This review article depicts the technique of virtual uro-endoscopy and its diagnostic value and highlights future aspects. The raw data are acquired using CT, MR, or ultrasound. Sufficient contrast between the wall of the hollow organ and its interior is reached by administering gas or contrast medium into the bladder or injecting contrast media i.v. After processing of these data, virtual endoscopic procedures can be watched on a screen in the same way as a cine-film of a conventional endoscopic operation. Virtual endoscopy is a reliable method with a high sensitivity for pathologies larger than 0.5 cm. It is not invasive, and there are situations that cause difficulties in conventional endoscopy (e.g. gross hematuria, diverticula, strictures) that cause no technical problems in virtual endoscopy. Problems encountered in virtual endoscopy are due to its poor sensitivity for pathologies smaller than 0.5 cm, for carcinoma in situ, and for ureteral calculi. So far there are no routine-indications for virtual endoscopy in urology. Nevertheless, it can be of additional value in diagnosis providing the indications are carefully controlled. In future, virtual endoscopy will probably become integrated into the spectrum of urologic diagnostics investigations.