THYROID ULTRASOUND REPORT

Equipment: SIEMENS ACUSON NX3 ELITE

Date: ..... Card number: ..... Ref. by: .....

Patient name: ..... Patient DOB: .....

Isthmus:

Right Lobe:

Nodule	Size	Location	Solid / Cystic	Echogenicity	Blood flow

Left Lobe:

Nodule	Size	Location	Solid / Cystic	Echogenicity	Blood flow

Impression:

Advised:

Sonographer: .....