

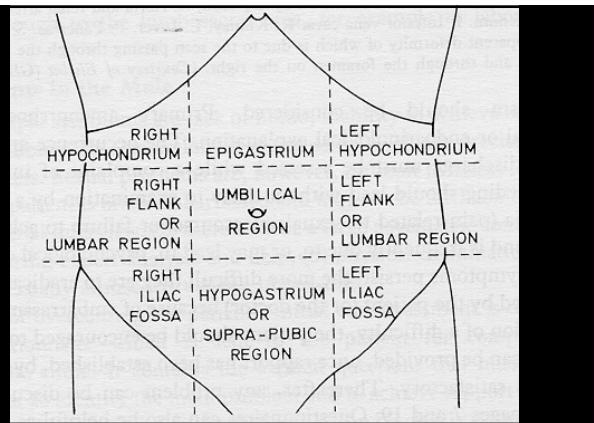
Genito-Urinary Examination

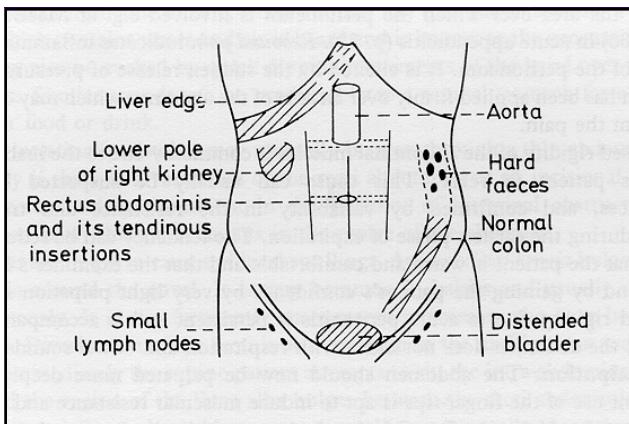
Robert C. Flanigan, MD

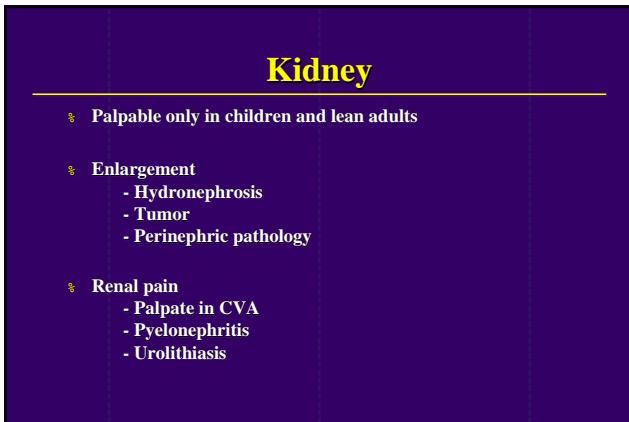
Albert J. Jr. and Claire R. Speh
Professor and Chairperson
Department of Urology
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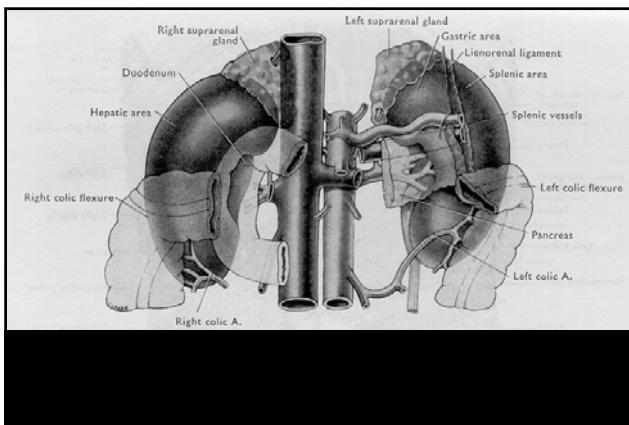
GU Organs

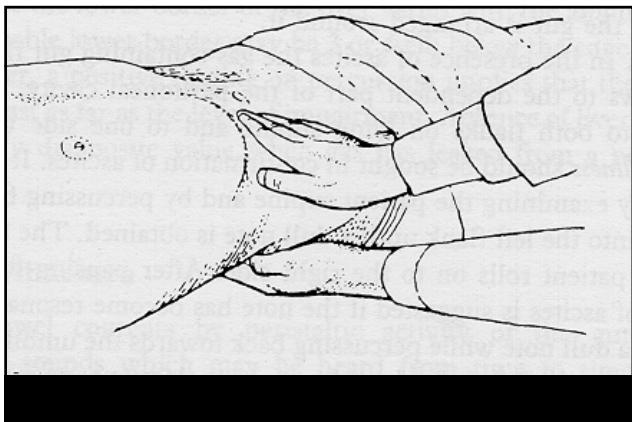
- * Internal
 - Kidney
 - Ureter
 - Bladder
 - Prostate
 - Seminal vesicle
 - Vasal ampulla
- * External
 - Penis
 - Testis
 - Epididymis
 - Vas deferens
 - Spermatic cord

