

*This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.*

## SCROTAL ULTRASOUND (PNS)

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_  
Date: \_\_\_\_\_ Tech initial: \_\_\_\_\_ Ext \_\_\_\_\_  
Patient Age: \_\_\_\_\_ years old Facility: MWH / MIF / ICW / MILH / MINS / MIKG / SH

**INDICATION:** ☐ (Right / Left / Bilateral) scrotal pain. ☐ (Right / Left / Bilateral) palpable scrotal mass.  
☐ (Right / Left / Bilateral) swelling ☐ Other: \_\_\_\_\_

**COMPARISON:** ☐ None ☐ \_\_\_\_\_

**TECHNIQUE:** Trans-scrotal grayscale, color, and pulsed wave doppler sonography of the scrotum performed.  
☐ The patient's area of concern in the right/left groin was also evaluated.

### **FINDINGS:**

**RIGHT TESTICLE:** Right testicle measures \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ (cm).

☐ Homogeneous in echotexture. No discrete intratesticular mass identified. Blood flow within normal limits.

☐ Abnormal [ADD DICTATION]

Findings: \_\_\_\_\_

#### **Right epididymis:**

☐ Within normal limits. Blood flow within normal limits.

☐ Abnormal [ADD DICTATION]

☐ Cyst/Spermatocele ☐ Enlarged ☐ Increased vascularity ☐ Mass

☐ Other: \_\_\_\_\_

**LEFT TESTICLE:** Left testicle measures \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ (cm)

☐ Homogeneous in echotexture. No discrete intratesticular mass identified. Blood flow within normal limits.

☐ Abnormal [ADD DICTATION]

Findings: \_\_\_\_\_

#### **Left epididymis:**

☐ Within normal limits. Blood flow within normal limits.

☐ Abnormal [ADD DICTATION]

☐ Cyst/Spermatocele ☐ Enlarged ☐ Increased vascularity ☐ Mass

☐ Other: \_\_\_\_\_

#### **Additional scrotal findings:**

☐ Within normal limits. No hydrocele, varicocele, or scrotal wall thickening identified.

☐ Sonographic evaluation of the patient's area of concern demonstrates no cystic or solid mass. No inguinal hernia identified.

☐ Abnormal [ADD DICTATION]

☐ Scrotal wall thickening identified.

☐ Other \_\_\_\_\_

Right: ☐ Hydrocele \_\_\_\_\_ Left: ☐ Hydrocele \_\_\_\_\_

☐ Varicocele \_\_\_\_\_ ☐ Varicocele \_\_\_\_\_

### **IMPRESSION:** Preliminary findings/impression subject to radiologist review.

☐ Normal exam. No evidence of orchitis, epididymitis, or testicular torsion.

☐ No sonographic abnormality in the patient's area of concern. Clinical follow-up is recommended for the patient's symptoms.

☐ ADD DICTATION

