## **Evaluating Thyroid, Parathyroid and Adrenal Conditions**

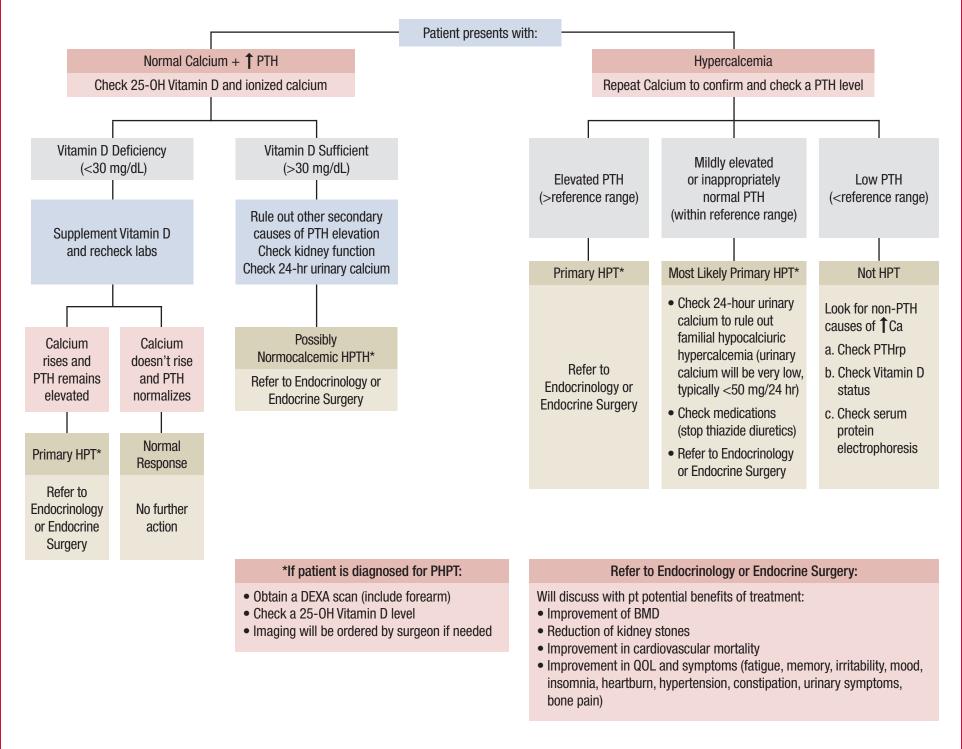
## **EVALUATION OF A NEW THYROID NODULE** Non-diagnostic Repeat biopsy using U/S in 4-6 (Not enough material to evaluate) weeks (wait for inflammation to subside before repeating) Perform FNA of thyroid nodule(s) Malignant If US shows a nodule >1 cm TSH ←→ ↑ Papillary thyroid cancer nodule with any suspicious Medullary thyroid cancer characteristics\*\*\* Anaplastic thyroid cancer Refer for surgical consultation Suspicious/Indeterminant Perform a H+P • Compressive symptoms\* Suspicious for PTC Symptoms of • Follicular/Hurthle cell/neoplasm hypo/hyperthyroidism Follicular lesion of undetermined Repeat U/S in 12-18 mo Risk factors for cancer\*\* significance (FLUS) Refer to Endocrine Surgery if: Check a TSH • Atypia of undetermined significance (AUS) Compressive symptoms\* Order a neck ultrasound - Size >4 cm - Family Hx of thyroid cancer or radiation exposure Benign - Growth >2 mm in 2 dimensions on follow-up TSH imaging Work-up Hyperthyroidism • Check free T3 and T4, TRAb • Order a NM thyroid uptake scan (distinguish between Graves disease, thyroiditis and toxic nodules) Refer to Endocrinology or **Endocrine Surgery**

\*Compressive symptoms: pressure, difficulty swallowing, voice changes SOB or snoring

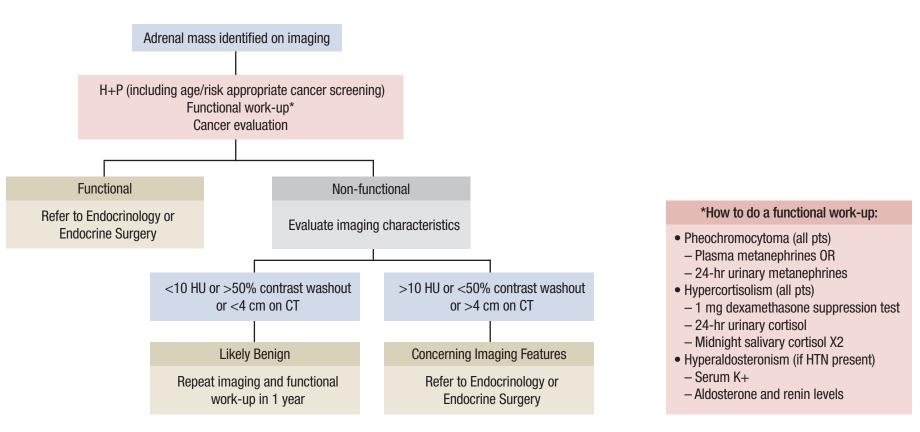
\*\*Risks for cancer: family Hx, radiation exposure

\*\*\*Suspicious U/S findings: microcalcifications, irregular margins, hypoechoic, hypervascular

## PRIMARY HYPERPARATHYROIDISM DIAGNOSTIC TOOL



## ADRENAL INCIDENTALOMA DIAGNOSTIC TOOL



To refer a patient, please call (608) 262-2249



