

# Thyroid US Technologist Worksheet

**St Vincents** Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER  
**Optimal** Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: \_\_\_\_\_ MMI: \_\_\_\_\_ Age: \_\_\_\_\_

History/Symptoms: \_\_\_\_\_

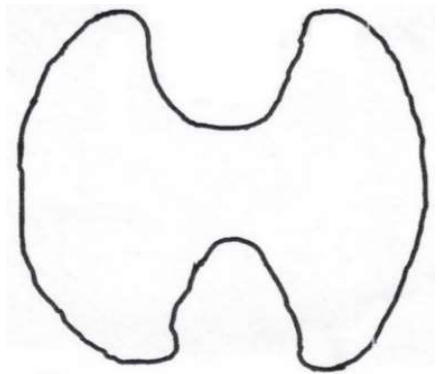
Neck Pain	Abnormal TFTs	Weight ↑ ↓	Fam Hx of Thyroid Ca
Neck Swelling	Hyperthyroidism	Thyroid Nodule R L	Radioiodine Therapy
Difficulty Swallowing	Hypothyroidism	Thyroid FNA R L	Parathyroid Disease
Thyroid Enlargement	Energy ↑ ↓	Head/Neck Radiation	Calcium ↑ ↓

<b>Right Lobe</b>	x	x	cm	homogeneous	heterogeneous	nml vascularity	hypervascular
<b>Left Lobe</b>	x	x	cm	homogeneous	heterogeneous	nml vascularity	hypervascular
<b>Isthmus</b>	mm						

Document up to 6 most suspicious nodules. Do not measure cystic or almost entirely cystic nodules unless they are very large as they are always benign.

*Indicate nodule position by placing number on diagram.*

Nodule 1	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 2	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 3	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 4	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 5	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 6	x	x	mm	solid / cystic / complex / hypo / iso / hyper



TI-RADS Nodule Features - The More Points The More Suspicious The Nodule	
<b>Composition</b>	cystic or almost entirely cystic (0), spongiform (0), mixed solid/cystic (1), solid (2)
<b>Echogenicity</b>	anechoic (0), hyper/isoechoic (1), hypoechoic (2), very hypoechoic to strap muscles (3)
<b>Shape</b>	wider-than-tall (0), taller-than-wide (3)
<b>Margin</b>	smooth (0), ill-defined (0), lobulated (2), irregular (2), extends outside thyroid (3)
<b>Echogenic Foci</b>	none (0), large comet tail (0), macrocalcs (1), rim calcs (2), punctate echogenic foci (3)

Sonographer's Impression: \_\_\_\_\_

Sonographer's Name, Date & Time: \_\_\_\_\_ # Images \_\_\_\_\_