



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413

Thyroid Ultrasound Worksheet

Name _____ Date _____ MR# _____ DOB _____

Indication for Exam _____

History _____

Right Lobe _____ X _____ X _____ cm

	Nodules	Location	Previously measured
1)			
2)			
3)			
4)			

Left Lobe _____ X _____ X _____ cm

	Nodules	Location	Previously measured
1)			
2)			
3)			
4)			

Isthmus _____ mm _____

Sonographer _____