THYROID ULTRASOUND
ACR TI-RADS

The examination should be performed with the neck hyperextended.

Documenting should be done in the following order starting with **right lobe** first:

Image grayscale TRANS superior, mid, inferior
LONG lateral, mid, medial
Then measure size of lobe in longitudinal, AP and transverse dimensions.
TRANS mid with color Doppler
LONG mid with color Doppler

Next document nodules:

a. There will be a total of **3 dual screens** per nodule.

1) TRANS & LONG of nodule only
2) Measure nodule using “volume”
3) Color Doppler of nodule

b. Label specific location: Where in lobe (Sup, Mid, Inf) and what number (1, 2, 3).

c. Last image should be report page showing volume of nodule(s).

Follow the same order of documenting for the **left lobe**.

Lastly image transverse isthmus with AP measurement.

Measure up to **4** most suspicious nodules not necessarily the biggest of the entire gland. There may be a special circumstance such as the appearance of a new sizable nodule not seen on prior exams.

In patients who have undergone complete or partial thyroidectomy, the thyroid bed should be imaged in transverse and longitudinal planes. Any masses, cysts or abnormal lymph nodes in the region of the bed should be documented and measured.

PARATHYROID ULTRASOUND

The examination should be performed with the neck hyperextended.

Image LONG from the carotid arteries to the midline bilaterally.

Image TRANS from the carotid artery bifurcation superiorly to the thoracic inlet inferiorly.

Utilize color and/or power or spectral Doppler as needed.

Parathyroid adenomas' location, size, and number(s) should be documented with measurements in three dimensions. The relationship of any visualized parathyroid gland(s) to the thyroid gland should also be documented.