

**This is NOT an interpretation of the examination.
See patient dictated report for radiologist findings & impression.**

THYROID ULTRASOUND

Patient Name: _____
ACC#: _____
MRN#: _____
DOB: _____
Ref Physician: _____

Site: _____
Tech/ext: _____
Date: _____

RT lobe: Normal Abnormal Homogenous Heterogenous Hypervascular L_____ AP_____ W_____

Comments: _____

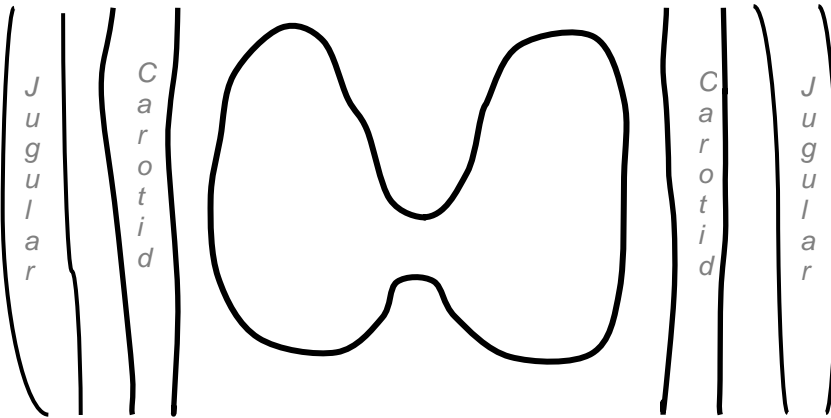
LT lobe: Normal Abnormal Homogenous Heterogenous Hypervascular L_____ AP_____ W_____

Comments: _____

Isthmus: Normal Abnormal Homogenous Heterogenous Hypervascular Thickness_____

Comments: _____

Neck: Normal See neck worksheet



Isthmus:

1. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____	2. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
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Right Lobe:

1. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
2. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input checked="" type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
3. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input checked="" type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
4. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
5. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____

Left Lobe:

1. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
2. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
3. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
4. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____
5. (<input type="checkbox"/> CY/ <input type="checkbox"/> SP <input type="checkbox"/> M <input type="checkbox"/> S) (<input type="checkbox"/> AN <input type="checkbox"/> P/ <input type="checkbox"/> I <input type="checkbox"/> PO) (<input type="checkbox"/> SB <input type="checkbox"/> IRB <input type="checkbox"/> ETE) <input type="checkbox"/> E.foci <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Changed L_____ AP_____ W_____

Legend: (CY/SP=cystic or spongiform, M = mix solid/cystic, S = solid) (AN = anechoic, P/I = hyperechoic or isoechoic, PO = hypoechoic) (SB = Smooth Border, IRB = Irregular Border, ETE = Extrathyroidal extension) E. foci = Echogenic Foci (any calcification or echogenic foci)