

**THYROID ULTRASOUND WORKSHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M / F Referring Physician: \_\_\_\_\_

Indications: \_\_\_\_\_ Tech: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_