

THYROID ULTRASOUND

PATIENT
STICKER

SONOGRAPHER NAME:



RELEVANT CLINICAL HISTORY:

RIGHT LOBE: _____ X _____ X _____ MM VOL: _____ CC

LEFT LOBE: _____ X _____ X _____ MM VOL: _____ CC

VASCULARITY: NORMAL / INCREASED/DECREASED

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RETROSTERNAL EXTENSION: YES / NO

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TEAXTURE: HOMOGENOUS / HETEROGENEOUS / NODULAR

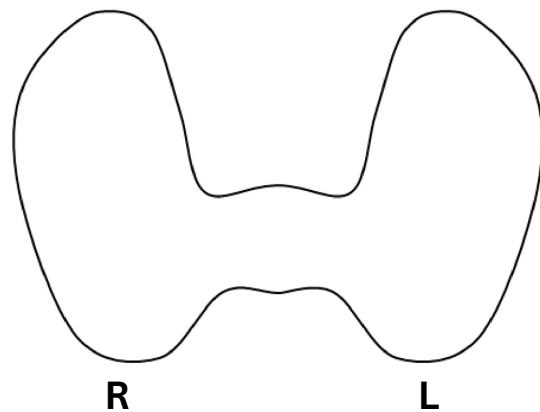
TEAXTURE: HOMOGENOUS / HETEROGENEOUS / NODULAR

LYMPH NODES: NORMAL / ABNORMAL

ISTHMUS: _____MM

PARATHYROIDS: IDENTIFIED / NOT IDENTIFIED

COMMENTS:



ACR TI-RADS FOR FOCAL THYROID NODULES
(ONLY NODULES >5MM, MAX OF 4 NODULES ASSESSED)

SIZE	LT/RT	SIZE	COMPOSITION	ECHOGENICITY	SHAPE	MARGIN	ECHOGENIC FOCI	TOTAL	TR SCORE
1.									
2.									
3.									
4.									
			°Cystic/spongiform 0 °Mixed cystic/solid 1 Solid 2 °Can't determinate due to calc 2	°Anechic 0 °Hyper/isoechoic 1 °Hyperechoic 2 Very Hypoechoic 3 °Can't determine due to calc 1	Wider than tall 0 °Taller than wide 3	°Smooth 0 °Ill-defined 0 °Lobulated/irr 2 °Extra-thyroidal extension 3	°None 0 °Comet tail 0 °Macrocalcs 1 °Peripheral calc 2 °Punctate echogenic foci 3		
TR5	7 points	FNA if =>10mm Follow up if 5-9mm every year for 5 years			COMMENTS: <hr/> <hr/> <hr/> <hr/> <hr/>				
TR4	4-6 points	FNA if => 15mm Follow up if 10-14mm in 1,2,3 and 5 years							
TR3	3 points	FNA if =>25mm Follow up if 15-24mm in 1,3 and 5years							
TR2	2 points	No	FNA						
TR1	0 points	No	FNA						
ACR TI-RADS recommends that no more than 2 nodules with the highest ARC TI-RADS total point should be biopsied and no more than 4 nodules should be followed.									