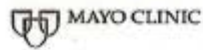


Practical Approach to Thyroid Nodules

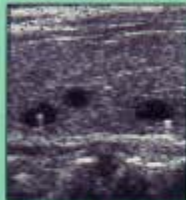


William Charboneau, MD and Carl Reading, MD

Department of Radiology – Mayo Clinic, Rochester, MN

Almost Certainly Benign

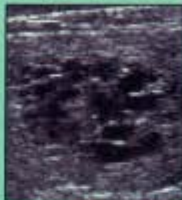
No FNA



Cysts with bright echo



Cystic nodule



Sponge-like nodule



Cystic with debris



Large cystic nodule with septations



Cystic nodule with debris



Multiple isoechoic similar nodules (multinodular goiter)



Multiple discrete solid hypoechoic nodules with coarse parenchymal septations (Hashimoto's Thyroiditis)

Indeterminate



Solid with cystic component



Cystic with mural nodule



Solid, homogenous with thin halo



Solid, homogenous

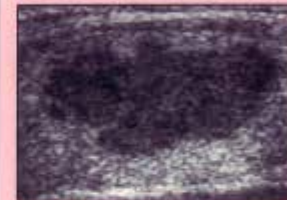
Most are benign, uncommonly follicular or papillary carcinoma

For Indeterminate Nodules Additional Relevant Factors That Would Encourage FNA

- Family history of thyroid CA
- Previous radiation exposure
- Younger age
- Larger size of nodule

Worrisome for Malignant

FNA



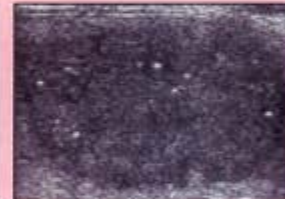
Solid with irregular margins



Solid with micro Ca⁺⁺



Solid with micro Ca⁺⁺



Solid with micro Ca⁺⁺



Fine and coarse Ca⁺⁺



Solid with Coarse Ca⁺⁺



Cystic with solid elements and Ca⁺⁺



Solid with micro and peripheral Ca⁺⁺