

Case Study Submission Requirements: Urologic Ultrasound

Refer to the Accreditation Application Manual for additional case study submission requirements.

Only case studies with an ultrasound indication, listed in the relevant practice parameters, will be accepted. (Non-indicated exams will not be accepted.)

The following types of cases are <u>not acceptable</u> 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

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		
\square 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

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 Note: Exam must be performed transrectally. 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		
\square 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		

Changes made to this document since previous version:

7/24/24	added requirement for proper exam indication