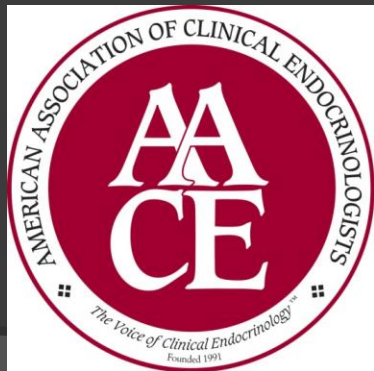


Meet the Expert Session  
24<sup>th</sup> Annual Scientific and Clinical Congress  
May 14, 2015

# THYROID ULTRASOUND IMAGES

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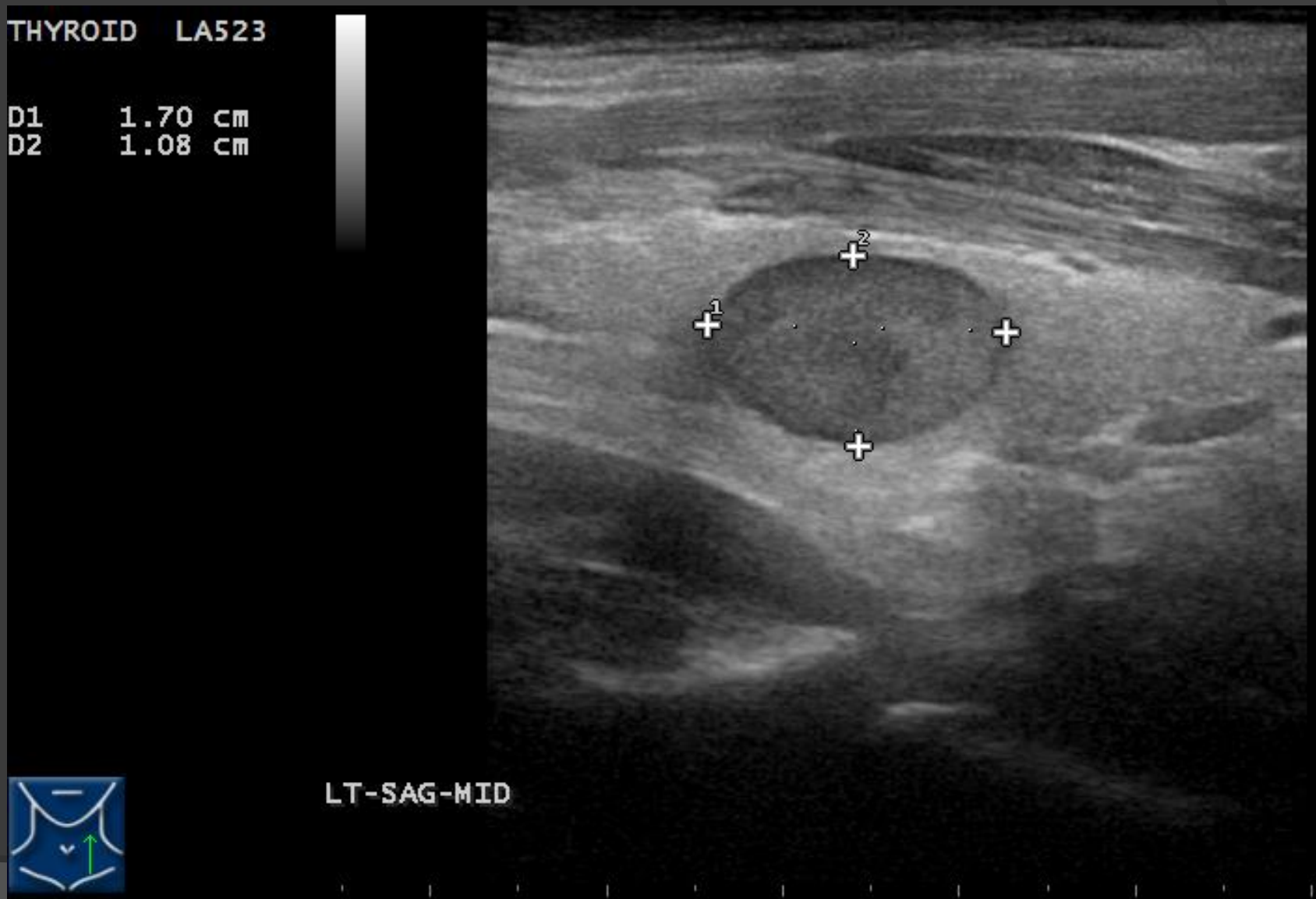


