Decreased
❑ Normal ❑ Increased ❑ Decreased	**Arterial Flow**	❑ Normal ❑ Increased ❑ Decreased
Resistive Index = _____	**Resistive Index**	Resistive Index = _____
	Findings	

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FMC KMC CMC TMC NHSC

KIC MIC PI TI

MFP SFP Other

US ADD-ON
Spectral Analysis of Gonads Worksheet

Name / MR # / Label

Clinical Protocol

Thyroid

1. Image R/L thyroid lobes in gray scale:
   - TRANS - Superior, mid, and inferior portions.
   - LONG - Medial, mid, and lateral portions.

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

3. Measure R/L lobes, 3 dimensions of each lobe.
   - Lobe measurements should be on consecutive (or nearly consecutive) images.

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 four most suspicious nodules based on ACR TIRADS criteria in 3 planes. (If nodule is less than 5 mm, no measurements required.)
   - Measure first in sagittal axis and get longest measurement. Then, for AP and TRANS measurements on Worksheet, go to trans axis and measure longest length followed by second measurement perpendicular to this. Measurements on trans view determine shape of nodule.
   - Show grayscale and color Doppler image of each nodule.
   - If helpful, take cine clip through nodule.

   Document pathology:
   - Include TRANS and LONG images on one dual screen picture.
   - Number and annotate with location (such as *Right lobe, sag, lower, Nodule #1*).
     NOTE: Nodule # never changes. Each nodule must be numbered and labeled in same manner on each subsequent study.
   - Place Nodule # on Worksheet diagram in approximate location.
   - Take separate color image. If no color observed, use power Doppler.

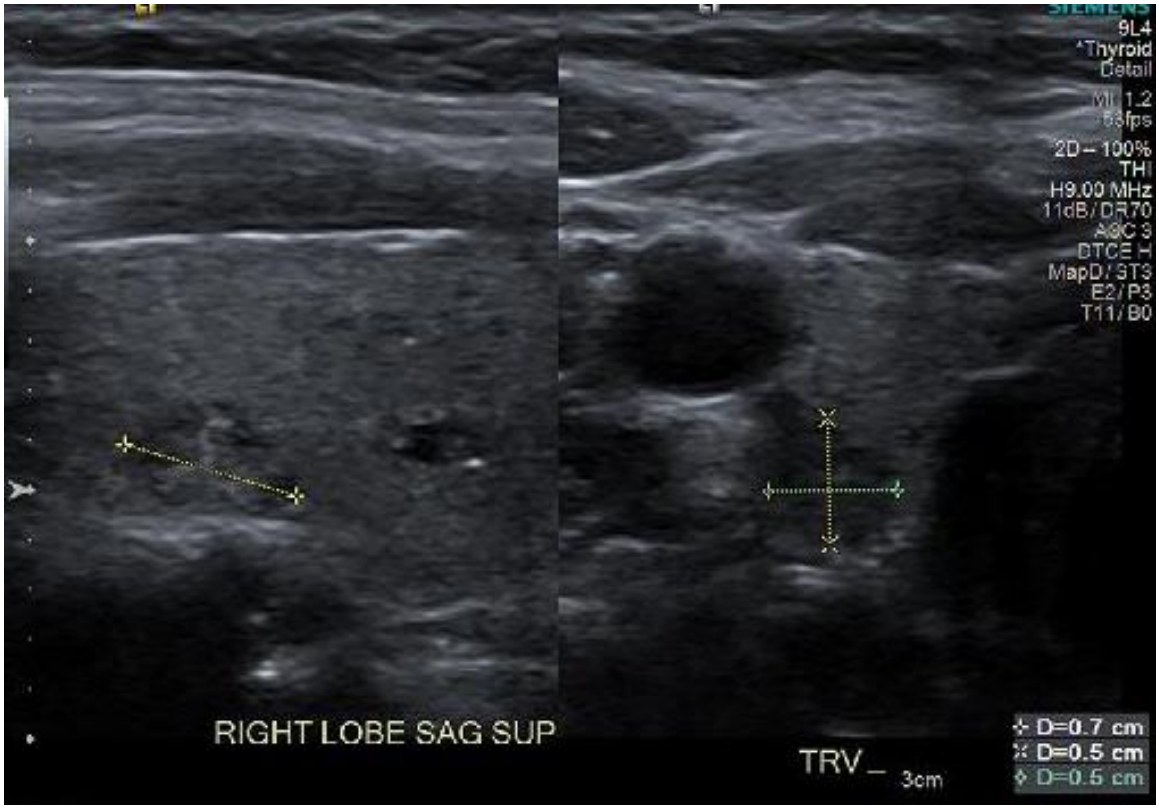
8. Take representative image of lateral compartments of neck.

9. Take image with appropriate measurements of any abnormal lymph node (i.e., if node measures 1 cm or greater in short axis dimension).
   - Document suspicious features such as calcifications, cystic areas, absence of central hilum, round shape, and abnormal blood flow.

10. Label images:
    - TRANS - Label RT TRV UP/MP/LP and LT TRV UP/MP/LP.
    - LONG - Label RT LONG LAT/MID/MED and LT LONG LAT/MID/MED.

Clinical Protocol

Thyroid Exam Guidance



Thyroid Worksheet

SONOGRAPHER NOTES

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

RIGHT			Size (cm)	LEFT		
_____ LONG	_____ AP	_____ TRANS		_____ LONG	_____ AP	_____ TRANS
❑ Enlarged	❑ Heterogenous		**Findings**	❑ Enlarged	❑ Heterogenous	
❑ Increased	❑ Decreased		**Flow**	❑ Increased	❑ Decreased	
Isthmus Width (AP) = _____ cm						

Additional comments

FOR RADIOLOGIST USE

0 Pts	TR1	Benign
2 Pts	TR2	Not Suspicious
3 Pts	TR3	Mildly Suspicious
4-6 Pts	TR4	Mod Suspicious
7+	TR5	Highly Suspicious

Nodule #	Size (cm)	Composition		Echogenicity		Taller than Wide		Margins		Echogenic Foci		Sum of Points for Nodule
		Code	Points	Code	Points	Y/N	Points	Code	Points	Code	Points	
1	____ LONG ____ AP ____ TRANS											
2	____ LONG ____ AP ____ TRANS											
3	____ LONG ____ AP ____ TRANS											
4	____ LONG ____ AP ____ TRANS											
5	____ LONG ____ AP ____ TRANS											
Codes and Point Values for Nodules		C Cystic 0 Sp Spongiform 0 M Mixed cystic and nodule 1 S Solid 2		A Anechoic 0 ↑ Hyperechoic 1 – Isoechoic 1 ↓ Hypoechoic 2 ↓↓ Very hypoechoic 3		No 0 Yes 3		S Smooth 0 ID Ill-defined 0 L Lobulated 2 I Irregular 2 E Extra-thyroidal ext 3		N None 0 CT Comet-Tail 0 M Macrocalcs 1 PC Periph Calc 2 P Punctate 3		

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_____
Sonographer's Signature

FMC	KMC	CMC	TMC
KIC	MIC	PI	TI
MFP	SFP	NRH	Other

US Thyroid Worksheet

Name / MR # / Label