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LAST REVIEWED: 12/29/2025 IAN MCLAREN

ADRENAL INCIDENTALOMA	
<i>IMAGING/STUDIES</i>	Consider adrenal protocol CT
<i>LABS</i>	<ul style="list-style-type: none"> • BMP • DHEAS • Renin Aldosterone • Plasma metanephrines • Salivary cortisol
<i>COMMENTS</i>	Refer for size 1.5cm or hormonal activity

ANURIA / OLIGURIA (SUSPECTED OBSTRUCTION)	
<i>IMAGING/STUDIES</i>	Bladder Scan Consider renal ultrasound
<i>LABS</i>	<ul style="list-style-type: none"> • BMP • UA

<i>OTHER</i>	Catheterize if retention suspected
<i>COMMENTS</i>	Bilateral obstruction is an URGENT referral

BENIGN PROSTATIC HYPERPLASIA (BPH)/LUTS

<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR • PSA if indicated
<i>MEDICATIONS</i>	Trial of α -blocker/finasteride/tadalafil
<i>OTHER</i>	Lifestyle modifications

BLADDER CANCER (SUSPECTED)

<i>IMAGING/STUDIES</i>	Renal/bladder US or CT urogram
<i>LABS</i>	<ul style="list-style-type: none"> • UA with microscopy • Urine cytology
<i>COMMENTS</i>	This is an URGENT referral

BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS

<i>LABS</i>	<ul style="list-style-type: none"> • UA • Urine culture
<i>MEDICATIONS</i>	Trial amitriptyline
<i>OTHER</i>	<ul style="list-style-type: none"> • Patient symptom diary • Avoid bladder irritants • Timed voiding

BLADDER OUTLET OBSTRUCTION (FEMALE)

<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR
<i>MEDICATIONS</i>	Medication review
<i>COMMENTS</i>	Refer if persistent retention or unclear cause

CHRONIC PELVIC PAIN (MALE OR FEMALE)

<i>LABS</i>	<ul style="list-style-type: none"> • UA • STI testing
<i>MEDICATIONS</i>	<ul style="list-style-type: none"> • NSAIDs • Avoid unnecessary antibiotics
<i>OTHER</i>	Pelvic exam or digital rectal exam

<i>COMMENTS</i>	Pelvic floor relaxation exercises
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CRYPTORCHIDISM	
<i>OTHER</i>	Physical exam
<i>COMMENTS</i>	Refer if persists >6 months of age.

EPIDIDYMITIS/ORCHITIS	
<i>LABS</i>	<ul style="list-style-type: none"> • UA • Urine culture • STI testing
<i>MEDICATIONS</i>	<ul style="list-style-type: none"> • Antibiotics • NSAIDs
<i>OTHER</i>	Scrotal support

ERECTILE DYSFUNCTION	
<i>LABS</i>	<ul style="list-style-type: none"> • Fasting glucose/A1c • AM testosterone
<i>MEDICATIONS</i>	PDE5 inhibitor trial unless contraindicated
<i>OTHER</i>	Medication review

FEMALE VOIDING DYSFUNCTION/RETENTION	
<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR
<i>MEDICATIONS</i>	Medication review
<i>COMMENTS</i>	Refer if PVR >200 mL or unclear etiology

FLANK PAIN/SUSPECTED NEPHROLITHIASIS	
<i>IMAGING/STUDIES</i>	Non-contrast CT or renal US
<i>LABS</i>	<ul style="list-style-type: none"> • UA • BMP
<i>MEDICATIONS</i>	<ul style="list-style-type: none"> • Tamsulosin for distal stones • Pain control
<i>OTHER</i>	Hydration

FOURNIER'S GANGRENE/SCROTAL ABSCESS

<i>LABS</i>	<ul style="list-style-type: none"> • CBC • Lactate • Cultures
<i>OTHER</i>	Physical Exam
<i>COMMENTS</i>	This is an EMERGENCY . Send to ER.

