SCROTAL SONOGRAM

Recommended Transducer(s);
GE: M121L Linear, LA39 Linear, and 546 Linear
Acuson: 15L8w Linear, 8L5 Linear

The testis and epididymis should be studied in two projections, long axis and transverse with measurements in both projections. Doppler should be used to evaluate vascularity of the scrotal content.

Images:

Transverse	Rt./Lt. superior (upper pole). Rt./Lt. mid, with AP and transverse measurement of the testicle. Rt./Lt. inferior (lower pole). Bilateral testes for gray scale comparison, on a split image. Rt./Lt. testis with arterial color and spectral Doppler. Bilateral testes with color Doppler comparison, on a split image.
Sagittal	Rt./Lt. Mid Rt./Lt. Medial Rt./Lt. Lateral Rt./Lt. epididymis (head, body, and tail) with thickness measurements and color Doppler. Include the testicle for flow comparison. Bilateral epididymis (head, body, and tail) with color Doppler comparison on a split image.

Measure the scrotal wall thickness (sagittal or transverse) on each side.

All abnormality should be documented with measurements and Doppler if necessary.

Notes:

For accuracy the scrotal wall should be measured without compression. To achieve this measure the wall with a thick layer of jell without compression ("float" the transducer). This can be obtained either in a transverse or sagittal image. Measure from the skin to the most inner echo genic layer (i.e. tunica vaginalis).

The epididymis is best evaluated from a posterior oblique plane. Image the tail of the epididymis by following the body inferiorly. For consistency the **thickness** of the epidymis is measured. Always measure across the epidymis perpendicular to its long axis.
If varices are seen, do the study without and with Valsava maneuver, to differentiate a primary from a secondary type. If no clear change in caliber is seen repeat the maneuver using spectral Doppler.