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.