GROSS HEMATURIA

<i>IMAGING/STUDIES</i>	CT IVP
<i>LABS</i>	<ul style="list-style-type: none"> • UA • Urine culture
<i>COMMENTS</i>	This is an URGENT referral

GROSS HEMATURIA ON ANTICOAGULATION

<i>IMAGING/STUDIES</i>	CT IVP
<i>LABS</i>	<ul style="list-style-type: none"> • UA • Urine culture • INR
<i>COMMENTS</i>	This is an URGENT referral. Do not attribute solely to anticoagulation

HYDRONEPHROSIS

<i>IMAGING/STUDIES</i>	Renal imaging
<i>LABS</i>	<ul style="list-style-type: none"> • BMP • UA
<i>COMMENTS</i>	Refer if moderate/severe or with renal dysfunction

HYDROCELE/SPERMATOCELE

<i>IMAGING/STUDIES</i>	Scrotal US if diagnosis uncertain
<i>COMMENTS</i>	Observe if asymptomatic

INFERTILITY (MALE)

<i>LABS</i>	<ul style="list-style-type: none"> • Semen analysis • FSH • LH • Testosterone • Prolactin
<i>COMMENTS</i>	Refer if abnormal semen parameters. Consider referral to infertility center.

MICROSCOPIC HEMATURIA (PERSISTENT)

<i>IMAGING/STUDIES</i>	CT IVP or renal ultrasound
<i>LABS</i>	If clearly UTI, repeat UA after infection cleared otherwise referral to urology
<i>COMMENTS</i>	Refer if >3 RBC/hpf

NEUROGENIC BLADDER

<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR • BMP
<i>MEDICATIONS</i>	Medication review
<i>COMMENTS</i>	Referral to urology

NOCTURIA/POLYURIA

<i>IMAGING/STUDIES</i>	Sleep apnea screening
<i>LABS</i>	UA
<i>OTHER</i>	<ul style="list-style-type: none"> • Voiding diary • Lifestyle modification • Medication timing changes

PELVIC ORGAN PROLAPSE (SYMPTOMATIC)

<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR if retention suspected
<i>OTHER</i>	<ul style="list-style-type: none"> • Pelvic exam • Pelvic floor exercises

<i>COMMENTS</i>	Referral to gynecology
PENILE CURVATURE/PEYRONIE'S DISEASE	
<i>MEDICATIONS</i>	NSAIDs
<i>OTHER</i>	Physical exam, assess function
<i>COMMENTS</i>	Refer if curvature >30° or painful

PENILE LESIONS/MASSES	
<i>LABS</i>	STI testing
<i>OTHER</i>	Physical exam
<i>COMMENTS</i>	Refer for biopsy or excision

PERSISTENT/RECURRENT UTIS	
<i>IMAGING/STUDIES</i>	Renal/bladder US.
<i>LABS</i>	Culture-documented infections
<i>OTHER</i>	<ul style="list-style-type: none"> • Lifestyle changes • Vaginal estrogen for post-menopausal women
<i>COMMENTS</i>	Consider referral to Infectious Disease Clinic

PHIMOSIS/PARAPHIMOSIS	
<i>MEDICATIONS</i>	Topical steroid for phimosis
<i>OTHER</i>	Physical Exam
<i>COMMENTS</i>	Paraphimosis is an EMERGENCY. Send patient to ER.

POST-VOID RESIDUAL (ELEVATED)	
<i>LABS</i>	UA
<i>MEDICATIONS</i>	Medication Review
<i>COMMENTS</i>	Refer if >200 mL or symptomatic

PRIAPISM	
<i>OTHER</i>	Physical exam
<i>COMMENTS</i>	Send to ER for any erection lasting more than 4 hours

ELEVATED PSA

<i>LABS</i>	Confirmatory PSA
<i>OTHER</i>	Prostate exam
<i>COMMENTS</i>	Refer if persistently elevated or abnormal exam

PROSTATITIS (CHRONIC OR RECURRENT)

<i>LABS</i>	<ul style="list-style-type: none"> • UA • Culture • STI testing
<i>MEDICATIONS</i>	<ul style="list-style-type: none"> • Trial antibiotics • NSAIDs
<i>OTHER</i>	Sitz baths

RENAL CYSTS

<i>IMAGING/STUDIES</i>	Renal US or CT for characterization
<i>COMMENTS</i>	Refer if Bosniak \geq IIF or uncertain features

