X-RAY ASSOCIATES

NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY

Pt. Name:
Pt. ID:
DOB
Sex:

Date of Exam:
Referring:

THYROID ULTRASOUND

☐ **Patient Identity and Referring Physician Confirmed**

PREV ☐ Yes ☐ No ☐ MH ☐ SRHC ☐ OTHER

Prev Date:

Clinical History:

RIGHT LOBE: _____ cm

LEFT LOBE: _____ cm

Whole Gland: Echotexture

Total Number of Nodules ≥1cm: ☐ **1-4** ☐ **5-10** ☐ **>10** ☐ **None**

Whole Gland: Doppler Flow

Nodule 1 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 2 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 3 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 4 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 5 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 6 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity
Shape
Margin
Echogenic Foci

Nodule 7 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity

Nodule 8 ☐ RT ☐ LT _____ cm
Prev: _____ cm

Composition
Echogenicity

X-RAY ASSOCIATES

NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY

Pt. Name: Test, Alt
Pt. ID: 412881
DOB 01 Jan 2020
Sex: M

Date of Exam: 29 Aug 2023
Referring: Qc Doctor Qc Doctor
CC:

Shape

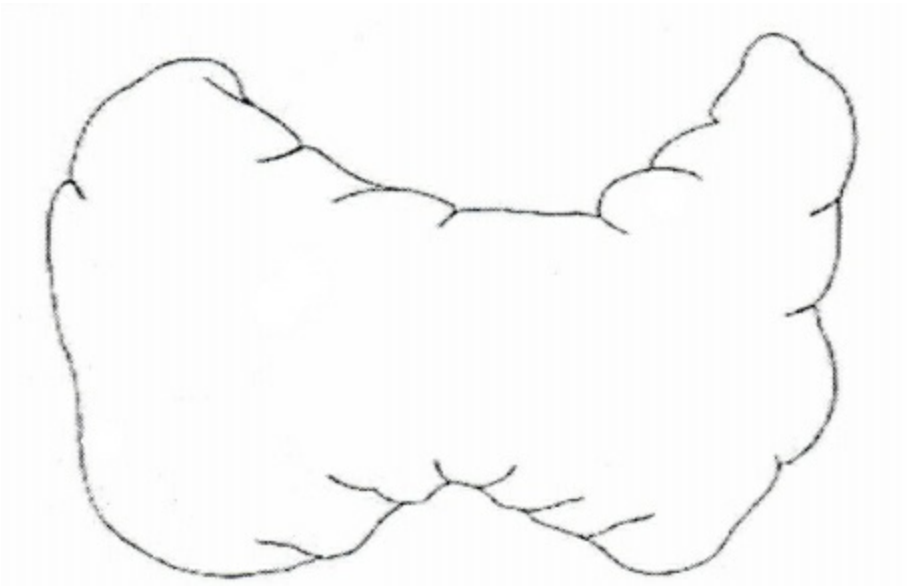
Margin

Echogenic Foci

Shape

Margin

Echogenic Foci



LYMPHADENOPATHY

☐ NO ☐ YES (draw location on diagram)

COMMENTS:

_____ DMS