

Review of: "Breaking Stereotypes: Sectoral Varicocele Diagnosis Revolutionized by Doppler Ultrasound Advancements"

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Potential competing interests: No potential competing interests to declare.

Comments to the author

- 1. The author used the sensitivity and specificity of DUS for the detection of accuracy for varicocele diagnosis. Please mention why you did not consider other DUS factors like resistance index (RI) and pulsatile index (PI) of DUS.
- 2. In the abstract section, the author mentioned that the study involved 200 persons, while in the results section, he showed that only 134 participants were diagnosed with varicocele. The percentages mentioned in the paper are related to 134 or to 200 participants? Please clarify.
- 3. Combining physical exam with DUS increased sensitivity and specificity compared to physical exam alone.

 Please show this fact in the abstract.
- 4. In the methods section, why were physical exams done by 2 urologists (at the same time or separately) while DUS was performed by only one radiologist? Please clarify.
- 5. The first look at the data of the physical exam compared to DUS showed big variation in physical exam data. For example, the sensitivity of the physical exam was 61.4%, ranged from 53.5 to 69.1, with a difference up to 15.6%, while DUS was 91.7%, ranged from 86.2 to 95.5%, with too narrow a difference (9.3%). Could you explain, please?
- 6. Discussion, the author did not show any explanation for the increased sensitivity and specificity of DUS alone or combined with the physical exam. Give your opinion regardless of the limitations of the physical exam alone, like skills and experience of the operator. I mean, please focus on the outcomes of the paper involving DUS.

The author mentioned that early diagnosis of varicocele allows effective and early treatment with subsequent improvement of sperm parameters. Indeed, the paper only described and examined the diagnosis of varicocele. Why did the author incorporate other phenomena like treatment, semen quality, etc. ...

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