Testicular volume

Testicular volume is assessed using an orchidometer; a sequential series of beads ranging from 1 mL to 35 mL (see Image 1). Testicular volume is measured using the following steps:

1. Conduct the examination in a warm environment, with the patient lying on his back
2. Gently isolate the testis and distinguish it from the epididymis. Then stretch the scrotal skin, without compressing the testis
3. Use your orchidometer to make a manual side-by-side comparison between the testis and beads (see Image 2)
4. Identify the bead most similar in size to the testis. This indicates testis volume

Normal testicular volume ranges

<table>
<thead>
<tr>
<th>CHILDHOOD:</th>
<th>PUBERTY: 4-14 mL</th>
<th>ADULTHOOD: 15-35 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical notes:
- Asymmetry between testes is common (e.g. 15 mL versus 20 mL) and not medically significant
- Asymmetry is sometimes more marked following unilateral testicular damage
- Testes are roughly proportional to body size
- Reduced testicular volume suggests impaired spermatogenesis
- Small testes (<4 mL) from mid puberty are a consistent feature of Klinefelter’s syndrome

Examination of secondary sexual characteristics

Gynaecomastia
- Gynaecomastia is the excessive and persistent development of benign glandular tissue evenly distributed in a sub-areolar position of one or both breasts (see Image 3)
- Can cause soreness and considerable embarrassment
- Common during puberty, usually resolves in later adolescence
- Causes include marijuana, androgen abuse, abnormal liver function
- Distinguish glandular tissue from sub-areolar fat in obese subjects
- Rare secondary causes include hypothalamic/pituitary and adrenal/testis tumours (oestrogen excess)
- Rapidly developing gynaecomastia may indicate testicular tumour
- In contrast to gynaecomastia, breast cancer can be located anywhere within the breast tissue and feels firm or hard

Onset of puberty
- Average onset is 12-13 years

Virilisation
- Facial and body hair development
- Muscle development
- Penile growth
### EXAMINATION OF TESTIS AND SCROTAL CONTENTS

For references and other guides in this series visit www.andrologyaustralia.org

<table>
<thead>
<tr>
<th>TESTIS</th>
<th>EPIDIDYMIS</th>
<th>VAS DEFERENS</th>
<th>VARICOCELE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gently palpate the testis between your thumb and first two fingers. If a testis cannot be felt, gently palpate the inguinal canal to see if testis can be ‘milked’ down. Examine the testis surface for irregularities. It should be smooth, with a firm, soft rubbery consistency.</td>
<td>Locate the epididymis, which lies along the posterior wall of the testis. It should be soft, slightly irregular and non-tender to touch. • Tenderness, enlargement or hardening can occur as a result of obstruction (vasectomy) or infection. This can be associated with obstructive infertility. • Cysts in the epididymis are quite common. These are sometimes mistaken for a testicular tumour.</td>
<td>Locate the vas deferens, a firm rubbery tube approximately 2-3 mm in diameter. Nodules/thickening around the vas deferens ends may be apparent after vasectomy.</td>
<td>Perform examination with the man standing. A Valsalva manoeuvre or coughing helps delineate smaller varicoceles.</td>
</tr>
</tbody>
</table>

#### Indicators include:
- Palpable swelling of the spermatic veins above testis
- Swelling is usually easy to feel and can be compressed without discomfort
- Nearly always on left side
- Associated with infertility

### Examination of penile abnormalities

<table>
<thead>
<tr>
<th>Hypospadias</th>
<th>Peyronie's disease</th>
<th>Micropenis</th>
<th>Phimosis</th>
<th>Urethral stricture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal position of meatus on the underside of the penile shaft. May be associated with a notched penile head.</td>
<td>Fibrous tissue, causing pain and curvature of the erect penis. Check for tenderness or thickening.</td>
<td>May indicate androgen deficiency prior to puberty.</td>
<td>The foreskin cannot be pulled back behind the glans penis. Can be normal in boys up to 5-6 years.</td>
<td>Abnormal urethral narrowing, which alters urination. Can be caused by scar tissue, disease or injury.</td>
</tr>
</tbody>
</table>

### HYPOSPADIAS

**POSITION OF URETHRAL OPENING**

- Glanular
- Subcoronal
- Penile
- Scrotal
- Perineal

### PEYRONIE'S DISEASE

- Glans penis
- Corpus cavernosum
- Fibrous plaque
- Urethra

© Andrology Australia 2007. Update March 2018

[Photo courtesy of Prof D de Kretser] [Photo courtesy of Dr M Lowy, Sydney Centre for Men’s Health] [Photo courtesy of Dr M Lowy, Sydney Centre for Men’s Health]