

THYROIDECTOMY ULTRASOUND

Tech _____

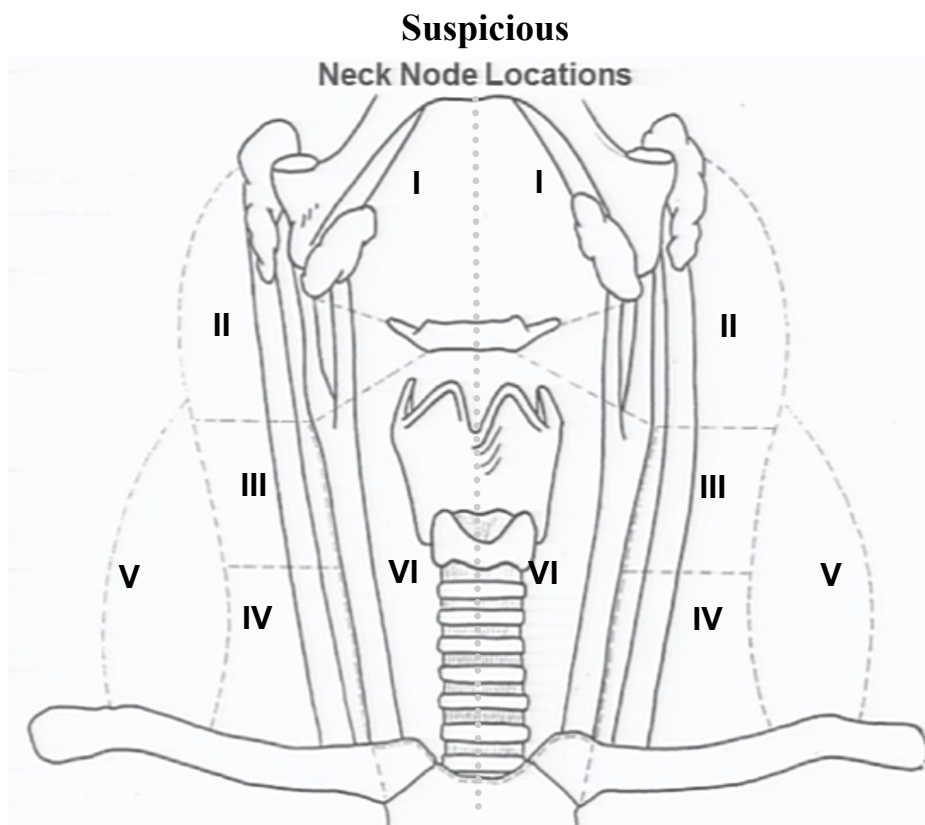
Patient Name
DOB
MRN

History: Neck Mass: R L Thyroid Cancer
 Thyroidectomy: R L Date: _____
 Radioiodine ablation: R L Date: _____
 Enlarged Lymph Nodes: R L Other: _____

Abnormal features: Calcifications, Cystic areas, Absence of fatty hilum, Round shape (>0.5 short/long axis ratio), Abnormal blood flow.

- Document size and location with # of each **Abnormal** lymph node on sketch
- # and image each **Abnormal** lymph node in gray scale and color power
- Image normal nodes with measurement –document # seen in chart below

Right



Left

Right Neck:

of Normal Lymph nodes:

Level 1: _____
 Level 2: _____
 Level 3: _____
 Level 4: _____
 Level 5: _____
 Level 6: _____

Residual thyroid tissue? Y N

RT: _____ x _____ x _____ cm

LT: _____ x _____ x _____ cm

Left Neck:

of Normal Lymph nodes:

Level 1: _____
 Level 2: _____
 Level 3: _____
 Level 4: _____
 Level 5: _____
 Level 6: _____