Thyroid

Clinical Protocol

1. Image R/L thyroid lobes in gray scale:
   - TRANS - Superior, mid, and interior portions.
   - LONG - Medial, mid, and lateral portions.

2. Image R/L thyroid lobes with color Doppler in long at mid section.

3. Measure R/L lobes, 3 dimensions of each lobe.
   Lobe measurements should be on consecutive (or nearly consecutive) images.

4. Image isthmus at least in transverse plane.

5. Measure isthmus thickness (AP) on trans view.

6. Image R/L thyroid lobes in trans side-by-side in B-mode and color Doppler.

7. Measure all discrete nodules 7 mm or greater in 3 planes. (If a nodule is less than 7 mm, no measurements are required.)
   - Show grayscale and color Doppler image of each nodule.
   - If helpful, take cine clip through nodule.
   - Be specific with image annotation, nodule location for comparison studies.

   Document pathology:
   - Include TRANS and LONG images on one dual screen picture.
   - Number and annotate with location.
   - Take separate color image. If no color observed, used power Doppler.
   - Place number on Worksheet picture in approximate location.

8. Take representative image of lateral compartments of neck.

9. Take image with appropriate measurements of any abnormal lymph node. Suspicious features such as calcifications, cystic areas, absence of central hilum, round shape, and abnormal blood flow should be documented.

   If lymph node measures 1 cm or greater in short axis dimension, take image.

10. Label images:
    - TRANS - Label RT TRV UP/MP/LP and LT TRV UP/MP/LP.
    - LONG - Label RT LONG LAT/MID/MED and LT LONG LAT/MID/MED.
**Thyroid Worksheet**

**SONOGRAPHER NOTES**

**INDICATIONS**

<table>
<thead>
<tr>
<th>Right</th>
<th>All measurements in cm</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**DATE/TIME**

<table>
<thead>
<tr>
<th>Sonographer</th>
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**FINDINGS**

<table>
<thead>
<tr>
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**FLOW**

<table>
<thead>
<tr>
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**CURRENT**

<table>
<thead>
<tr>
<th>Lesion 1</th>
<th>Lesion 2</th>
<th>Lesion 3</th>
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</thead>
<tbody>
<tr>
<td>♦ Hyperechoic</td>
<td>♦ Hyperechoic</td>
<td>♦ Hyperechoic</td>
</tr>
<tr>
<td>♦ Hypoechoic</td>
<td>♦ Hypoechoic</td>
<td>♦ Hypoechoic</td>
</tr>
<tr>
<td>♦ Hypervascular</td>
<td>♦ Hypervascular</td>
<td>♦ Hypervascular</td>
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</tbody>
</table>

**SONOGRAPHER CONFIRMATION:** My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

Sonographer’s Signature

**US Thyroid Worksheet**

**Name / MR # / Label**

<table>
<thead>
<tr>
<th>FMC</th>
<th>KMC</th>
<th>CMC</th>
<th>TMC</th>
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<tbody>
<tr>
<td>KIC</td>
<td>MIC</td>
<td>PI</td>
<td>TI</td>
</tr>
<tr>
<td>MFP</td>
<td>SFP</td>
<td>NHSC</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Property of Triad Radiology Associates**

**Version 2.1**
Thyroid Exam Guidance

**Clinical Protocol**

![Image of thyroid ultrasound scans]

**Tissue Measurements**

1. **Inf. Pole**
   - **Long**: 1.1 cm
   - **AP**: 0.8 cm
   - **Trans**: 0.9 cm

2. **Mid Pole**
   - **Long**: 0.9 cm
   - **AP**: 0.6 cm
   - **Trans**: 0.7 cm

3. **Base**
   - **Long**: 0.6 cm
   - **AP**: 0.5 cm
   - **Trans**: 0.8 cm

**Comments**: To left of isthmus 2.2 x 1.2 x 1.9 cm