



Urologic Case Submission Requirements

| From the main site: | From <u>each additional site</u> or <u>mobile unit</u> : |
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| Submit a total of 4 diagnostic urologic cases with corresponding final reports in the areas most commonly performed by the practice. | Submit 1 diagnostic urologic case study with corresponding final report . |
| <p style="text-align: center;">All cases must follow the <u>General Requirements for the Submission of Case Studies</u> (http://www.aium.org/accreditation/gencasereq.pdf)</p> | |
| <p><u>Note:</u></p> <p>The following types of cases are <u>NOT ACCEPTABLE</u> for submission:</p> <ul style="list-style-type: none">• Doppler studies• studies performed on automated bladder scanners• studies in which a patient has had a nephrectomy or orchiectomy <p>For the purpose of accreditation, all anatomy must be appropriately labeled (for example – TRV RT KID SUPERIOR).</p> | |

Urology Imaging Checklists

| Renal | | |
|--|---|---------------------------------------|
| <i>Labeled images of the following:</i> | | |
| RIGHT KIDNEY: | | |
| 1. Longitudinal views of RIGHT kidney (including length measurement) | 2. Transverse views of upper pole, renal pelvis, and lower pole of RIGHT kidney | 3. Liver / RIGHT kidney (if possible) |
| LEFT KIDNEY: | | |
| 4. Longitudinal views of LEFT kidney (including length measurement) | 5. Transverse views of upper pole, renal pelvis, and lower pole of LEFT kidney | 6. Spleen / LEFT kidney (if possible) |
| ABNORMALITIES: | | |
| 7. Appropriate views of abnormalities, if applicable | | |

| Prostate | | |
|---|--|---|
| <i>Labeled images of the following:</i> | | |
| 1. Longitudinal views of prostate | 2. Coronal / axial views from apex to base of prostate | 3. Volume estimate based on measurements in 3 orthogonal planes |
| 4. Prostatic urethra, when possible | 5. Periprostatic tissues | 6. Size, shape, and symmetry of seminal vesicles |
| 7. Vasa deferentia (if indicated) | 8. Appropriate views of abnormalities, if applicable | |

| Scrotal | | |
|---|---|---|
| <i>Labeled images of the following:</i> | | |
| 1. Comparison of echogenicity and size of testes | 2. Scrotal skin thickness demonstrated (measure if abnormal) | 3. Extratesticular masses demonstrated, if applicable |
| 4. Extratesticular fluid collections demonstrated, if applicable | | |
| RIGHT HEMISCROTUM: | | |
| 5. Transverse superior view of RIGHT testis | 6. Transverse midportion view of RIGHT testis (measure if abnormal) | 7. Transverse inferior view of RIGHT testis |
| 8. Longitudinal lateral view of RIGHT testis | 9. Longitudinal midportion view of RIGHT testis (measure if abnormal) | 10. Longitudinal medial view of RIGHT testis |
| 11. RIGHT epididymis | | |
| LEFT HEMISCROTUM: | | |
| 12. Transverse superior view of LEFT testis | 13. Transverse midportion view of LEFT testis (measure if abnormal) | 14. Transverse inferior view of LEFT testis |
| 15. Longitudinal lateral view of LEFT testis | 16. Longitudinal midportion view of LEFT testis (measure if abnormal) | 17. Longitudinal medial view of LEFT testis |
| 18. LEFT epididymis | | |
| ABNORMALITIES: | | |
| 19. If abnormality seen, appropriate measurements obtained | | |
| TESTICULAR TORSION: | | |
| 20. If ruling out testicular torsion – flow in symptomatic side compared to asymptomatic side using color and/or spectral Doppler | | |

Urology Imaging Checklists

| Penile / Urethral | | |
|---|--|---|
| <i>Labeled images of the following:</i> | | |
| URETHRA: | | |
| 1. Longitudinal views of urethra | 2. Transverse views of urethra | |
| PHALLUS: | | |
| 3. Longitudinal views of the external portion of the phallus (includes views of the right and left corpora cavernosa and the cavernosal artery) | 4. Transverse images in the proximal, mid and distal portions of the external portion of the phallus | 5. Size and echogenicity of each corpus cavernosum compared to contralateral side |
| CORPORAL VASCULATURE (if indicated): | | |
| 6. Vascular integrity documented with color and spectral Doppler, before and after pharmacostimulation | 7. Appropriate spectral Doppler angle of incidence | |
| 8. PSV and EDV measured with at least 3 equal peaks and troughs present | 9. Vascular integrity documented at discrete time intervals | |
| ABNORMALITIES | | |
| 10. Appropriate views of abnormalities, if applicable | | |

| Limited Pelvic | | |
|--|---|--|
| <i>Labeled images of the following:</i> | | |
| BLADDER: | | |
| 1. Mid-transverse view of the bladder (with AP and width measurements, if indicated) | 2. Mid-sagittal view of the bladder (with length measurement, if indicated) | |
| 3. Measurement of bladder wall thickness (if indicated) | 4. Calculated bladder volume or post void residual, if indicated | 5. Appropriate views of abnormalities, if applicable |
| PROSTATE: | | |
| 6. Longitudinal views of prostate | 7. Coronal / axial views of prostate | |
| 8. Volume estimate based on measurements in 3 orthogonal planes | 9. Appropriate views of abnormalities, if applicable | |

| Bladder | | | | |
|--|---|--|--|--|
| <i>Labeled images of the following:</i> | | | | |
| 1. Mid-transverse view of the bladder (with AP and width measurements, if indicated) | 2. Mid-sagittal view of the bladder (with length measurement, if indicated) | 3. Measurement of bladder wall thickness, if indicated | 4. Calculated bladder volume or post void residual, if indicated | 5. Appropriate views of bladder abnormalities, if applicable |