

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Thyroid and Neck Ultrasound

Date: _____

Patient _____

Identifier _____

Examination

Indication: _____

Prior imaging / intervention: _____

Technique and limitations: _____

Thyroid gland

Right lobe dimensions: _____

Left lobe dimensions: _____

Isthmus AP thickness: _____ mm

Parenchymal echotexture and vascularity: _____

Nodule record (duplicate for additional nodules)

Nodule identifier and location: _____

Three dimensions / largest diameter: _____

Composition: _____

Echogenicity: _____

Shape: _____

Margins: _____

Echogenic foci: _____

Clinician-assigned TI-RADS system / category: _____

Interval change: _____

Neck and conclusion

Cervical lymph nodes: site and morphology: _____

Other neck findings: _____

Impression: _____

Clinician recommendations / communication: _____

Clinician: _____

Signature: _____