



# Case Study Submission Requirements: Thyroid, Parathyroid, and Neck

- All cases must follow the [General Requirements for the Submission of Case Studies](#).
- All cases must include a finalized corresponding report. For reporting criteria, refer to the [Documentation Practice Parameter](#).
- For the purpose of accreditation, all anatomy must be appropriately labeled (for example – LONG RT THY MID).

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*Cases in which a patient has had a thyroidectomy (partial or complete) are not acceptable for submission.*

*\* UGFNAs may be performed on a different date than the diagnostic ultrasound, but must be performed on the same patient and include a separate report for the procedure. The needle must be shown within the lesion.*

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## From the main site:

Submit a total of 4 cases with their corresponding final report(s) as described below:

- submit 2 abnormal diagnostic **thyroid/parathyroid** cases, one of which also includes an ultrasound-guided fine needle aspiration (\*UGFNA)
- additionally, submit 2 abnormal diagnostic neck cases from any of the **Neck Categories** (right), one of which also includes an ultrasound-guided fine needle aspiration (\*UGFNA)

### Neck Categories

1. Salivary Glands
2. Lymph Nodes
3. Congenital Lesions
4. Miscellaneous Mass Lesions
5. Infection and Trauma
6. Endocrine (Thyroid/Parathyroid)

## From each additional site or mobile unit:

- Submit **1** abnormal diagnostic neck case which also includes an ultrasound-guided fine needle aspiration (\*UGFNA) from any one of the **Neck Categories** (above) along with its corresponding final report(s).

# Thyroid/Parathyroid Imaging Checklist

- **All cases must include a finalized corresponding report.** For reporting criteria, refer to the [Documentation Practice Parameter](#).
- For the purpose of accreditation, all anatomy must be appropriately labeled (for example – LONG RT THY MID).

Thyroid / Parathyroid
<b>Labeled images of the following:</b>
<b>RIGHT LOBE</b>
<input type="checkbox"/> 1. Transverse superior portion <input type="checkbox"/> 2. Transverse midportion <input type="checkbox"/> 3. Transverse inferior portion <input type="checkbox"/> 4. Longitudinal medial portion <input type="checkbox"/> 5. Longitudinal midportion <input type="checkbox"/> 6. Longitudinal lateral portion <input type="checkbox"/> 7. RIGHT lobe measurements in 3 dimensions
<b>LEFT LOBE</b>
<input type="checkbox"/> 8. Transverse superior portion <input type="checkbox"/> 9. Transverse midportion <input type="checkbox"/> 10. Transverse inferior portion <input type="checkbox"/> 11. Longitudinal medial portion <input type="checkbox"/> 12. Longitudinal midportion <input type="checkbox"/> 13. Longitudinal lateral portion <input type="checkbox"/> 14. LEFT lobe measurements in 3 dimensions
<b>ISTHMUS</b>
<input type="checkbox"/> 15. Transverse isthmus <input type="checkbox"/> 16. AP measurement of isthmus
<b>ABNORMALITIES (if applicable)</b>
<input type="checkbox"/> 17. Thyroid abnormality measurements in 3 dimensions <input type="checkbox"/> 18. If multiple thyroid nodules are noted - location, size, and number of nodules imaged and documented <input type="checkbox"/> 19. Overall gland vascularity <input type="checkbox"/> 20. Abnormal adjacent soft tissues <input type="checkbox"/> 21. If cervical lymph nodes evaluated - size (at least 2 dimensions) and location
<b>PARATHYROID (if indicated)</b>
<input type="checkbox"/> 22. Transverse images of anticipated parathyroid locations <input type="checkbox"/> 23. Longitudinal images of anticipated parathyroid locations <input type="checkbox"/> 24. Parathyroid gland(s) measured in 3 dimensions, when enlarged
<b>UGFNA (if indicated)</b>
<input type="checkbox"/> 25. Lesion(s) with measurements demonstrated before biopsy/biopsies <input type="checkbox"/> 26. Needle demonstrated within lesion(s)