Case Study Submission Requirements: Urologic Ultrasound

- All cases must follow the General Requirements for the Submission of Case Studies.

- All cases must include a finalized corresponding report. For reporting criteria, refer to the Documentation Practice Parameter.

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

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

From the main site:

- Submit 4 diagnostic urologic case studies with their corresponding final reports in the areas most commonly performed by the practice

From each additional site or mobile unit:

- Submit 1 diagnostic urologic case study with its corresponding final report
Urologic Ultrasound Imaging Checklists

- All cases must include a finalized corresponding report. For reporting criteria, refer to the [Documentation Practice Parameter](#).

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

### Scrotal

**Labeled images of the following:**

- ☐ 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
**Urologic Ultrasound Imaging Checklists**

<table>
<thead>
<tr>
<th>Limited Pelvic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLADDER</strong></td>
</tr>
<tr>
<td>☐ 1. Mid-transverse view of the bladder (with AP and width measurements, if indicated)</td>
</tr>
<tr>
<td>☐ 2. Mid-sagittal view of the bladder (with length measurement, if indicated)</td>
</tr>
<tr>
<td>☐ 3. Measurement of bladder wall thickness (if indicated)</td>
</tr>
<tr>
<td>☐ 4. Calculated bladder volume or post void residual, if indicated</td>
</tr>
<tr>
<td>☐ 5. Appropriate views of abnormalities, if applicable</td>
</tr>
</tbody>
</table>

| **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**

| **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 |

**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 |
# Urologic Ultrasound 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

## Penile / Urethral

**Labeled images of the following:**

### 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 at least 3 equal peaks and troughs present
- ☐ 9. Vascular integrity documented at discrete time intervals

### ABNORMALITIES

- ☐ 10. Appropriate views of abnormalities, if applicable