RENAL MASS

<i>IMAGING/STUDIES</i>	Renal mass protocol CT/MRI
<i>LABS</i>	BMP
<i>COMMENTS</i>	Refer directly to urology

RENAL TRAUMA

<i>IMAGING/STUDIES</i>	CT abdomen/pelvis with contrast
<i>LABS</i>	UA
<i>COMMENTS</i>	ER evaluation

RENAL OR URETERAL STONES

<i>IMAGING/STUDIES</i>	CT KUB
<i>LABS</i>	<ul style="list-style-type: none"> • UA • BMP
<i>MEDICATIONS</i>	<ul style="list-style-type: none"> • Analgesia • Tamsulosin for small stones
<i>OTHER</i>	Hydration
<i>COMMENTS</i>	ER if concerns for UTI or infection

SCROTAL OR TESTICULAR MASS

<i>IMAGING/STUDIES</i>	Scrotal US
<i>LABS</i>	UA
<i>COMMENTS</i>	URGENT referral if solid intratesticular lesion

STRESS URINARY INCONTINENCE

<i>LABS</i>	<ul style="list-style-type: none"> • UA • PVR • Cough stress test
<i>OTHER</i>	<ul style="list-style-type: none"> • Pelvic floor exercises • Weight loss

TESTICULAR ATROPHY/MICROLITHIASIS

<i>IMAGING/STUDIES</i>	Scrotal ultrasound
<i>COMMENTS</i>	Refer if symptomatic or with mass

TESTICULAR PAIN (ACUTE OR CHRONIC)

<i>IMAGING/STUDIES</i>	Scrotal ultrasound with Doppler if acute
<i>LABS</i>	UA
<i>COMMENTS</i>	Refer if chronic >3 months or unclear etiology

TESTICULAR TORSION

<i>OTHER</i>	Clinical diagnosis
<i>COMMENTS</i>	This is an EMERGENCY referral. Do not delay referral for imaging.

URACHAL REMNANT/UMBILICAL DRAINAGE

<i>IMAGING/STUDIES</i>	US if uncertain
<i>OTHER</i>	Physical exam
<i>COMMENTS</i>	Refer for excision if persistent

URETHRAL DISCHARGE/STRICTURE

<i>LABS</i>	<ul style="list-style-type: none"> • UA • STI Testing
<i>COMMENTS</i>	Refer if recurrent or with weak stream

URETHRAL INJURY (TRAUMATIC)

<i>IMAGING/STUDIES</i>	Retrograde urethrogram if available
<i>COMMENTS</i>	This is an URGENT referral

URGE URINARY INCONTINENCE/OVERACTIVE BLADDER

<i>LABS</i>	UA
<i>MEDICATIONS</i>	Trial of medication
<i>OTHER</i>	<ul style="list-style-type: none"> • Voiding diary • Bladder training • Pelvic floor therapy

URINARY RETENTION (ACUTE OR CHRONIC)

<i>IMAGING/STUDIES</i>	Bladder scan
<i>LABS</i>	<ul style="list-style-type: none"> • UA • BMP
<i>OTHER</i>	Catheterize
<i>COMMENTS</i>	Refer for cause evaluation

UROSEPSIS (UNCLEAR SOURCE AFTER STABILIZATION)

<i>IMAGING/STUDIES</i>	Imaging
<i>LABS</i>	Cultures
<i>OTHER</i>	Source control
<i>COMMENTS</i>	Refer for further source evaluation

VARICOCELE

<i>IMAGING/STUDIES</i>	Scrotal ultrasound
<i>COMMENTS</i>	Refer if infertility, pain, or asymmetry

VASECTOMY

<i>COMMENTS</i>	MyChart open scheduling is available for vasectomy consults. For expedience, please encourage patients with MyChart to self-schedule instead of sending a referral and waiting for urology to contact them.
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VESICoureTERAL REFLUX (SUSPECTED)

<i>IMAGING/STUDIES</i>	<ul style="list-style-type: none"> • Renal US • VCUG (pediatric)
<i>COMMENTS</i>	Refer for evaluation and management

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