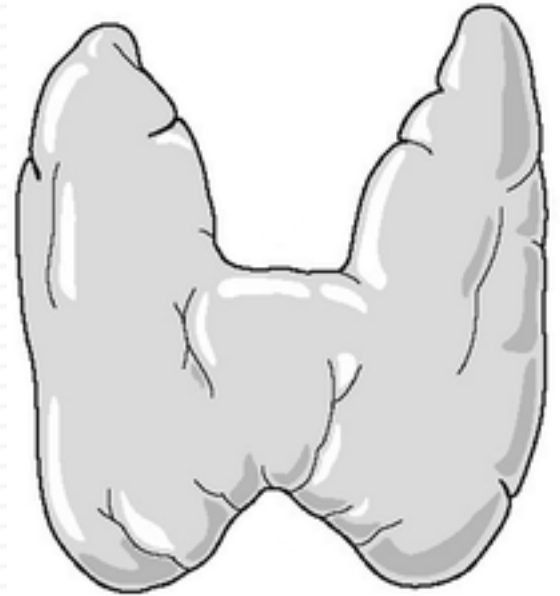


Ultrasound THYROID WORKSHEET

Patient Name:	
DOB	
Accession #	
Date of exam	
Clinical indication	
Sonographer	



ULTRASOUND FINDINGS		Visualization: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor	
Size right lobe: _____ cm X _____ cm X _____ cm (craniocaudal) (transverse) (anterior-posterior)		Size left lobe: _____ cm X _____ cm X _____ cm (craniocaudal) (transverse) (anterior-posterior)	
Overall texture: <input type="checkbox"/> Homogeneous <input type="checkbox"/> Heterogeneous		Doppler flow whole gland: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Estimated total # nodules ≥ 1cm: _____		Suspicious lymph nodes <input type="checkbox"/> No <input type="checkbox"/> Yes, please draw below	
Isthmus: _____ cm	Jugular adenopathy RT	Yes or NO	Jugular adenopathy LT
			Yes or NO

NODULES: Document in the chart directly below.

NOD.	SIZE (cm) CC x TX x AP			NOTES:
	Current (C)	Oldest	Previous (OP)	
	C:	x	x	
	OP:	x	x	
	C:	x	x	
	OP:	x	x	
	C:	x	x	
	OP:	x	x	
	C:	x	x	
	OP:	x	x	

Additional comments