--The long awaited 2015 American Thyroid Association guidelines will be advancing the concept of pattern recognition for the assessment of risk of malignancy in thyroid nodules . In the first half of this session we will review patterns associated with low, intermediate, and high suspicion, and will review the proposed guidelines indicating which nodules should undergo biopsy.

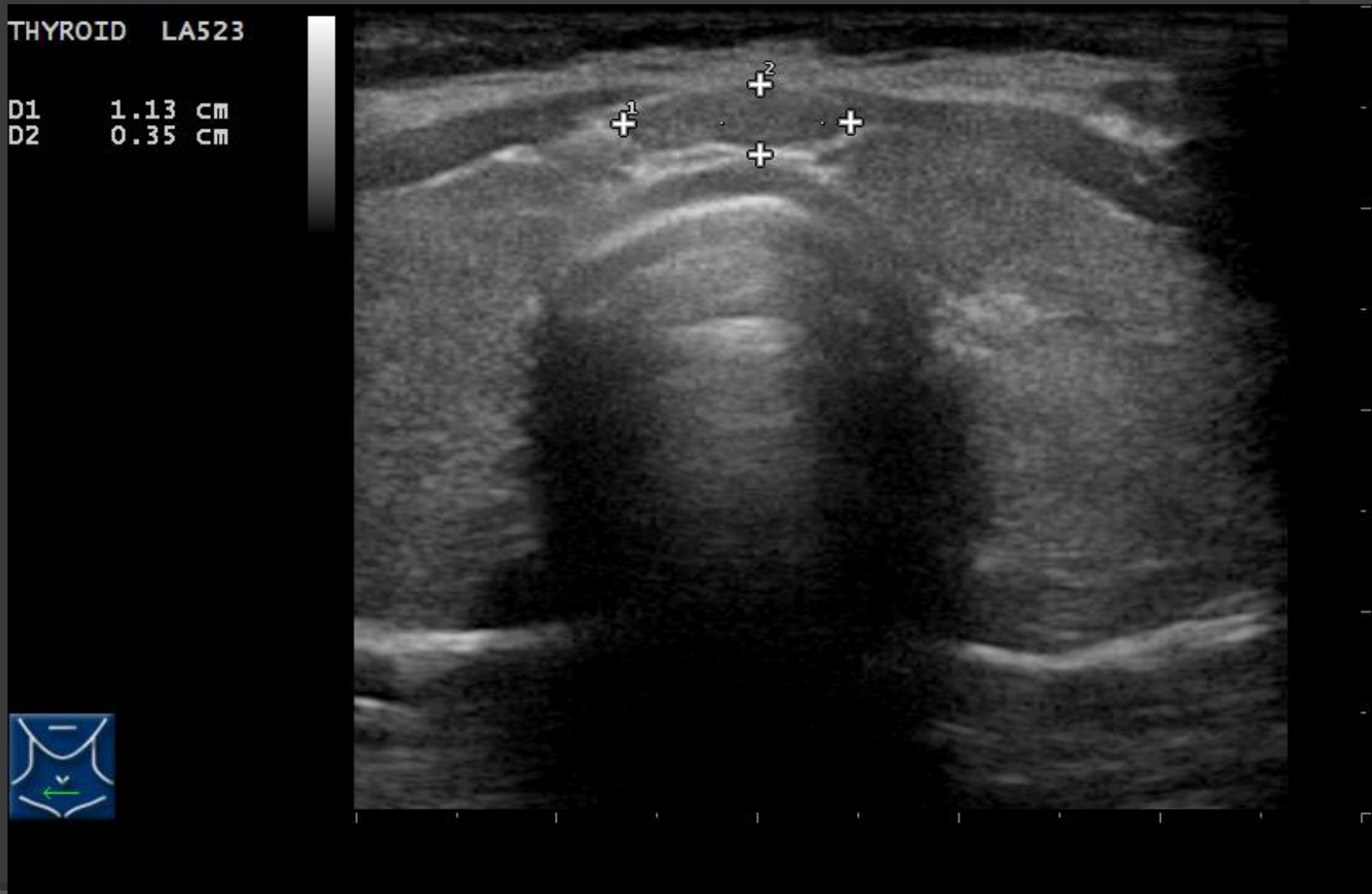
--But not all nodules fall neatly into the categories provided. Additional cases will be reviewed, discussing how to approach atypical appearing nodules and lymph nodes.

--Interesting cases will be presented demonstrating that "things are not always as they appear". Audience participation will be encouraged.

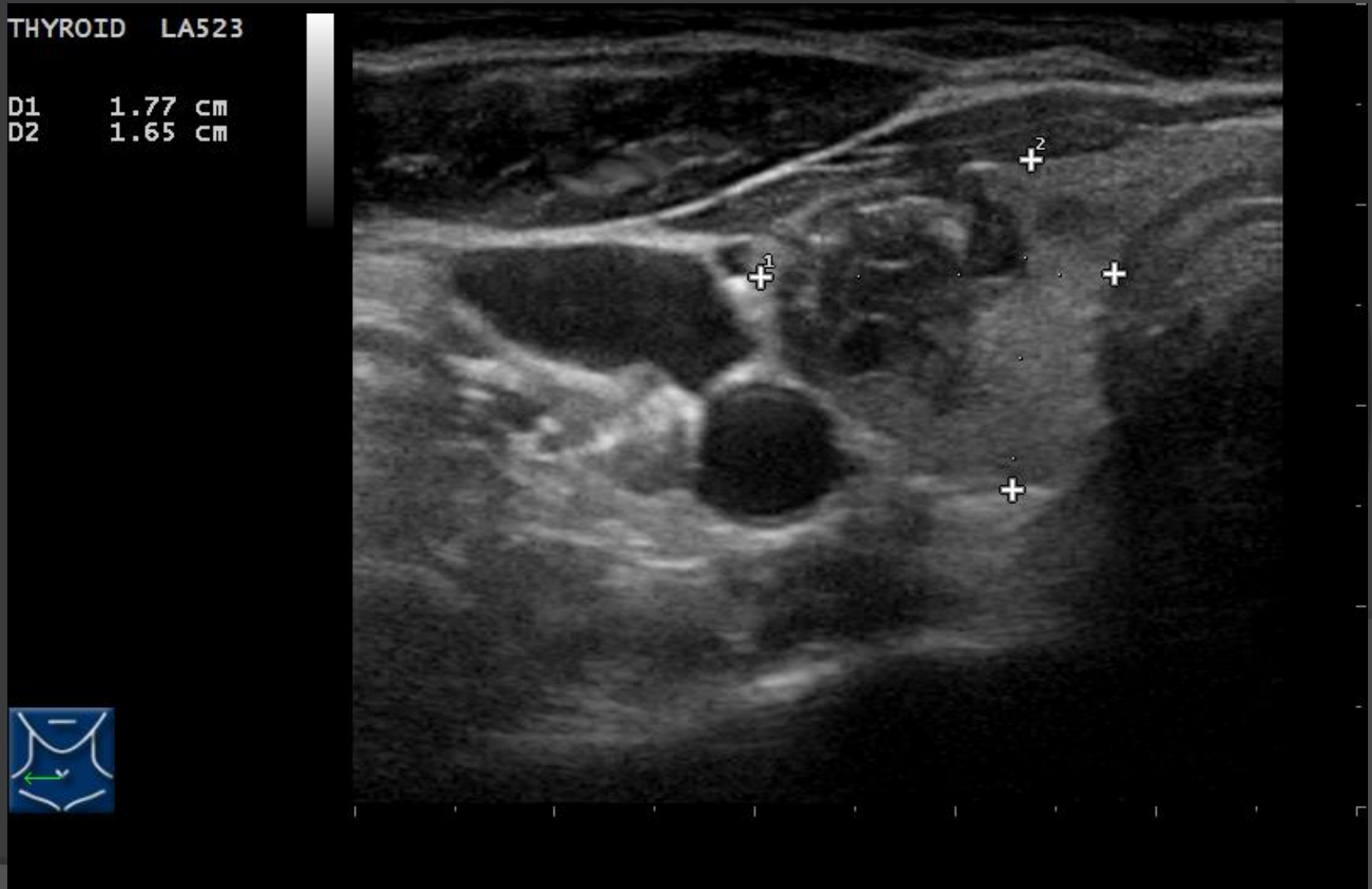
Is this nodule “very low, low, intermediate or high suspicion” for malignancy?



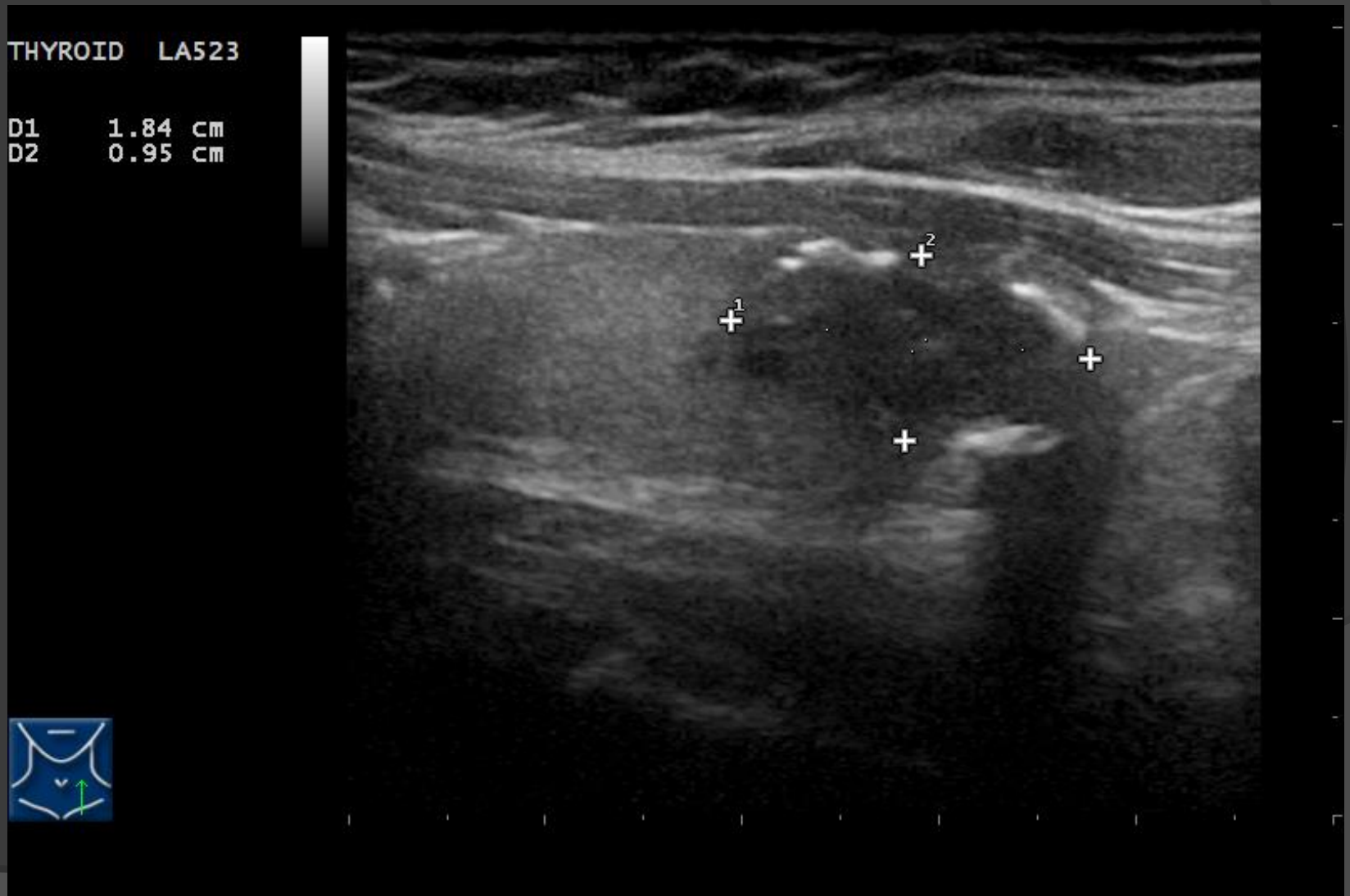
Should this 1.13 cm isthmus nodule undergo a fine needle biopsy?



# What features make this nodule suspicious?



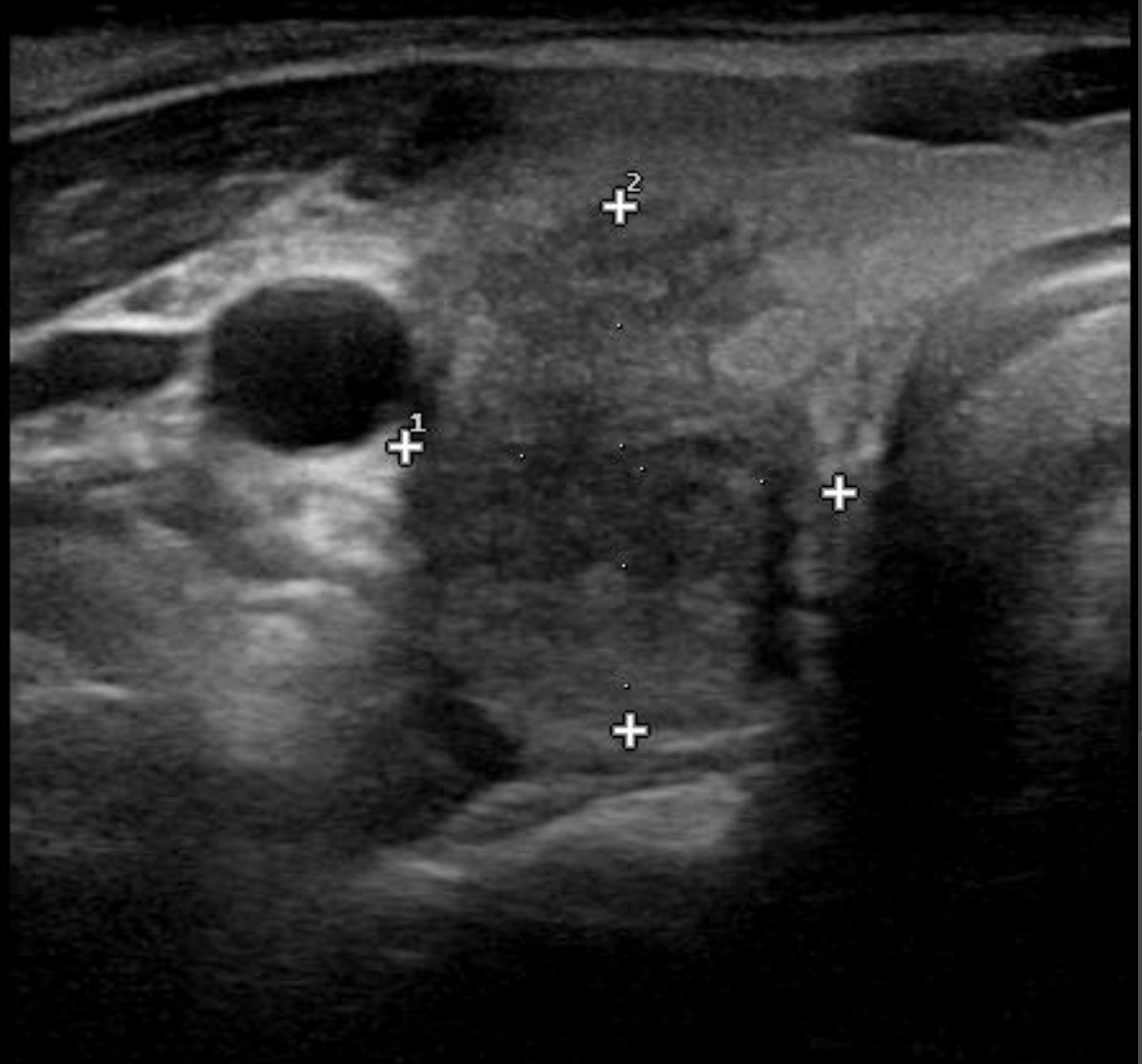
# Should this nodule have a biopsy?