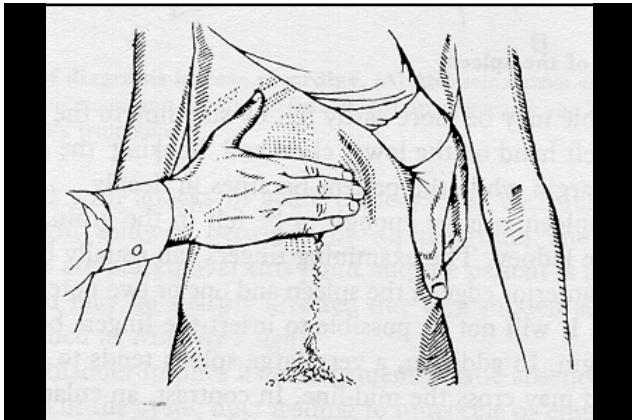










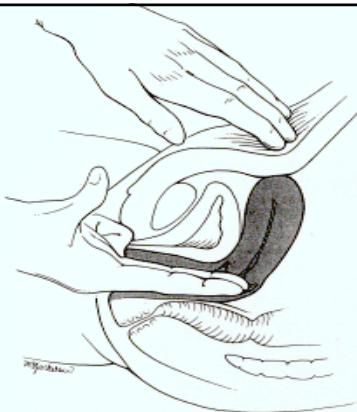


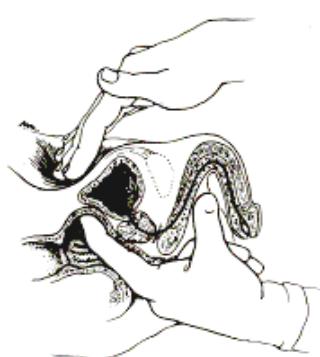
Ureter

- * Impalpable except when massively dilated in children
- * Traumatized by GSW and stabbing over a wide area of abdomen and back
- * Best examined radiologically

Bladder

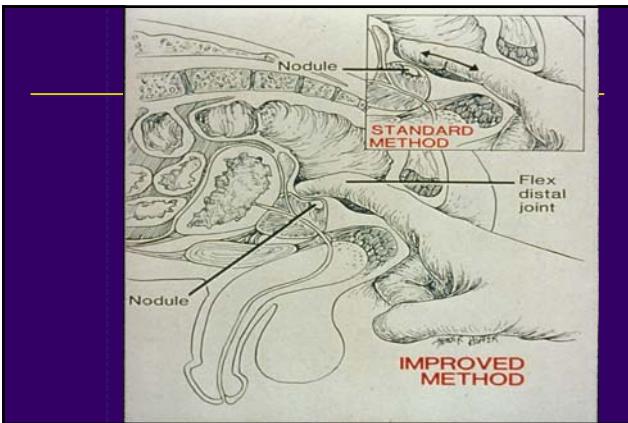
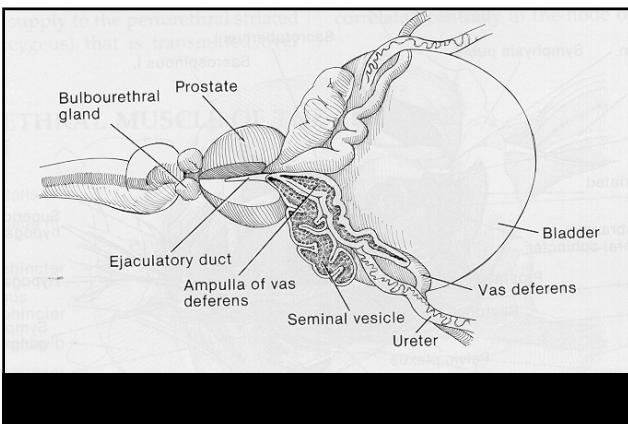
- ✖ Extraperitoneal organ in adults
- ✖ Palpable above pubis in midline
- ✖ Dull to percussion
- ✖ Compression elicits pain
- ✖ Distension
 - Urinary retention
 - Displacement

