I. <u>Patient Preparation</u>

a. None

II. <u>Equipment</u>

a. Performed with real-time scanner using a linear 12.5 MHz transducer. Occasionally a curved 5MHz transducer may be needed for assessing below the clavicle.

III. Procedure Protocol

- a. Patient Positioning
 - i. Patient is supine on stretcher/bed with pillow placed underneath shoulders;
 - ii. Neck is extended over edge of pillow for visualization all levels;
 - iii. Chin is extended to the contralateral side for visualization of subclavicular regions at levels IV and VI.

II

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IV

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III

IV

VI

VII

b. Document any visualized nodules/masses to include size, shape and position using dual screen; PW and/or Color Doppler used to document vascularity (including to hilum). Notation should be made of morphology of all nodules.

c. Right Jugular Chain

- i. Transverse Views
 - 1. Level II
 - 2. Level III
 - 3. Level IV
- ii. Long Axis Views
 - 1. Level II
 - 2. Level III
 - 3. Level IV

d. Left Jugular Chain

- i. Transverse Views
 - 1. Level II
 - 2. Level III
 - 3. Level IV
- ii. Long Axis Views
 - 1. Level II
 - 2. Level III
 - 3. Level IV

e. Thyroid Bed

- i. Transverse Views
 - 1. Level VI
 - 2. Level VII
- ii. Long Views
 - 1. Level VI
 - 2. Level VII
- f. Thyoidectomy/hemithyroidectomy patients
 - i. Scan the residual thyroid gland (if present). If multiple nodules are seen, then only document the largest nodule (AP and trans grayscale) as the patient will require a dedicated thyroid ultrasound

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