

## Ultrasound Protocol: Scrotum

Review by: Daniel Van Roekel, MD; Melinda Martinez, RDMS; Candice Baujan-Carr, RDMS; Maggie Roberts, MHL, RDMS  
Last Reviewed: 11/12/2025      Link to: [General Imaging Requirements and Pathology Protocol PDF](#)

**Notes on exam codes:** if Spectral Doppler is included, update billing code to include Doppler also.

### List of Required Images

All images to be included on both right and left.

#### Testes

- **Transverse**
  - Complete documentation with at least 4 grayscale images to include:
    - Superior
    - Mid, with and without measurements; width and height (AP)
    - Inferior
  - CINE transverse testis superior-inferior.
- **Sagittal**
  - Complete documentation with at least 4 grayscale images to include:
    - Lateral
    - Mid, with and without measurements length.
    - Medial
  - CINE sagittal testis lateral-medial
- Color Doppler image in either sagittal or transverse.

#### Epididymides

- **Sagittal** – Single image to include as much of the epididymis as possible.
- **Transverse**
  - Head
  - Body
  - Tail
- Color Doppler image in either sagittal or transverse, with attention to appropriate settings to obtain an accurate comparison of flow between right and left epididymides.

#### Spermatic Cord Vessels

- Sagittal to include vessels of the spermatic cord pampiniform plexus. If vessels measure  $\geq 3$  mm at rest and/or numerous and tortuous vessels, and/or clinical indication is scrotal pain, then see Additional Images for Anatomy-Specific Pathology on how to document.

#### Side-by-Side Comparisons

- Side-by-side midline view(s) of testes with Grayscale using the same settings to evaluate symmetry of tissue. If not possible to completely image within a single field-of-view, then Dual Screen or Virtual Convex can be used.

- Side-by-side midline views of testes with color Doppler using same settings to evaluate symmetry of flow. If not possible to completely image within a single field-of-view, then Dual Screen or Virtual Convex can be used. If flow cannot be demonstrated on color Doppler, then power Doppler should be used to increase flow sensitivity.

## Additional Images for Anatomy-Specific Pathology

### Palpable Abnormality

- Palpable area should be directly imaged and annotated, even if pathology is not seen.

### Rule out Torsion or Acute Pain

- Add Spectral Doppler if indication is rule out torsion, acute pain (within last 7 days), or acutely increased pain. If Spectral Doppler is included, then update billing code to include Doppler also.

### Hydrocele

- Document presence and size (trace, small, moderate, large).
- Evaluate complexity of fluid and for presence of septations.
- If complex: provide CINE.

### Varicocele Considered vessels measuring $\geq 3$ mm at rest and/or numerous and tortuous vessels.

- Representative images and measurements of largest veins on each side.
  - Dual Screen Grayscale: at rest and with Valsalva.
    - Include AP measurement at maximum of largest vein at rest and same vein with Valsalva.
  - CINE with color Doppler starting at rest through Valsalva to document any changes in direction of flow.

### Scrotal Wall

- If skin appears thickened, include Dual Screen right and left scrotum, with and without measurement AP.

### Inguinal Region

- If a testis is not located in the scrotum, evaluate the inguinal region. Include sagittal CINE clip with Valsalva to demonstrate mobility or lack of.

Use separate Groin Hernia protocol, if groin evaluation is also requested. These are two distinct exams and imaged separately.

## Common Indications for Scrotal Ultrasound

- Pain • Palpable lump • Swelling