## Practical Approach to Thyroid Nodules

MAYO CLINIC

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## **Almost Certainly Benign Indeterminate Worrisome for Malignant** No FNA FNA Cystic nodule Sponge-like nodule Cystic with mural Solid with irregular margins Solid with micro Ca+ Solid with cystic component nodule Solid, homogenous Solid with micro Ca++ Solid with micro Cat Solid, homogenous with thin halo Large cystic nodule Cystic with debris Cystic nodule with septations with debris Most are benign, uncommonly follicular or papillary carcinoma For Indeterminate Nodules Solid with Coarse Ca++ Fine and coarse Ca++ **Additional Relevant Factors** That Would Encourage FNA · Family history of thyroid CA Multiple isoechoic similar nodules Multiple discrete Previous radiation exposure (multinodular goiter) solid hypoechoic nodules with coarse parenchymal Younger age septations (Hashimoto's Larger size of nodule Thyroiditis) Solid with micro and Cystic with solid elements peripheral Ca++ and Ca\*\*