

SCROTAL ULTRASOUND

TESTICULAR ULTRASOUND

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Name: _____ Age: _____ Date: _____

Relevant clinical history:

RIGHT TESTIS

Length: mm

Depth: mm Volume: mL (Normal 12.5 - 19 mL¹)

Width: mm

Texture:

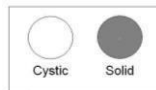
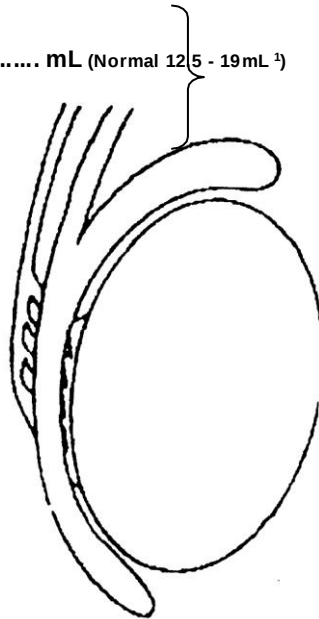
- ☐ Homogeneous
☐ Heterogeneous

Vascularity:

- ☐ Normal
☐ Increased
☐ Absent

Focal Lesion: Yes / No

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LEFT TESTIS

Length: mm

Depth: mm Volume: mL (Normal 12.5 - 19 mL¹)

Width: mm

Texture:

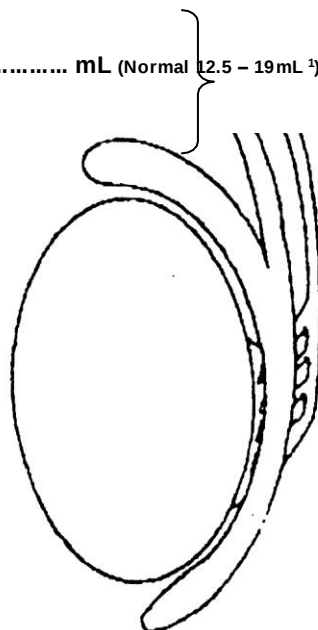
- ☐ Homogeneous
☐ Heterogeneous

Vascularity:

- ☐ Normal
☐ Increased
☐ Absent

Focal Lesion: Yes / No

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RIGHT EPIDIDYMIS

- ☐ Head
☐ Body
☐ Tail
☐ Vascularity

Hydrocele: Yes / No

Varicocele: Yes / No

Comments:

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LEFT EPIDIDYMIS

- ☐ Head
☐ Body
☐ Tail
☐ Vascularity

Hydrocele: Yes / No

Varicocele: Yes / No

Comments:

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Conclusion:

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Sonographer: _____