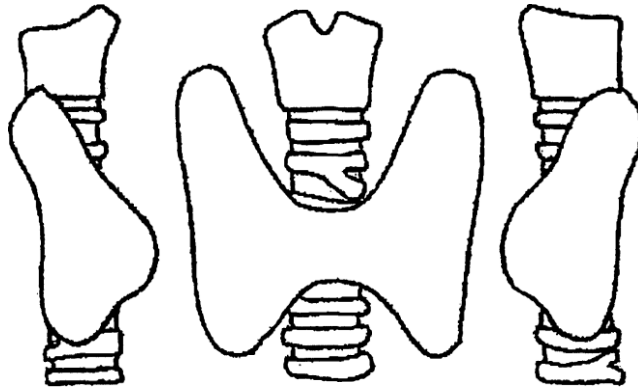


Thyroid Ultrasound Worksheet

History:

<input type="checkbox"/> Goiter <input type="checkbox"/> Palpable Nodule <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Hypercalcemia <input type="checkbox"/> Abnormal TFTs <input type="checkbox"/> Other: _____
--	---



	Size (cm)	Comments
Right Lobe		
Left Lobe		
Isthmus		
Pyramidal Lobe	<input type="checkbox"/> Present	
Adenopathy	<input type="checkbox"/> Present	<input type="checkbox"/> Right Neck
		<input type="checkbox"/> Left Neck

Comments:

Technologist _____

Date _____

Time _____