



Case Study Submission Requirements: Thyroid, Parathyroid, and Neck

➤ Refer to the *Accreditation Application Manual* for [additional case study submission requirements](#).

** 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.*

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). ***Cases in which a patient has had a thyroidectomy (partial or complete) are not acceptable for submission.***
- additionally, submit 2 abnormal diagnostic neck cases from any of the six categories (right), one of which must also include 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 of the six categories (above) along with its corresponding final report(s).

Thyroid/Parathyroid Imaging Checklist

Thyroid / Parathyroid	
Labeled images of the following:	
RIGHT LOBE	
<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	
LEFT LOBE	
<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	
ISTHMUS	
<input type="checkbox"/> 15. Transverse isthmus <input type="checkbox"/> 16. AP measurement of isthmus	
ABNORMALITIES (if applicable)	
<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	
PARATHYROID (if indicated)	
<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	
UGFNA (if indicated)	
<input type="checkbox"/> 25. Lesion(s) with measurements demonstrated before biopsy/biopsies <input type="checkbox"/> 26. Needle demonstrated within lesion(s)	