
Procedure Title: **Testicular/Scrotal Ultrasound**

Patient Name: _____

Appointment Time:

When: _____ Date: _____ Time: _____

Where: You will report to the admitting office (main hospital entrance). Then report to Radiology. Someone from Ultrasound will be with you as soon as possible.

Purpose : This test uses sound waves to take images of your scrotum/testicles. This scan is safe and painless. There is no radiation involved.

Preparation: There is no preparation for this examination.

Procedure: This examination usually takes about 30 minutes. You will need to pull your pants and underwear down to your knees. A water-based gel will be applied over your scrotum. A plastic device called a transducer will be moved over your scrotum to obtain the necessary images for the Radiologist.

After Care: You may resume all normal activities after the test. Follow up with your attending physician to discuss results. Results usually are available to the physician in 2 business days.

Please call (812) 254-8851 to talk with one of the Ultrasound Technologists if you have any questions.

Reviewed: 11/11/2014