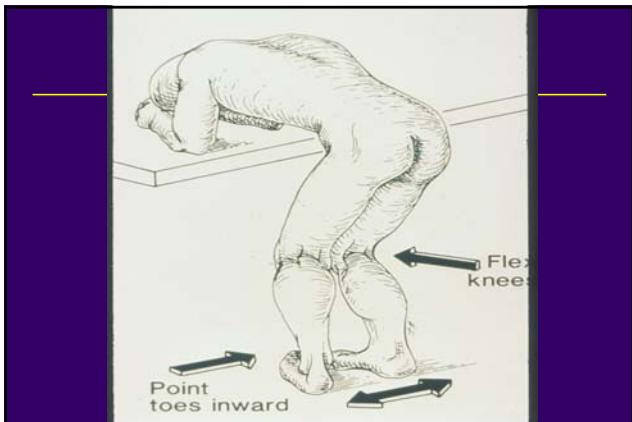


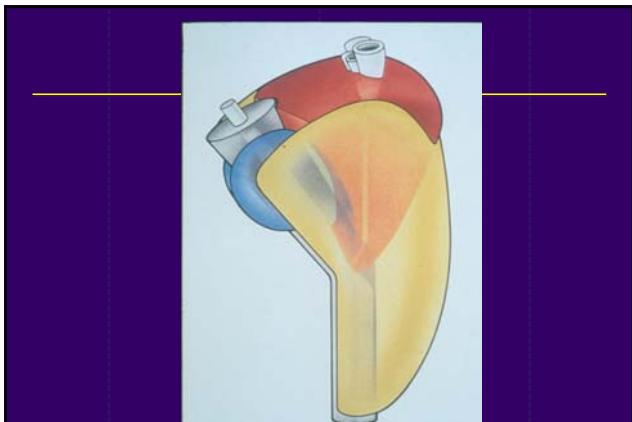


Prostate

- ⌘ Palpable by DRE
- ⌘ “Chestnut-sized, squash ball consistency”
- ⌘ Enlargement in 30’s
- ⌘ Examination
 - Position
 - Landmarks
 - Prostate features
- ⌘ Radiologic imaging







Seminal Vesicle

- ⌘ Impalpable except in rare cases
- ⌘ Lies postero-lateral to prostate
- ⌘ Function
- ⌘ Radiologic imaging
- ⌘ Enlargement
 - Tumor
 - Ejaculatory duct obstruction

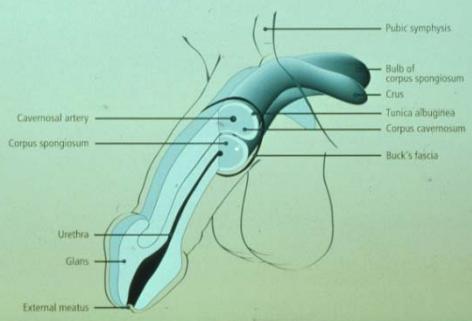
Vasal Ampulla

- * Impalpable except in rare cases
- * Lies posterior to prostate either side of midline

Penis

- * Anatomy
- * Abnormalities
 - Meatus
 - Prepuce
 - Skin
 - Erectile chambers

Penile Anatomy



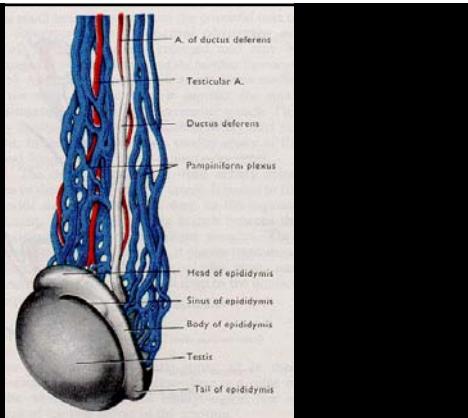
Testis

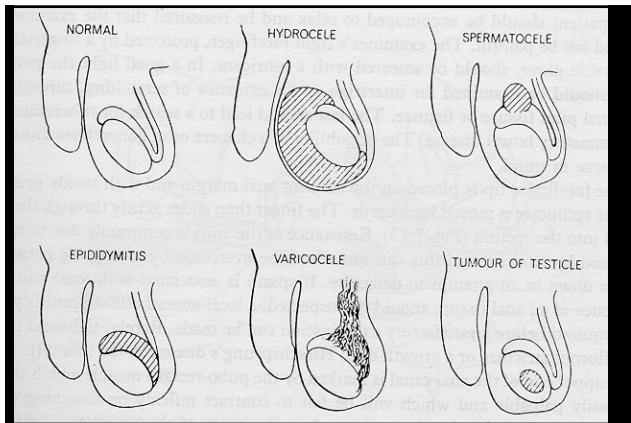
Dimensions

Consistency

Enlargement

- Testis versus entire hemiscrotum?
- "Get above mass?"
- Tenderness?





Vas Deferens

- ⌘ Difficult to palpate except through practice
- ⌘ Fibrous, mobile cord
- ⌘ Presence vs absence

Epididymis

- ⌘ Posterolateral to testis
- ⌘ Anatomic parts
- ⌘ Enlargement
 - Inflammation/infection
 - Tumor
 - Obstruction

Spermatic Cord

- ⌘ Varicose veins (Varicoceles)
- ⌘ Lipoma
- ⌘ Hernia

