

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

INDICATION: Follow up nodule Palpable nodule Goiter Hyper / Hypothyroidism Other: _____
RISK FACTORS: Personal hx thyroid CA Fam hx thyroid CA MEN _____ H/N irradiation

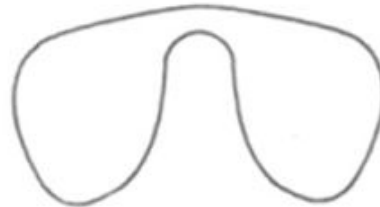
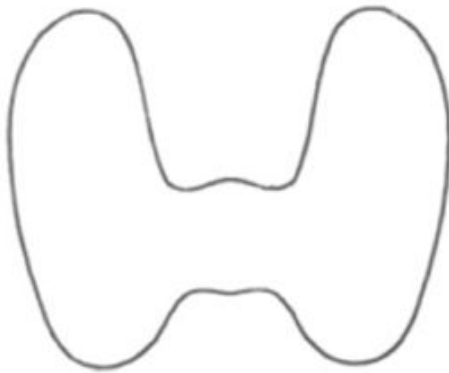
PRIOR EXAM: None Date: _____ **PRIOR BIOPSY:** None Site: _____

RIGHT LOBE: ____ x ____ x ____ cm. **LEFT LOBE:** ____ x ____ x ____ cm.

Texture: Homogeneous Heterogeneous Texture: Homogeneous Heterogeneous

ISTHMUS AP thickness: ____ cm. **Overall number of nodules:** ____ 6-10 >10

Number and sketch two largest nodules per lobe, and any with important features, and fill out characteristic table.



No	IMAGES	SIZE (cm)	COMPOSITION	ECHOGENICITY	TALLER-THAN-WIDE	MARGINS	ECHOGENIC FOCI	TOTAL POINTS	TI-RADS LEVEL
		X X							
		X X							
		X X							
		X X							
		X X							
TWO largest nodules & any with IMPORTANT FEATURES			C Cystic	0 A Anechoic	0 No	0 S Smooth	0 N None	0 0 Pts	TR1 Benign
			Sp Spongiform	0 ↑ Hyperechoic	1 Yes	3 ID Ill-defined	0 CT Comet-Tail	0 2 Pts	TR2 Not
			M Mixed cystic and nodule	1 = Isoechoic	1	L Lobulated	2 M Macrocalc	1	Suspicious
			S Solid	2 ↓ Hypoechoic	2	I Irregular	2 PC Periph calc	2 3 Pts	TR3 Mildly
				↓↓ Very hypoechoic	3	E Extra-thyroidal ext	3 P Punctate	3	Suspicious
			*If cystic or spongiform, do not add further points for other categories				4-5 Pts	TR4 Mod	
							7+	TR5 Highly Suspicious	

SUMMARY: _____