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Women and Fertility

Name : **Mr. Satwik**
Age/Gender : **15 yrs/ Male**
Ref. By : **Dr. Sandeep Reddy**

Released on : **13-05-2025 19:19**
Printed on : **5/13/2025 7:19 PM**

ULTRASOUND SCROTUM

History :

Pain and swelling in Left hemiscrotum.

Technique :

High resolution Ultrasonogram of Scrotum was performed using linear 7.5 MHz transducer.

Findings:

Right testis : 41 x 18 x 25 mm ; (Volume: 13.6 cc).

Normal in size, shape, position and echotexture.

Left testis : 32 x 28 x 27 mm ; (Volume: 10.5 cc)

Normal in size, shape, position and echotexture.

Bilateral epididymis are normal in size, shape and echotexture.

Simple cyst measuring 0.6 x 0.4 cm noted in the head of left epididymis.

No e/o hydrocele bilaterally.

Left spermatic cord contents appears bulky and hyperechoic - likely s/o left mild funiculitis.

Few dilated pampiniform plexus of veins (max calibre 3.2 mm) are noted extending upto lower pole of left testis showing reflux on Valsalva in supine position – Likely S/o Left Grade II-III Varicocele (Sarteschi Classification)

Scrotal wall appears normal.



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Impression:

Left Mild Funiculitis.

Left Simple Epididymal Cyst.

Left Grade II – III Varicocele (Sarteschi Classification).

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MBBS, MD
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Classification according to Sarteschi

Grade I: reflux at the level of groin only during the Valsalva maneuver, without scrotal deformation or testicular hypotrophy

Grade II: reflux at the level of the proximal segment of the pampiniform plexus only during the Valsalva maneuver, without scrotal deformation or testicular hypotrophy

Grade III: reflux in the distal vessels at the level of lower scrotum only during the Valsalva maneuver, without scrotal deformation or testicular hypotrophy

Grade IV: spontaneous reverse flow, increasing during the Valsalva maneuver, with scrotal deformation and possible testicular hypotrophy

Grade V: resting reflux in the dilated pampiniform plexus, possibly increasing during the Valsalva maneuver, always accompanied by testicular hypotrophy



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