

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

THYROID ULTRASOUND WORKSHEET

Ordering Physician: _____ Clinical Info: _____

Right Lobe: Size: (L) _____ x (H) _____ x (W) _____ cm H < 2 cm normal
H > 2.5cm definitely enlarged

Left Lobe: Size: (L) _____ x (H) _____ x (W) _____ cm Isthmus: Size: _____ mm

Normal Abnormal – Mark findings on diagram:

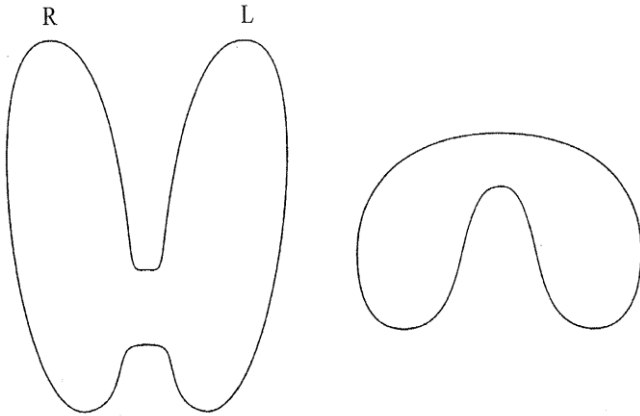
Nodule/lymph node size/comments (If there is a prior exam showing nodules, list nodules in the same order as on the prior worksheet & record prior nodules measurement in parenthesis after today's measurements)

Right

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Left

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



ATA 2015 Guidelines

Ultrasound pattern	FNA criteria (equal or greater than)	Follow-up for nodules below FNA criteria
High suspicion: Solid hypoechoic nodule or solid hypoechoic component of a partially cystic nodule w/ one or more of the following features: irregular margins (infiltrative, microlobulated), microcalcifications, taller than wide shape, rim calcifications w/small extrusive soft tissue component, evidence of extrathyroid extension	1 cm	6-12 m
Intermediate suspicion: Hypoechoic solid nodule with smooth margins (without microcalcifications, extrathyroid extension, or taller than wide shape)	1 cm	12-24 m
Low suspicion: Isoechoic or hyperechoic solid nodule, partially cystic nodule with eccentric solid areas (without microcalcification, irregular margin or extrathyroid extension, or taller than wide shape)	1.5 cm	12-24 m
Very low suspicion: Spongiform or partially cystic nodules (without any of the above features)	2 cm. Follow up is an alternative	>24 m (optional)

*Repeat US & FNA within 12 m if high suspicion but negative FNA. Repeat FNA considered if intermediate/low suspicious and 20 % increase in nodule diameter (minimum 2mm in 2 dimensions) or development of suspicious features

Routine, no call necessary Or Call report to (name and pager): _____