



THUMB REGION

Thyroid Worksheet

Name _____ Date _____ MR# _____ DOB _____

Indication for Exam _____

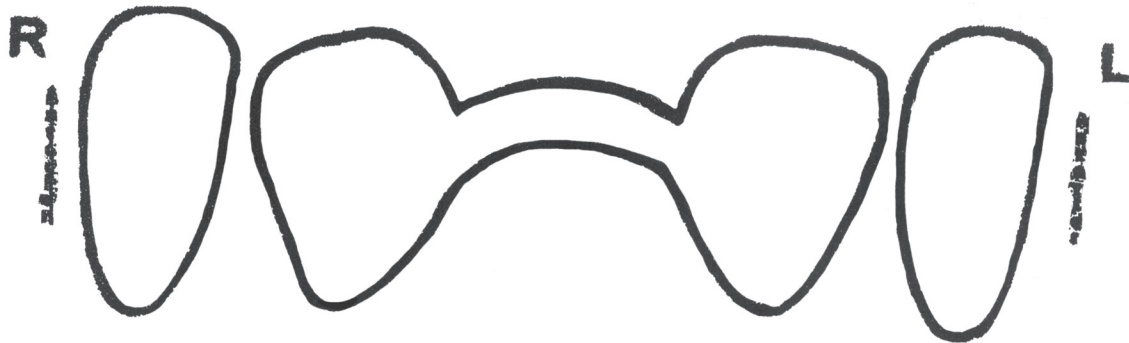
Surgical History _____

History _____

Right Lobe _____ X _____ X _____ cm

Left Lobe _____ X _____ X _____ cm

Isthmus _____ mm



Sonographer _____