❑ McLAREN FLINT
401 S. Ballenger Hwy. • Flint, MI 48532
810-342-2209

❑ McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

THYROID ULTRASOUND WORKSHEET

Name: _____

Date: _____

Indication for Exam: _____

Family Hx of Thyroid Disorders: _____

Difficulty Swallowing ❑ Swelling ❑ Nervousness ❑ Sweating ❑ Palpitations ❑ Hair Loss ❑

Tiredness ❑ Wt. Gain ❑ /Loss ❑ Previous Treatment: _____

Nuclear Exam? _____

Sonographer Performing Exam: _____

Previous Study: ❑ Yes ❑ No Date: _____ Comparison _____

Rt. Lobe:

Lt Lobe:

Isthmus: