

Scrotal w/ Duplex

Ultrasound Worksheet

Patient Name: _____

MR#: _____ Date: ____/____/____

Referring Physician: _____

Tech: _____

Reason for Study: _____

Patient History: _____

Palpable Mass?

Prior Diagnostic Testing?

Current Medications related to problem?

Vasectomy?

Hernia?

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Right Left

When: _____

List: _____

When: _____

Right Left

MD PT

Where: _____

Repaired?

RIGHT TESTICLE:

Surgically Absent

LEFT TESTICLE:

Surgically Absent

_____ x _____ x _____ cm

_____ x _____ x _____ cm

Volume: _____ mL

Volume: _____ mL

Homo Hetero Calcifications Appendix Testis

Homo Hetero Calcifications Appendix Testis

Arterial Flow: _____ cm/s PSV _____ cm/s EDV

Arterial Flow: _____ cm/s PSV _____ cm/s EDV

Venous Flow Seen: No Yes

Venous Flow Seen: No Yes

RIGHT EPIDIDYMIS:

Surgically Absent

Surgically Absent

Homo Hetero Cyst Appendix Epididymis

Homo Hetero Cyst Appendix Epididymis

Epi Head: _____ cm WNL Enlarged

Epi Head: _____ cm WNL Enlarged

Arterial Flow: _____ cm/s PSV _____ cm/s EDV

Arterial Flow: _____ cm/s PSV _____ cm/s EDV

Venous Flow Seen: No Yes

Venous Flow Seen: No Yes

RIGHT HEMI-SCROTUM:

Scrotal Wall: _____ cm WNL Enlarged Inc. Vasc.

Scrotal Wall: _____ cm WNL Enlarged Inc. Vasc.

Hydrocele: No Mild Moderate Severe

Hydrocele: No Mild Moderate Severe

If so, the free fluid is: Anechoic Debris-filled Septated

If so, the free fluid is: Anechoic Debris-filled Septated

Hernia seen: No Yes

Hernia seen: No Yes

If so, where: Right Inguinal Canal Right Hemi-Scrotum

If so, where: Left Inguinal Canal Left Hemi-Scrotum

Varicocele seen: No Mild Moderate Severe

Varicocele seen: No Mild Moderate Severe

If so, was the Valsalva Maneuver performed: No Yes

If so, was the Valsalva Maneuver performed: No Yes

Right Scrotal Comments:

Left Scrotal Comments:

Comments: _____