



Thyroid Ultrasound – (Post) Biopsy Addendum Template

Note: this template format is for content only. Format will be altered to fit with a voice recognition system

PATHOLOGY

[Dictate an abbreviated version of the pathology report]

Pathology concordance:

- Pathology is concordant with sonographic findings.
- Pathology is NOT concordant with sonographic findings.
- Optional free text: []

RECOMMENDED FOLLOW UP AFTER FNA

[based on Ontario Health (Cancer Care Ontario)'s Thyroid Cancer Diagnosis Pathway Map (2019)
(<https://www.cancercareontario.ca/en/pathway-maps/thyroid-cancer>)]

- Malignant, suspicious for malignancy, follicular neoplasm, or suspicious for follicular neoplasm:
Surgical consultation.
Consider ultrasound (US) Neck and US guided FNA of Suspicious Lymph Nodes
- Atypia of undetermined significance (AUS) or follicular lesion of undetermined significance (FLUS):
Repeat FNA at 3-12 months OR consider second opinion (for cytology)
If repeat FNA is AUS/FLUS: Consider specialist or surgical consultation.
- Non-diagnostic or unsatisfactory sample:
Repeat FNA in 3-12 months.
If repeat FNA is non-diagnostic or unsatisfactory: Consider specialist or surgical consult
- Benign TR5 nodule:
Repeat FNA at 3-12 months.
If benign at repeat FNA:
Consider annual ultrasound for 5 years; stop if stable. If nodule shows growth, then consider repeat FNA or surgical consultation for diagnostic resection.
- Benign TR4 nodule:
Repeat US at 12-24 months for 5 years; stop if stable. If nodule shows growth or TR upgrade, repeat FNA.
If benign at repeat FNA, no further follow up is required.
- Benign TR3 nodule:
No follow up is required.