MULTIPLE CHOICE

AB SCROTUM AND TESTES - PRACTICE SET - ANSWER KEY

1. Where is the appendix epididymis located?

A. Within the mediastinum testis
B. Between the testis and epididymis
C. Attached to the tail of the epididymis
D. Attached to the head of the epididymis

2. What are the typical sonographic findings of torsion of the appendix testis or appendix epididymis?

A. A large hyperechoic intratesticular mass with absent peripheral flow
B. A small hypoechoic mass between the epididymis and superior testis with increased peripheral color Doppler flow around the mass; if hemorrhage occurs, the mass may become hyperechoic
C. A heavily calcified mass with dense posterior acoustic shadowing
D. Diffuse absence of flow throughout the entire testis

3. What are the typical clinical findings of a germ cell tumor of the testis?

A. Fever, dysuria, and scrotal erythema
B. Sudden scrotal swelling after blunt trauma
C. Acute severe scrotal pain with absent intratesticular flow
D. A painless lump, scrotal discomfort, or testicular enlargement

4. Do simple intratesticular cysts typically require treatment?

A. Yes
B. No

5. What are the typical sonographic findings of a sperm granuloma?

A. An anechoic thin-walled cyst with posterior acoustic enhancement
B. A tortuous tubular structure with venous Doppler flow
C. Multiple shadowing echogenic foci scattered through the testis
D. A well-defined, often heterogeneous solid mass that is isoechoic or hypoechoic relative to the epididymis, with increased vascularity when inflamed

6. Where do spermatozoa mature and accumulate?

A. Within the seminiferous tubules
B. Within the epididymis
C. Within the rete testis
D. Within the seminal vesicles

7. The vas deferens joins which structure to form the ejaculatory duct?

A. Prostatic urethra
B. Duct of the seminal vesicle
C. Bulbourethral gland duct
D. Efferent ductule

8. What are the multiple fibrous extensions of the tunica albuginea that course toward the mediastinum testis and divide the testicle into lobules called?

A. Septa testis
B. Efferent ductules
C. Recurrent rami
D. Seminiferous tubules

9. Hydroceles are most commonly located in which part of the scrotum relative to the testis?

A. Medial and inferior to the epididymal tail
B. Anterolateral to the testis
C. Superior to the epididymal head only
D. Directly posterior to the testis at the bare area

10. Epididymal tumors are typically:

A. Painful
B. Painless
C. Associated with fever

11. What are the typical sonographic findings of orchitis?

A. A normal-sized testis with absent intratesticular flow
B. Enlarged testis with focal hypoechoic or heterogeneous areas, or diffusely enlarged with homogeneous hypoechogenicity
C. A small, atrophic, uniformly hyperechoic testis
D. A heavily calcified testis with dense posterior shadowing

12. What is the underlying cause of testicular torsion?

A. Ascending lower urinary tract infection
B. Abnormal mobility of the testis within the scrotum
C. Direct blunt scrotal trauma in every case
D. Hyperemia of the pampiniform plexus

13. Which of the following can cause increased pressure on the spermatic vein and lead to a secondary varicocele?

A. Renal hydronephrosis, liver cirrhosis, or an abdominal mass
B. Microlithiasis
C. Tunica albuginea cyst
D. Bacterial epididymitis

14. What range of Doppler frequencies is commonly used for color and spectral Doppler during scrotal ultrasound?

A. Below 1 MHz
B. 1 to 3 MHz
C. 10 to 15 MHz
D. 4 to 8 MHz

15. Which technique best differentiates tubular ectasia of the rete testis from an intratesticular varicocele on ultrasound?

A. Grayscale B-mode imaging at higher frequency
B. Color Doppler imaging
C. Tissue harmonic imaging
D. Real-time elastography

16. Which layer of the tunica vaginalis lines the inner wall of the scrotum?

A. Parietal layer
B. Tunica albuginea
C. Visceral layer
D. Dartos layer

17. What connects the seminal vesicle and the vas deferens to the urethra at the verumontanum?

A. Efferent ductules
B. Ejaculatory ducts
C. Ductus epididymis
D. Rete testis

18. What is the most common predisposing anatomic etiology for testicular torsion?

A. Varicocele
B. Cryptorchidism
C. Bell clapper deformity
D. Polyorchidism

19. Which muscle layer lies immediately beneath the scrotal skin?

A. Cremaster muscle
B. Dartos muscle
C. Tunica vaginalis
D. Tunica albuginea

20. Which secondary testicular neoplasm is most often found in children?

A. Leukemic involvement of the testicle
B. Malignant lymphoma
C. Metastatic renal cell carcinoma
D. Metastatic prostate carcinoma

21. Testicular cancer is more common in which racial group?

A. Asian men
B. Black men
C. White men

22. Does the presence of a hematocele confirm testicular rupture?

A. Yes
B. No

23. Can testicular torsion be associated with testicular trauma?

A. No
B. Yes

24. What is the typical sonographic appearance of a spermatocele?

A. A simple or multilocular cystic collection that may contain low-level internal echoes
B. Multiple shadowing echogenic foci within the epididymal head
C. A solid hypoechoic mass with internal vascularity
D. A serpiginous tubular structure with venous Doppler signal

25. How common is the absence of both testes (bilateral anorchia)?

A. Common in premature infants and resolves with growth
B. Found in about half of patients with cryptorchidism
C. Common, found in most patients with a nonpalpable testis
D. Rare, found in only 0.6 to 1.0 percent of patients with a nonpalpable testis