

THYROID ULTRASOUND WORKSHEET

Name: _____ Date: ___/___/___ ID: _____

DOB: ___/___/___ Age: ___ Sex: M / F Referring Physician: _____

Indications: _____ Tech: _____

Height: _____ Weight: _____

Right Lobe: ___ X ___ X ___ cm <input type="checkbox"/> Enlarged <input type="checkbox"/> Heterogeneous <input type="checkbox"/> Increased Vascularity <input type="checkbox"/> Nodules (see chart)
Left Lobe: ___ X ___ X ___ cm <input type="checkbox"/> Enlarged <input type="checkbox"/> Heterogeneous <input type="checkbox"/> Increased Vascularity <input type="checkbox"/> Nodules (see chart)
Isthmus: ___ cm <input type="checkbox"/> Enlarged <input type="checkbox"/> Heterogeneous <input type="checkbox"/> Increased Vascularity <input type="checkbox"/> Nodules (see chart)



NODULES:

Size	Location	Appearance
x x cm		
x x cm		
x x cm		
x x cm		

Multiple additional smaller nodules are present

Comments: _____

