

Thyroid Nodules Testing

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***High suspicion** - solid hypoechoic nodule; solid hypoechoic component in a partially cystic nodule with one or more of the following: irregular margins, microcalcifications, extrathyroidal extension, disrupted rim calcifications, or more tall than wide shape
Intermediate suspicion - hypoechoic solid nodule with smooth regular margins without microcalcifications; extrathyroidal extension; more tall than wide shape
Low suspicion - isoechoic or hyperechoic; solid nodule; partially cystic nodule; no risk factors noted in high suspicion (eg, more tall than wide)
Very low suspicion - spongiform or partially cystic nodule without any of the characteristics from high, intermediate, or low categories

INDICATIONS FOR TESTING
 Patient presents with a palpable nodule in the thyroid gland, enlarged thyroid, or abnormal cervical nodes

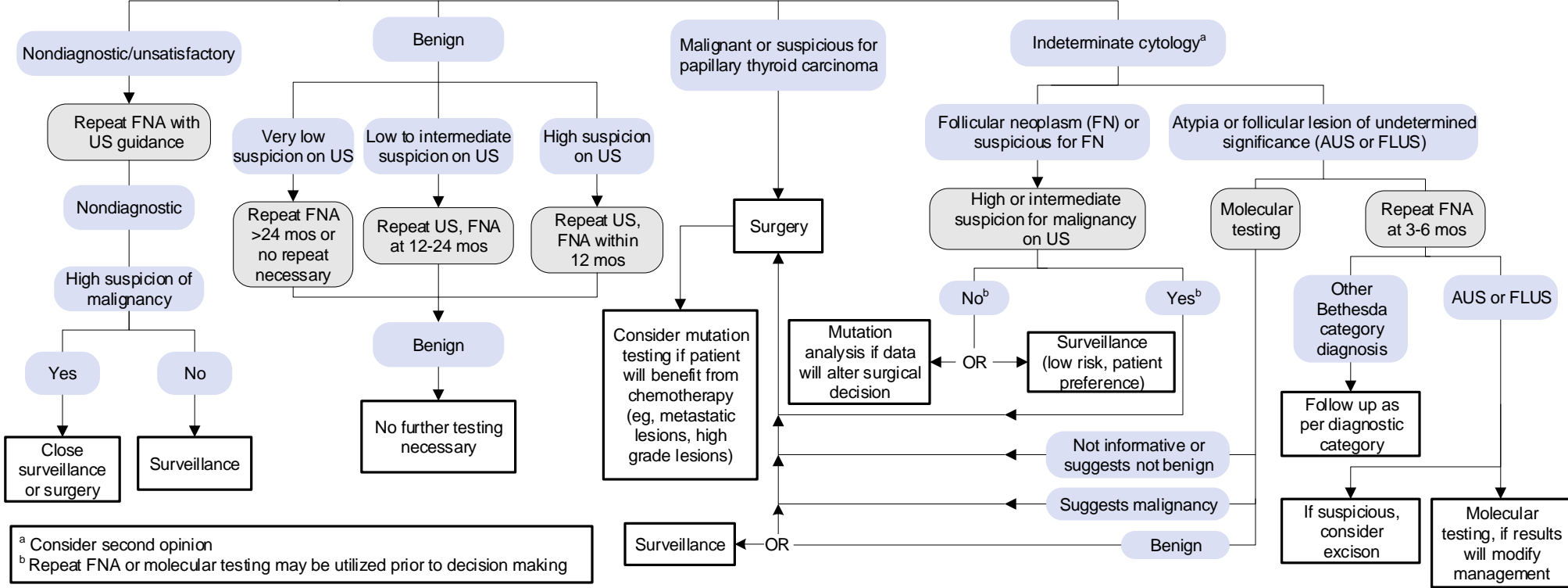
PERFORM
 Thyroid ultrasound (US)
AND ORDER
 Thyroid Stimulating Hormone (TSH)

RECOMMEND FNA*:
 •Nodules >1 cm with high or intermediate suspicion sonographic pattern on US
 •Nodules >1.5 cm with low suspicion sonographic pattern on US
CONSIDER FNA:
 Nodules >2 cm with very low suspicion sonographic pattern on US

Normal or high TSH → []
 Lower risk nodule Low TSH → Radionuclide scan

ORDER
 •Calcitonin
 •Cytology, Fine Needle Aspirate (FNA)
 •Genetic testing
 → If medullary subtype in family, consider MEN testing

Bethesda System for Reporting Thyroid Cytopathology (2009)



^a Consider second opinion
^b Repeat FNA or molecular testing may be utilized prior to decision making