

# THYROID ULTRASOUND

Name: \_\_\_\_\_

Sonographer: \_\_\_\_\_

Relevant clinical history:.....  
.....

## RIGHT

## LEFT

Size: ..... X ..... X ..... cm

..... X ..... X..... cm

Volume: (LxWxHx0.52) ..... mL (Normal per lobe  $9.3 \pm 2.3$  mL )..... mL

Isthmus ..... mm

Texture:  Homogenous  
 Heterogeneous  
 Nodular    Single / Multiple  
    Cystic   
    Solid   
    Mixed

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Retrosternal Extension: Yes / No

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Vascularity: Normal / Increased / Decreased

Dominant Nodule: Yes / No

Size	Location	Vascularity
..... X ..... X .....cm	.....	Internal / Peripheral

Sonographically Suspicious Nodules:	Yes / No				
		Punctate Calcifications echogenicity	Ill-defined Borders	H>W	Hypo-
..... X ..... X .....cm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
..... X ..... X .....cm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Parathyroids: Identified / Not Identified

Lymph Nodes: Abnormal / Normal

Comments: .....  
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