# What features make this nodule suspicious?

THYROID LA523

01 1.81 cm  
02 2.17 cm



# Risk of malignancy?

THYROID LA523

D1 3.79 cm  
D2 2.48 cm

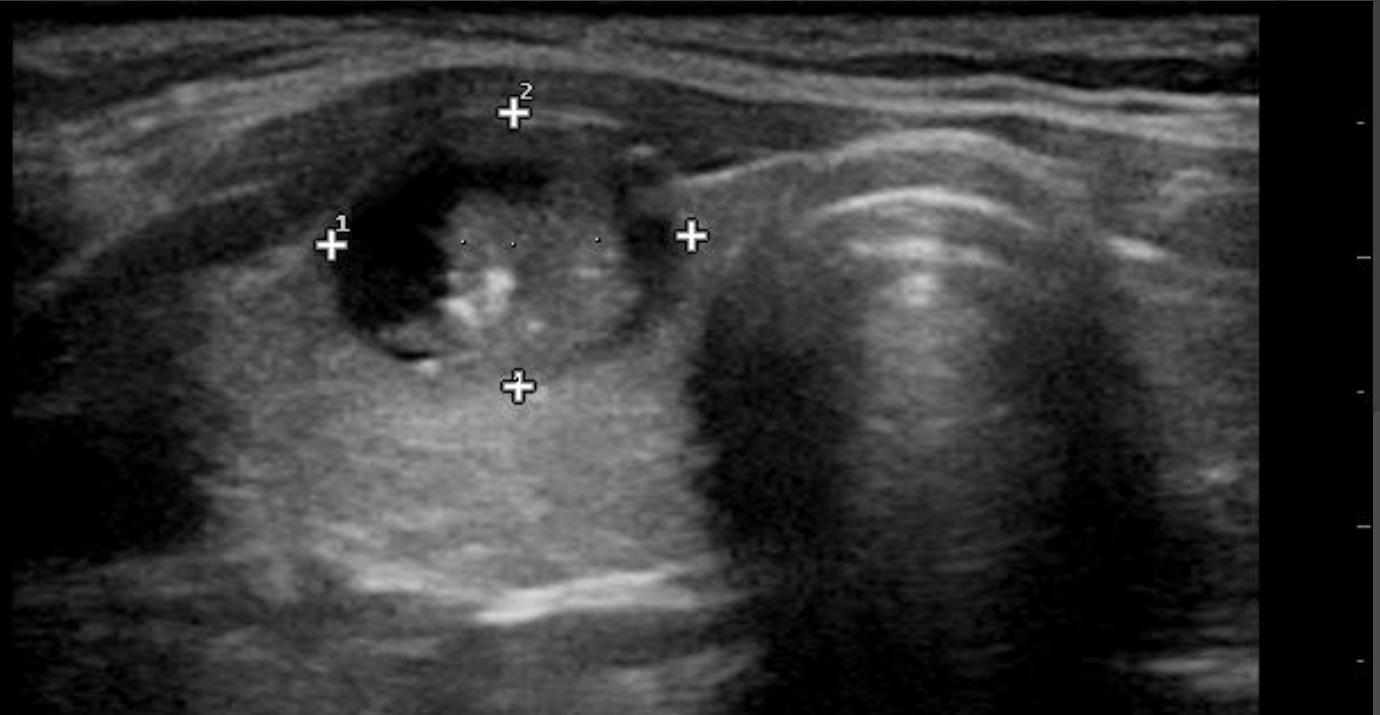




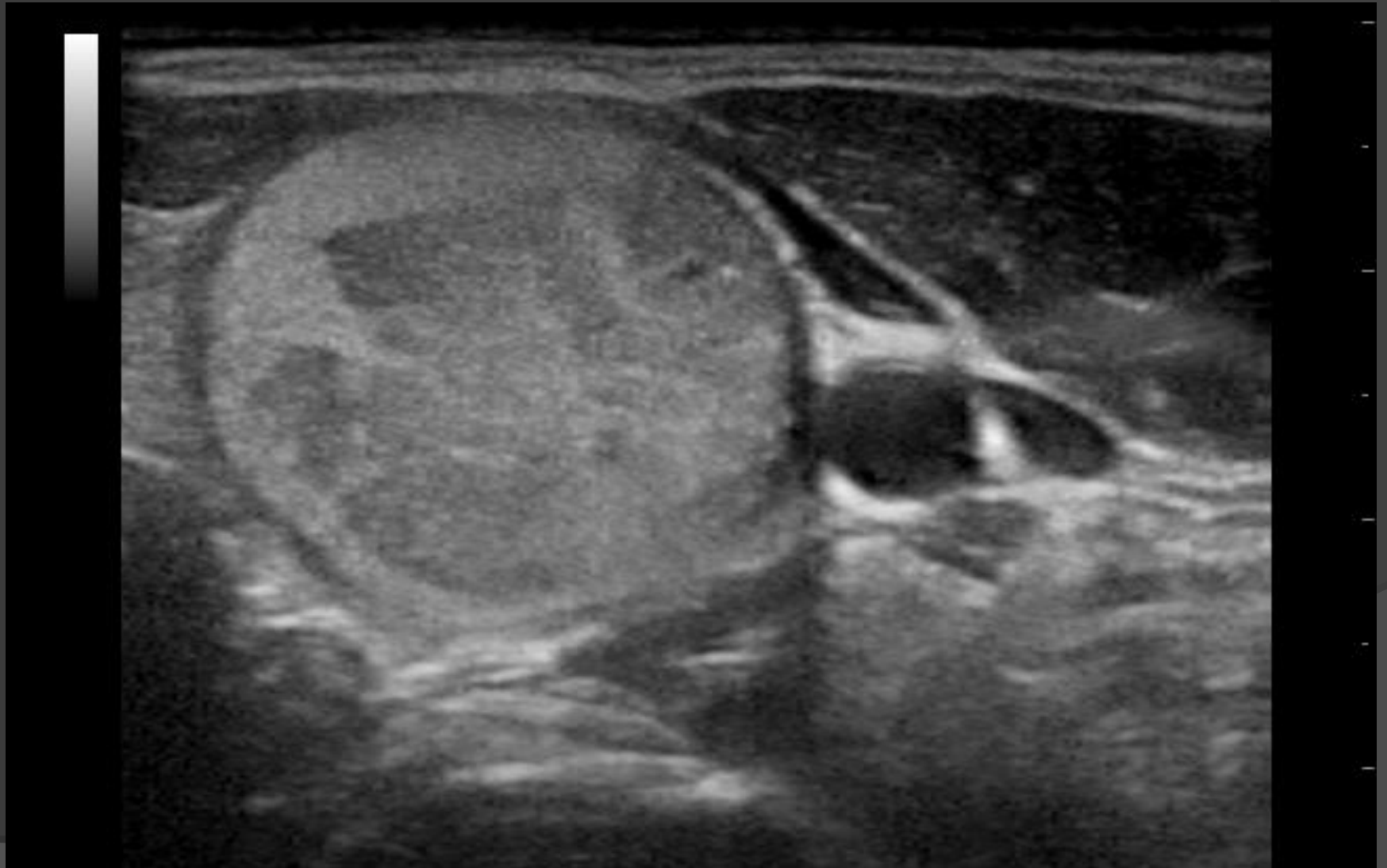
Would biopsy be recommended for this complex cystic nodule under the 2009 ATA guidelines?

