

MULTIPLE CHOICE

AB SCROTUM AND TESTES - PRACTICE SET

PROPOSED FOR REVIEW - questions are the author's verbatim Q&A; distractors are auto-selected from other answers in the same bank and must be checked by a subject-matter reviewer (a distractor could coincidentally be correct). Not authoritative assessment content.

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 hypoechoogenicity
- 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