

Thyroid Ultrasound

Once a **thyroid nodule** has been detected (or suspected), there are a few things that AAEDA physicians want to know before any recommendations can be made regarding what actions to take. The vast majority of thyroid nodules are benign and nothing to worry about, so the focus is on determining which ones have any reasonable chance of being cancerous. It is those few worrisome nodules which will need to be operated upon with that portion of the thyroid removed.

One of the first tests which is routinely performed is the Fine Needle Aspiration Biopsy (FNA). In this test, a very small needle is passed into the nodule and some cells are aspirated out and then placed on a glass slide for a pathologist to stain and determine if they are malignant or not. This test is very simple, takes less than 30 seconds, is virtually pain free, and can be very accurate. The FNA will usually (but not always) tell if a nodule is benign or malignant. Often this is the only test which is needed.

Another test which is routinely performed is the **ultrasound**. This simple test uses sound waves to image the thyroid. The sound waves are emitted from a small hand-held transducer which is passed over the thyroid. A lubricant jelly is placed on the skin so that the sound waves transmit easier through the skin and into the thyroid and surrounding structures. This test is quick, accurate, painless, and completely safe. It usually takes only about 10 minutes and the results can be known almost immediately.

Do I need this test ?

There are certain characteristics of thyroid nodules seen on ultrasound which are more worrisome than others. Keep in mind, however, that ultrasound alone cannot make the diagnosis. This test will usually help tell us that the nodule has a low chance of being cancerous (has characteristics of a benign nodule), or that it has some characteristics of a cancerous nodule and therefore a biopsy is indicated.