IMAGEN

Thyroid Ultrasound Worksheet

Patient Name:_____ ID#:_____Date:_____

History/Symptoms:_____

Prior U/S: _____

Accn#: Ordering Provider:

Phone:

Rt Lobe: _____x _____ x _____cm **Appearance:** Choose or Type

Lt Lobe: _____ x _____ x _____cm **Appearance:** Choose or Type

Isthmus: _____cm **Appearance:** Choose or Type

****Document and measure up to 4 nodules total , prioritizing nodules with the highest ACR TI-RADS suspicion score (points). If multiple nodules have similar suspicion levels, select the largest ones to complete the 4-nodule limit.****

	Rt/Lt/ Isthmus	Size			/2YLJ2ăúú2y:	9ŏK2ƎŜyñŏńúè:	{KI·LJŜ:	aI·NƎńy:	Ech Foci:	Total:
1:	Choose	x	x	cm	Choose	Choose	Choose	SM- 0 pts	Choose	
2:	Choose	x	x	cm	Choose	Choose	Choose	Choose	Choose	
3:	Choose	x	x	cm	Choose	Choose	Choose	Choose	Choose	
4:	Choose	x	x	cm	Choose	Choose	Choose	Choose	Choose	
:	Choose	x	x	cm	Choose	Choose	Choose	Choose	Choose	
:	Choose	x	x	cm	Choose	Choose	Choose	Choose	Choose	

Abbreviation Key:

C- Cystic
SP- Spongiform
C/S- Mixed cystic and solid
S- Solid

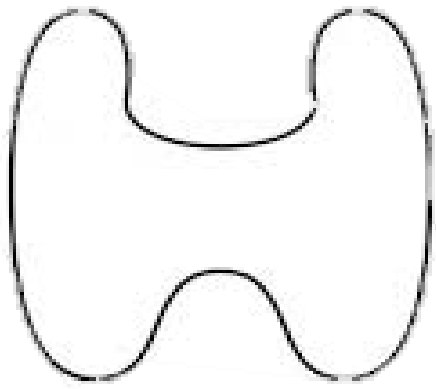
A- Anechoic
ISO-Isoechoic
HYPR- Hyperechoic
HYPO- Hypoechoic
VHPO- Very Hypo

W- Wider than Tall
T-Taller than Wide

SM- Smooth
ID-Ill defined
IR- Irregular (lobulated)
ETE- Extra-thyroidal Ext

N- None
MC-IMacrocalcs
P/R- Peripheral / rim calcs
PC- Punctate echo-genic foci

Label by placing Nodule # In appropriate Location



Lymph Nodes:

Additional Comments:

Sonographer Name:

Contact Number: