# Urologic Case Submission Requirements

<table>
<thead>
<tr>
<th>From the main site:</th>
<th>From each additional site or mobile unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit a total of 4 diagnostic urologic cases with corresponding final reports in the areas most commonly performed by the practice.</td>
<td>Submit 1 diagnostic urologic case study with corresponding final report.</td>
</tr>
</tbody>
</table>

All cases must follow the [General Requirements for the Submission of Case Studies](http://www.aium.org/accreditation/gencasereq.pdf).

**Note:**

The following types of cases are **NOT ACCEPTABLE** for submission:

- Doppler studies
- Studies performed on automated bladder scanners
- Studies in which a patient has had a nephrectomy or orchiectomy

For the purpose of accreditation, all anatomy must be appropriately labeled (for example – TRV RT KID SUPERIOR).
# Urology Imaging Checklists

## Renal

**Labeled images of the following:**

### 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

## Scrotal

**Labeled images of the following:**

### RIGHT HEMISCROTUM:

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

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

## Prostate

**Labeled images of the following:**

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
# Urology Imaging Checklists

## Penile / Urethral

### Labeled images of the following:

<table>
<thead>
<tr>
<th>URETHRA:</th>
<th>PHALLUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Longitudinal views of urethra</td>
<td>3. Longitudinal views of the external portion of the phallus</td>
</tr>
<tr>
<td>2. Transverse views of urethra</td>
<td>4. Transverse images in the proximal, mid and distal portions of the</td>
</tr>
<tr>
<td></td>
<td>external portion of the phallus</td>
</tr>
<tr>
<td></td>
<td>5. Size and echogenicity of each corpus cavernosum compared to</td>
</tr>
<tr>
<td></td>
<td>contralateral side</td>
</tr>
</tbody>
</table>

### CORPORAL VASCULATURE (if indicated):

<table>
<thead>
<tr>
<th>6. Vascular integrity documented with color and spectral Doppler, before and after pharmacostimulation</th>
<th>7. Appropriate spectral Doppler angle of incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. PSV and EDV measured with at least 3 equal peaks and troughs present</td>
<td>9. Vascular integrity documented at discrete time intervals</td>
</tr>
</tbody>
</table>

### ABNORMALITIES

10. Appropriate views of abnormalities, if applicable

## Limited Pelvic

### Labeled images of the following:

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

## Bladder

### Labeled images of the following:

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