



Thyroid Ultrasound (76536)

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www.globaldxi.com

Name: _____ Date: _____ Sonographer: _____
 DOB: _____ Age: _____ Location: _____ Ordering Physician: _____
 Sex: _____ Ht: _____ Wt: _____

Indicatons:

Impression:

Technique:

Observations & Measurements

Right Lobe :
 Left Lobe :
 Isthmus

Vascular

Right Carotid :
 Right Internal Jugular Vein :
 Left Carotid :
 Left Internal Jugular Vein:

Measurements

Right Lobe :
 Left Lobe :
 Isthmus :
 Nodule / Mass

AP Transverse Craniocaudad

mm
 mm
 mm
 mm
 mm

Description of Findings:

(Electronically Signed)