

<b>US Thyroid</b>		
Reviewed:	Date: 1/4/2022	
Revised:	Date: 1/4/2022	

#### **PURPOSE**

Practice parameter for the performance of diagnostic ultrasound of the thyroid and parathyroid

#### SUPPORTIVE DATA

- Obtain a written, verbal, or electronic order from provider
- Verify that written orders are scanned into Epic
- Previous relevant imaging procedures

#### **INDICATIONS**

Indication for thyroid and parathyroid ultrasound including but not limited to:

- Evaluation of the location and characteristics of palpable neck masses, including an enlarged thyroid.
- Evaluation of abnormalities detected by other imaging modalities.
- Evaluation of abnormal thyroid lab values.
- Evaluation of presence, size and location of thyroid gland.
- Evaluation of patients at high risk for occult thyroid malignancy.
- Follow-up imaging of previously detected thyroid nodules.
- Identification and localization of parathyroid abnormalities in patients with known or suspected hyperparathyroidism.

## **CONTRAINDICATIONS**

• There are no absolute contraindications. It is departmental policy that if there is a Nuclear medicine study ordered to evaluate parathyoroid at the same time as an ultrasound to evaluate parathyroid, the NM study should be done at least one day prior to allow for imaging correlation.

# **EQUIPMENT LIST**

- Real-time ultrasound scanner with transducer of appropriate frequency'
- Gel
- Towels
- Patient gown

# **SAFETY**

• Universal precautions for bodily fluids should be observed as per hospital protocol.

- All ultrasound carts are annually checked and are up to date with all state and manufacturer guidelines.
- Exams will be prioritized according to ordering status (STAT, ASAP or Routine)

### PATIENT PREPARATION

• None

#### **PROCEDURE**

- 1. Check provider's orders for reason for exam and any comments.
- 2. Review report of patient's most recent ultrasound, relevant imaging or relevant labs if applicable.
- 3. Start exam in Epic
- 4. Verify patient by 2 patient identifiers (name, DOB, wristband).
- 5. Process should be explained to patient.
- 6. Have patient change into gown if appropriate
- 7. Perform imaging procedure
- 8. End exam in Epic

#### **IMAGING PROCEDURE**

A normal ultrasound of the Thyroid will aim to include the following views:

#### **Right Lobe**

- 1. SAG ML
- 2. SAG ML with measurments
- 3. SAG ML with Color Doppler
- 4. TRANS Mid
- 5. Trans mid with measurement
- 6. Trans Sup Pole
- 7. Trans Inf Pole
- 8. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler

#### **Left Lobe**

- 1. SAG ML
- 2. SAG ML with measurments
- 3. SAG ML with Color Doppler
- 4. TRANS Mid
- 5. Trans mid with measurement
- 6. Trans Sup Pole

- 7. Trans Inf Pole
- 8. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler

#### **Additional**

- 1. Image comparing both lobes and isthmus
- 2. Document nodules that are <5mm
- 3. Document on additional worksheet w/tirads criteria filled out for nodules >5mm Label and number each nodule on the image to correlate with the worksheet
- 4. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler
- 5. Scan bilateral anterior neck and note any abnormal lymph nodes. Take representative image showing right and left side if no abnormal nodes are found.

#### **DOCUMENTATION**

- 1. Written, verbal, or electronic order from provider
- 2. The worksheet and images need to be scanned into PACS under appropriate exam and put online.
- 3. Ultrasound images should be labeled with anatomy imaged and orientation (SAG or TRANS)
- 4. All images are submitted with above documentation for dictation and stored in PACS
- 5. For all STAT, ER and Urgent Care ultrasound exams, call radiologist for prelimanary report to give to ordering provider
- 6. If it is between 2200 0700, submit exam along with proper documentation to teleradiology

# REFERENCE

- Approved by Pharmacy and Therapeutics Board on 08/14/2020
- Approved by Medical Executive Team on 09/11/2020
- Approved by Medical Director, Dr. Muneer Desai, on 08/20/2020
- Approved by Radiology Protocol Committee on 3/9/2020
- ACR Practice Parameters Resolution 25 (2018)

#### References

Reference Type Title Notes

**Documents referenced by this document** 

Referenced Documents ACR Practice Parameters Resolution 25 (2018)