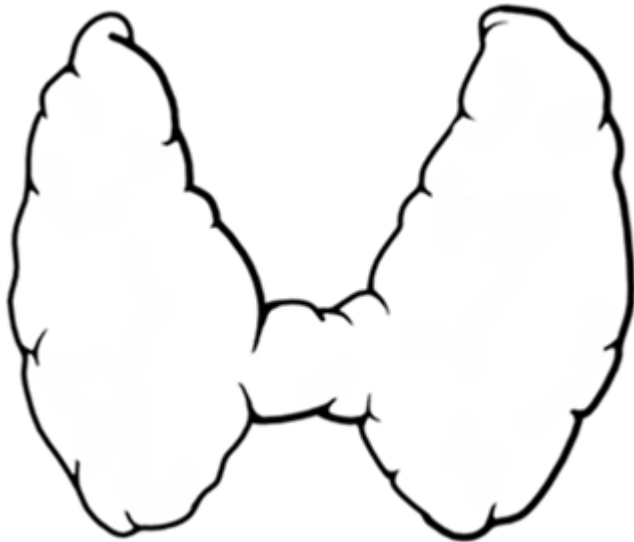


Thyroid Ultrasound

Name:		Patient ID:	
Exam Date:	Exam Number:	Sonographer:	
DOB:	Age: Yrs	Gender:	BP S/D: / mmHg
Height: inches	Weight: lb	BSA: m ²	
Referring Physician:		Cardiologist:	
Indications:			



ISTHMUS

Size:		
Texture:		
Finding(s):		
Nodule #1:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #2:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #3:		
Length: cm	AP: cm	Width: cm
Location:		
Other:		

RIGHT LOBE

Texture:		
Finding(s):		
Length: cm	AP: cm	Width: cm
Nodule #1:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #2:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #3:		
Length: cm	AP: cm	Width: cm
Location:		
Other:		

LEFT LOBE

Texture:		
Finding(s):		
Length: cm	AP: cm	Width: cm
Nodule #1:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #2:		
Length: cm	AP: cm	Width: cm
Location:		
Nodule #3:		
Length: cm	AP: cm	Width: cm
Location:		
Other:		

IMPRESSION

■

Electronically Signed