Ontario Health
Cancer Care Ontario

Thyroid Ultrasound – Radiologist Reporting Template

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

CLINICAL INFORMATION

1. Clinical History: [Default: follow up nodule(s)]
2. Personal history of thyroid malignancy: ○ Yes ○ No
3. Prior Biopsy: ○ Yes: _____ *(date)*
   ○ No

COMPARISON STUDY

1. Comparison Study: ○ Oldest available prior US exam: _____ *(date)*
   ○ Other modality: _____ (modality and date)
   ○ No prior imaging

TECHNICAL NOTE

1. Technical Quality: ○ Satisfactory ○ Limited due to: [enter text]

FINDINGS

1. **Thyroid Gland:**

   A. Right lobe _____cm (CC x TX x AP) Previous _____cm (CC x TX x AP)
   B. Left lobe _____cm (CC x TX x AP) Previous _____cm (CC x TX x AP)
   C. Doppler Flow Whole Gland: ○ normal ○ increased ○ decreased
   D. Thyroid Echotexture:
      ○ Parenchymal echogenicity is uniform
      ○ Subtle lobulation of outline and parenchymal heterogeneity
      ○ Parenchymal heterogeneity with numerous small hypoechoic nodules, consistent with Hashimoto's (lymphocytic) thyroiditis

2. **Nodules (Erase this section if no nodules to assess):**

   A. Estimated total number of nodules ≥1cm: [0, 1, 2, 3, 4, 5, 6-10, >10]

   B. Nodule: [R1, R2, R3, L1, L2, L3]

   Duplicate section B for each nodule warranting description and follow up or biopsy, up to 3 nodules per lobe and 4 nodules total. Nodule identification should be as per technologist worksheet, identified as R1, R2, R3 or L1, L2, L3.

   I. Location: ○ Right upper ○ Right mid ○ Right lower ○ Left upper ○ Left mid ○ Left lower

   II. Size: [ ] cm (CC x TX x AP), [ ] ml Previous (if applicable): Size: [ ] cm (CC x TX x AP), [ ] ml

   III. Composition:
      ○ (0 points) cystic/almost completely cystic
      ○ (0 points) spongiform: >50% small cystic spaces. DO NOT add points in other categories; skip to section VIII
      ○ (1 point) mixed cystic and solid
      ○ (2 points) solid/almost completely solid
      ○ (2 points) composition cannot be determined

IV. Echogenicity (assess solid component of mixed cystic and solid nodule):
- ○ (0 points) anechoic
- ○ (1 point) iso/hyperechoic
- ○ (2 points) hypoechoic
- ○ (3 points) very hypoechoic
- ○ (1 points) echogenicity cannot be determined

V. Shape:
- ○ (0 points) wider than tall or round
- ○ (3 points) taller than wide

VI. Margins:
- ○ (0 points) smooth
- ○ (0 points) ill-defined
- ○ (2 points) lobulated/irregular
- ○ (3 points) extrathyroidal extension
- ○ (0 points) margin cannot be determined

VII. Echogenic foci (choose all that apply):
- ☐ (0 points) none
- ☐ (0 points) large comet-tail artifacts
- ☐ (1 points) macrocalcifications
- ☐ (2 points) peripheral calcifications
- ☐ (3 points) punctate echogenic foci

VIII. ACR TI-RADS total points: [tallied points from III-VII]

IX. ACR TI-RADS risk category:
- ○ TR1 (0 points) Benign - Risk of malignancy <2%
  No FNA or follow-up

- ○ TR2 (2 points) Not suspicious - Risk of malignancy <2%
  No FNA or follow-up

- ○ TR3 (3 points) Mildly suspicious - Risk of malignancy <5%
  - ○ <1.5cm, no FNA or follow up
  - ○ 1.5cm - 2.4cm, Follow up US at 1, 3, 5 years. Stop if stable; continue following if there is growth until no growth over 5 years.
  - ○ ≥ 2.5cm, FNA

- ○ TR4 (4-6 points) Moderately suspicious - Risk of malignancy 5-20%
  - ○ <1cm, no FNA or follow up
  - ○ 1.0cm - 1.4cm, Follow up US at 1, 2, 3, and 5 years. Stop if stable; continue following there is growth until no growth over 5 years.
  - ○ FNA if ≥ 1.5cm

- ○ TR5 (≥7 points) Highly suspicious - Risk of malignancy >20%
  - ○ <0.5cm, no FNA or follow up
  - ○ 0.5cm - 0.9 cm, annual US for 5 years. Stop if stable; continue following if there is growth until no growth over 5 years.
  - ○ FNA if ≥ 1cm

3. **Lymph Nodes**

   A. Levels evaluated: ○ Levels 2-4 (lateral) and 6 (central) ○ Other [enter text]

   B. Suspicious lymph nodes: ○ yes: location/short axis size (cm): [enter text] ○ no

4. **Additional Findings**

   [enter text]

IMPRESSION

1. **Thyroid:**

   A. Pick all that are appropriate:

   - ○ Normal thyroid sonogram.
   - ○ Small thyroid nodules.
   - ○ Consistent with Hashimoto's (lymphocytic) thyroiditis.
   - ○ Nodules show stability over at least 5 years.
   - ○ No imaging follow up is recommended unless clinically indicated.

   B. US guided FNA should be considered for the following nodule(s):
   [Default None. If applicable, list which nodules should be considered for FNA]

   C. Follow up US is recommended until stability over 5 years has been demonstrated for the following nodules:
   [Default None or list nodules that are recommended for follow up]

   The follow up intervals are chosen based on the most worrisome nodules. Choose follow up schedule:

   - ○ TR5 0.5-1cm: US annually for 5 years
   - ○ TR4 1-1.5cm: US at 1,2,3 and 5 years
   - ○ TR3 1.5-2.5cm: US at 1,3 and 5 years

2. **Adenopathy:**

   - ○ None
   - ○ [enter text if abnormal nodes are present]

3. **Additional Findings:**

   [Default: no other abnormality demonstrated OR enter other pathology demonstrated here]

Note that nodules less than 1.5cm on the US may not be individually reported unless judged to warrant surveillance.

Surveillance imaging is greatly facilitated by having the prior imaging file available.

For these recommendations, growth is defined as 50% increase in volume or 20% increase in each of two linear dimensions and a minimum increase of 2mm.

TR5	≥7 points	<0.5cm, no FNA or follow up 0.5cm - 0.9 cm, annual US for 5 years. Stop if stable; continue following if there is growth until no growth over 5 years. FNA if ≥ 1cm
TR4	4-6 points	<1cm, no FNA or follow up 1.0cm - 1.4cm, Follow up US at 1, 2, 3, and 5 years. Stop if stable; continue following there is growth until no growth over 5 years. FNA if ≥ 1.5cm
TR3	3 points	<1.5cm, no FNA or follow up 1.5cm - 2.4cm, Follow up US at 1, 3, 5 years. Stop if stable; continue following if there is growth until no growth over 5 years. ≥ 2.5cm, FNA
TR2	2 points	No FNA or follow-up
TR1	0 points	No FNA or follow-up

Reference: Tessler, F. N., Middleton, W. D., Grant, E. G., Hoang, J. K., Berland, L. L., Teefey, S. A., . . . Stravros, A. T. (2017). ACR Thyroid Imaging, Reporting and Data. ACR Thyroid Imaging, Reporting and Data System (TI-RADS): White Paper of the ACR TI-RADS Committee. *J Am Coll Radiol. 14*(5), 587-595. doi:10.1016/j.jacr.2017.01.046