

Procedure Name: Thyroid/Parathyroid

Updated: 3/10/22021

Indications:

May include but not limited to abnormal lab values, abnormal thyroid findings on other imaging studies, evaluation for thyroid malignancy in the setting of appropriate risk factors, follow up known thyroid abnormalities, signs and symptoms of hyper/hypothyroidism, dysphagia, neck pain, etc.

Patient Preparation:

None

Equipment Selection and Settings:

A linear 18.0MHz transducer will be used for most patients. The sonographer should use the preprogrammed setting for the appropriate body part and adjust gain, depth and transmit zone settings to optimize images. Fill out any applicable impression or worksheet upon completion of exam.

Imaging Sequence:

The following imaging sequence is for a normal exam. Include additional images of pathology to demonstrate dimensions in three planes, texture, size, shape, and relationship to adjacent anatomy. Utilize color doppler as needed to aid in the determination of any abnormality and to demonstrate blood flow.

- Imaged patient data (demographics page)

TRANS

1. Midline of entire gland
2. Midline of entire gland with color Doppler

MEASUREMENTS

1. RT lobe measured in three dimensions in the order LONG, AP, TRANS with AP measurement in TRANS only
2. LT lobe measured in three dimensions in the order LONG, AP, TRANS with AP measurement in TRANS only
3. Isthmus thickness with and without measurement images

RT LOBE

1. TRANS superior, mid and inferior
2. LONG lateral, mid and medial with a color Doppler image in mid to show vascularity
3. LONG lateral neck to document abnormal lymph nodes and parathyroid glands
4. TRANS lateral neck
5. Nodules, numbered superior to inferior (see below for numbering protocol)

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LT LOBE

1. TRANS superior, mid and inferior
2. LONG lateral, mid and medial with a color Doppler image in mid to show vascularity
3. LONG lateral neck to document abnormal lymph nodes and parathyroid glands
4. TRANS lateral neck
5. Nodules, numbered superior to inferior (see below for numbering protocol)

NODULE MEASUREMENTS:

1. LONG nodule with length measurement
2. TRANS nodule with AP and width measurement
3. Color Doppler of nodule to show vascularity
4. All nodules must be numbered for right lobe and left lobe separately
5. Numbering is to begin superiorly and work inferiorly
6. Nodules must be drawn on worksheet diagram and characteristics marked accordingly
7. For follow up exams, if nodules were not numbered in a manner that is compliant with current protocol, all nodules must be renumbered to the current protocol specifications.
This needs to be documented on the worksheet.
 - a. If a previous nodule is not seen on the current exam, skip that number and document “not visualized” for that particular number on the worksheet.
 - b. If a new nodule is seen on the current exam, it is to be renumbered to fit with the other nodules in keeping with the numbering from superior to inferior.