HTDS THYROID ULTRASOUND FORM

SUBJECT I.D. #: _ _ _ _ _ _ _ _ _ _ _

ULTRASOUND TECH: 01 02 03 04 05

DATE OF ULTRASOUND: __ __ __ __ __ __

TAPE COUNT: ___ - ___

RADIOLOGIST COMPLETES

RADIOLOGIST: 01 02 03 04 05 06

DATE ULTRASOUND REVIEWED: __ __/__ __/__ __

1. ULTRASOUND PERFORMED

1 .....YES
2 .....NO

IF YES,

Y N THYROID VISIBLE
Y N EXAM ADEQUATE

IF NO, REASON:

1 ..... REFUSED
2 ..... OTHER (SPECIFY)

2. THYROID SIZE

	RIGHT	LEFT
LENGTH (CM)	__.__	__.__
WIDTH (CM)	__.__	__.__
HEIGHT (CM)	__.__	__.__
MASS (GM) (L X W X H X .55)	__.__	__.__
AP THICKNESS OF ISTHMUS (CM)	____.____	

COMMENT:

3. NODULARITY

1 .....YES
2 .....NO
3 .....UNCERTAIN

COMMENT:

4. OTHER ABNORMALITIES

0 < 10 ≥ 10 Number of nodules < 5 mm
Y N Diffuse Abnormalities
Y N Other, specify

Comments:

RADIOLOGIST COMMENT:

nodularity ≥5mm..... agree .... disagree

nodularity <5mm..... agree .... disagree

diffuse abnormality..... agree .... disagree

5. GENERAL COMMENTS

1 .....YES
2 .....NO

6. EXPOSURE STATUS

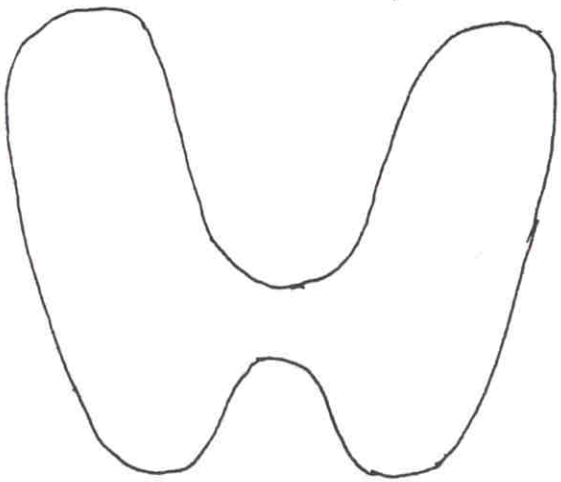
AWARENESS OF POSSIBLE EXPOSURE STATUS:
1 .....NONE
2 .....POSSIBLE
3 .....DEFINITE

IF POSSIBLE/DEFINITE, APPARENT EXPOSURE:
1 ..... NONE/VERY LOW
2 ..... INTERMEDIATE
3 ..... HIGH
4 ..... UNKNOWN

7. CHARACTERIZATION OF NODULES ≥ 5 mm

NODULE I.D.	LOCATION	SIZE (CM)	PALPABLE
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U
____	_____	__.__X__.__X__.__	Y N U

Identify Nodules as 1, 2, 3, etc.



● SOLID
○ CYSTIC
⊗ MIXED

RADIOLOGIST COMMENT ONLY

DETECTION STATUS	TYPE	IF SOLID, ECHOGENICITY	IF SOLID, HALO	CALCIF-ICATION
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N
C D N NS	S C M	Hr Ho I	C P N	Y N

DETECTION STATUS	TYPE	ECHOGENICITY	HALO
C = CONFIRMED	S = SOLID	HR = HYPERECHOIC	C = COMPLETE
D = DISAGREE	C = CYSTIC	HO = HYPOECHOIC	P = PARTIAL
N = NEW	M = MIXED	I = ISOECHOIC	N = NO
NS = NOT SEEN			

RADIOLOGIST COMMENTS

SUBJECT I.D. #: _ _ _ _ _ _ _ _ _ _ _ _ DATE KEY ENTERED: _ _ _/_ _ _/_ _ _ KEY ENTRY I.D. #: _ _ _ 03/29/94

Appendix 13