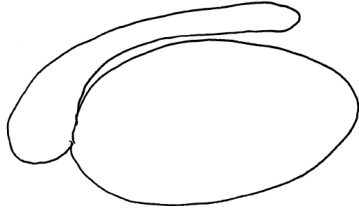


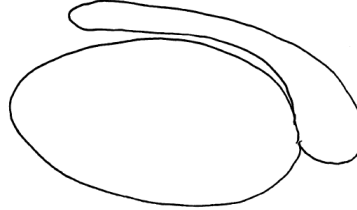
# Scrotal Ultrasound Worksheet

**History:**

<input type="checkbox"/> Scrotal Trauma <input type="checkbox"/> Swelling <input type="checkbox"/> Infection (Cellulitis, mumps) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Scrotal Pain:      LEFT    RIGHT <input type="checkbox"/> Mass:                      LEFT    RIGHT <input type="checkbox"/> Undescended:      LEFT    RIGHT <input type="checkbox"/> Duration: _____
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**RIGHT**



**LEFT**

	Comments	
<b>Right Testis</b>	<input type="checkbox"/> Hydrocele	Size: (cm)
	<input type="checkbox"/> Varicocele	
	<input type="checkbox"/> Blood flow	
	<input type="checkbox"/> Epididymal cyst	
<b>Left Testis</b>	<input type="checkbox"/> Hydrocele	Size: (cm)
	<input type="checkbox"/> Varicocele	
	<input type="checkbox"/> Blood flow	
	<input type="checkbox"/> Epididymal cyst	
<b>Extrascrotal</b>	<input type="checkbox"/> Mass	
	<input type="checkbox"/> Hernia	

**Comments:**

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Technologist \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_