

Questions

1. Sonographic Anatomy

- A. The normal scrotal thickness varies between 2-8 mm.
- B. The tunica vaginalis forms the outer fibrous covering of the testis.
- C. The tunica albuginea is seen as a thin, continuous echogenic line.
- D. The tunica albuginea invaginates into the interior of the testis to form the mediastinum testis.
- E. The epididymal head is located at the inferolateral aspect of the testis.

2. Trauma

- A. Haematocoeles appear on ultrasound as complex fluid collections with mobile internal echoes.
- B. Haematomas may occur in the scrotal wall, testicular parenchyma and spermatic cord.
- C. In testicular fracture, there is disruption of the tunica albuginea and abnormal testicular contour.
- D. Testicular rupture may be managed conservatively.
- E. Traumatic epididymitis mimics infective epididymitis on imaging.

3. Infection

- A. Viral infection is the most common cause of epididymo-orchitis.
- B. Ultrasound features of epididymo-orchitis include enlargement of the epididymis and testis, hypoechoic echotexture and increased vascularity.
- C. If left untreated, epididymo-orchitis may progress to abscess formation and even infarction.
- D. Mumps should be considered in cases where there is orchitis without epididymitis.
- E. Fournier's gangrene is a diagnosis made on imaging.

4. Ischaemia

- A. The bell-clapper deformity is typically unilateral.
- B. In testicular torsion, salvage rates approach 100% when detorsion is performed within 24 hours.
- C. A normal testicular echotexture on ultrasound excludes ischaemia.
- D. Identifying a twisted spermatic cord is highly specific for torsion.
- E. Torsion of the appendix testis occurs in young boys and can often mimic testicular torsion.

5. Imaging Pitfalls

- A. Pitfalls may arise from modality specific technical factors, anatomical variants or incomplete clinical information.
- B. Any focal testicular lesion showing internal vascularity should raise the concern for tumour and not be mistaken for a haematoma.
- C. A hypervascular testicular tumour may masquerade as infection.
- D. Testicular tumours are only rarely diagnosed on imaging for scrotal trauma.
- E. Scrotal pain may be referred from intra-abdominal pathologies such as those related to the urinary tract and abdominal aorta.