



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: |
| <ul style="list-style-type: none"><input type="checkbox"/> 1. Comparison of echogenicity and size of testes<input type="checkbox"/> 2. Scrotal skin thickness demonstrated (measure if abnormal)<input type="checkbox"/> 3. Extratesticular masses demonstrated, if applicable<input type="checkbox"/> 4. Extratesticular fluid collections demonstrated, if applicable |
| RIGHT HEMISCROTUM |
| <ul style="list-style-type: none"><input type="checkbox"/> 5. Transverse superior view of RIGHT testis<input type="checkbox"/> 6. Transverse midportion view of RIGHT testis (measure if abnormal)<input type="checkbox"/> 7. Transverse inferior view of RIGHT testis<input type="checkbox"/> 8. Longitudinal lateral view of RIGHT testis<input type="checkbox"/> 9. Longitudinal midportion view of RIGHT testis (measure if abnormal)<input type="checkbox"/> 10. Longitudinal medial view of RIGHT testis<input type="checkbox"/> 11. RIGHT epididymis |
| LEFT HEMISCROTUM |
| <ul style="list-style-type: none"><input type="checkbox"/> 12. Transverse superior view of LEFT testis<input type="checkbox"/> 13. Transverse midportion view of LEFT testis (measure if abnormal)<input type="checkbox"/> 14. Transverse inferior view of LEFT testis<input type="checkbox"/> 15. Longitudinal lateral view of LEFT testis<input type="checkbox"/> 16. Longitudinal midportion view of LEFT testis (measure if abnormal)<input type="checkbox"/> 17. Longitudinal medial view of LEFT testis<input type="checkbox"/> 18. LEFT epididymis |
| ABNORMALITIES |
| <ul style="list-style-type: none"><input type="checkbox"/> 19. If abnormality seen, appropriate measurements obtained |
| TESTICULAR TORSION |
| <ul style="list-style-type: none"><input type="checkbox"/> 20. If ruling out testicular torsion – flow in symptomatic side compared to asymptomatic side using color and/or spectral Doppler |

Urologic Ultrasound Imaging Checklists

Limited Pelvic

Labeled images of the following:

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

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 (medial, mid, lateral) 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 (medial, mid, lateral) 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 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