

US THYROID (TI-RADS)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

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CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

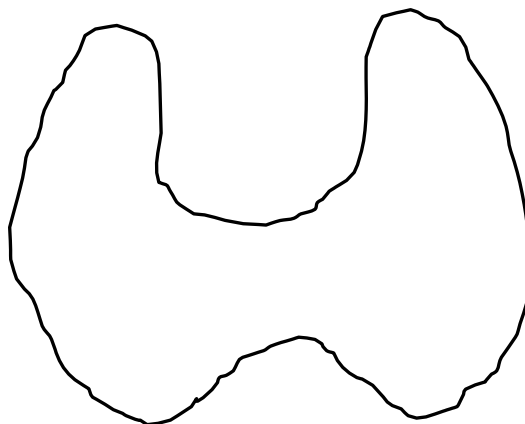
DATE: _____

RIGHT LOBE	Normal	Abnormal	Size : ____ cm x ____ cm x ____ cm
ISTHMUS	Normal	Abnormal	Thickness: ____ mm
LEFT LOBE	Normal	Abnormal	Size : ____ cm x ____ cm x ____ cm
VASCULARITY	Normal · Increased · Decreased		
OTHER			

RIGHT

LEFT

NODULES / CYSTS



NODULES / CYSTS

Tech Summary:
