This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

THYROID ULTRASOUND

*****SELF-CORRECT ONLY*****

PATIENT NAME: _____ MR#:_____
DATE: _____ TECH:_____ EXT#:_____
FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / MIHC / MIEM / SH

INDICATION: [ ] Enlarged thyroid on physical exam [ ] Abnormal TFTs [ ] Thyroid nodules
[ ] Abnormal radiological finding [ ] Hyperparathyroidism [ ] Parathyroid adenoma [ ] Other: _____

COMPARISON: [ ] None [ ] _____

TECHNIQUE: Grayscale and color duplex sonography of the thyroid performed. **[ ] Imaging of the parathyroid regions was performed as well.**

FINDINGS (select appropriate):
The echotexture pattern of the thyroid is (subjectively):
[ ] Homogeneous.
[ ] (*Mildly / Moderately / Markedly*) heterogeneous throughout.
[ ] Hypoechoic with prominence of the echogenic fibrous septations throughout.

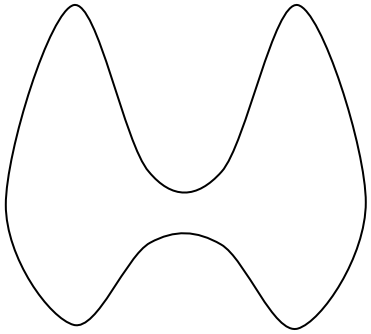
RIGHT LOBE: Size (cm): Length _____ AP _____ Width _____ Volume: _____ ml.
LEFT LOBE: Size (cm): Length _____ AP _____ Width _____ Volume: _____ ml.
ISTHMUS: Size (cm): AP_____ *THYROID VOLUME CALCULATION (L x W X H x 0.52).
REFERENCE RANGES: NORMAL IS 19.6 ML +/- 4.7 ML FOR MALES AND 17.5 ML +/- 4.2 ML FOR FEMALES

Gland vascularity on color Doppler imaging is subjectively: [ ] within normal limits. [ ] increased.

THYROID NODULES/MASSES:
[ ] No discrete nodules are identified.
[ ] Discrete thyroid nodule(s) are identified. As per TI-RADS, no more than 4 nodules (most suspicious) will be documented.

RIGHT LOBE

NODULE: LONG x WIDTH X AP	IMG#
1. _____ x _____ x _____cm	_____
2. _____ x _____ x _____cm	_____
3. _____ x _____ x _____cm	_____
4. _____ x _____ x _____cm	_____
5. _____ x _____ x _____cm	_____



LEFT LOBE

NODULE: LONG x WIDTH X AP	IMG#
1. _____ x _____ x _____cm	_____
2. _____ x _____ x _____cm	_____
3. _____ x _____ x _____cm	_____
4. _____ x _____ x _____cm	_____
5. _____ x _____ x _____cm	_____

Isthmus

NODULE: LONG x WIDTH X AP	IMG#
1. _____ x _____ x _____cm	_____
2. _____ x _____ x _____cm	_____
3. _____ x _____ x _____cm	_____

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*
[ ] Thyroid ultrasound within normal limits.
[ ] Nodular Thyroid gland (Radiologist to dictate)

[Rev. 3/2025]

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