EVALUATION OF A NEW THYROID NODULE

**Perform a H+P**
- Compressive symptoms*
- Symptoms of hypothyroidism
- Risk factors for cancer**

**Check a TSH**

**Order a neck ultrasound**
- 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

**Check 25-OH Vitamin D and ionized calcium**

- Normal Calcium + PTH ➞ Repeat Calcium to confirm and check a PTH level

- Hypercalcemia

- *If patient is diagnosed for PHPT:
  - How to do a functional work-up:
    - Refer to Endocrinology or Endocrine Surgery:
      - Vitamin D Deficiency (<30 mg/dL)
        - Supplement Vitamin D and recheck labs
      - Vitamin D Sufficient (>30 mg/dL)
        - Rule out other secondary causes of PTH elevation
        - Check kidney function
        - Check 24-hr urinary calcium
        - Possibly Normocalcemic HPTH*
        - Refer to Endocrinology or Endocrine Surgery
        - Calcium rises and PTH remains elevated
          - Primary HPT*
        - Calcium doesn’t rise and PTH normalizes
          - Primary Hyperparathyroidism

- Elevated PTH (reference range)
  - Mildly elevated or inappropriately normal PTH (within reference range)
    - Most Likely Primary HPT*
  - Elevated PTH (>reference range)
    - Primary HPT*

- Low PTH (reference range)
  - Refer to Endocrinology or Endocrine Surgery

**Perform FNA of thyroid nodule(s)**
- If US shows a nodule >1 cm
  - Non-functional
    - Likely benign
      - Repeat imaging and functional work-up in 1 year
    - Likely cancer
      - Concerning imaging features
        - Papillary thyroid cancer
        - Medullary thyroid cancer
        - Anaplastic thyroid cancer
  - Malignant
    - Refer to Endocrinology or Endocrine Surgery

**Primary Hyperparathyroidism Diagnostic Tool**

**Adrenal Incidentaloma Diagnostic Tool**

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