**Thyroid Nodules**

**Letter to Primary Care Provider**

\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

\_\_\_\_\_\_\_\_\_\_\_ has had stable thyroid nodule(s) for XX years with no change in size or U/S characteristics. (Previous biopsy demonstrated XX). TSH is not low. There are no compressive symptoms.

Summary of Key Results:

**Hormonal Panel:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| TSH |  |  |

**Imaging:**

|  |  |
| --- | --- |
| **Initial Ultrasound**  **(mm/yy)** | **Last follow up Ultrasound**  **(mm/yy)** |
| Finings | Findings |

**(Biopsy):**

|  |  |  |
| --- | --- | --- |
| **Date** | **Nodule (size and location)** | **Result** |
|  |  |  |

Surveillance:

1. **Imaging:** None unless new symptoms emerge (i.e. new or worsening neck lumps or bumps, swelling, compressive symptoms such as difficulty swallowing, stridor, or hoarse voice)
2. **Biochemical:** None unless there are new symptoms of hypo or hyperthyroidism

If there are any concerning symptoms, please order repeat neck US (if possible, at the same location as previous to allow appropriate comparison for growth) and TSH.

Criteria for escalation or re-referral:

1. If an ultrasound is done: significant growth of nodule (i.e. ≥50% change in volume or ≥20% increase in size with a minimum of 2mm increase in at least 2 dimensions or increase in TIRADS score)
2. Evidence of hyperthyroidism (i.e. low TSH)
3. Compressive symptoms