THYROID LA523

D1 1.34 cm  
D2 1.02 cm



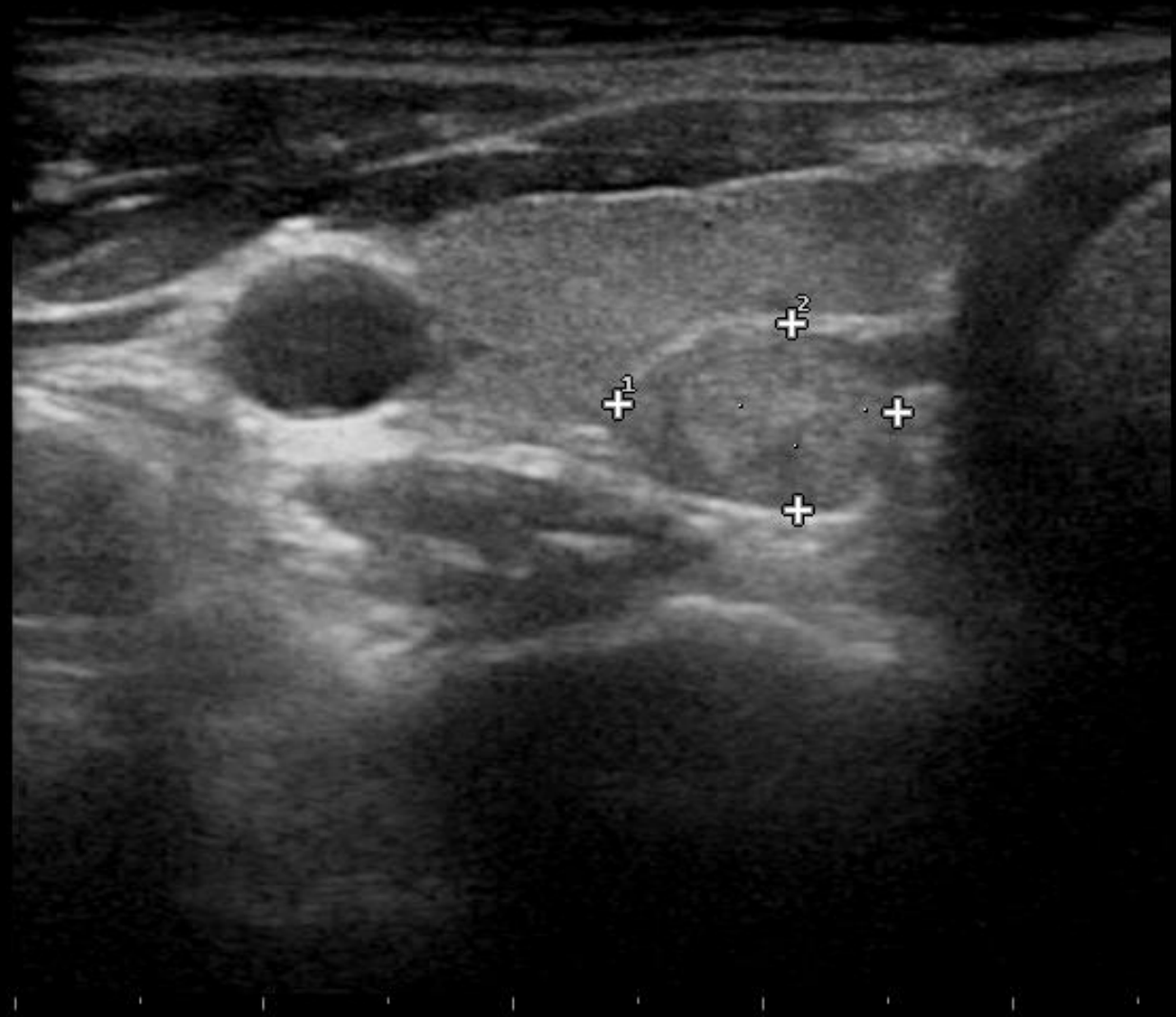
What do you think this biopsy will show?



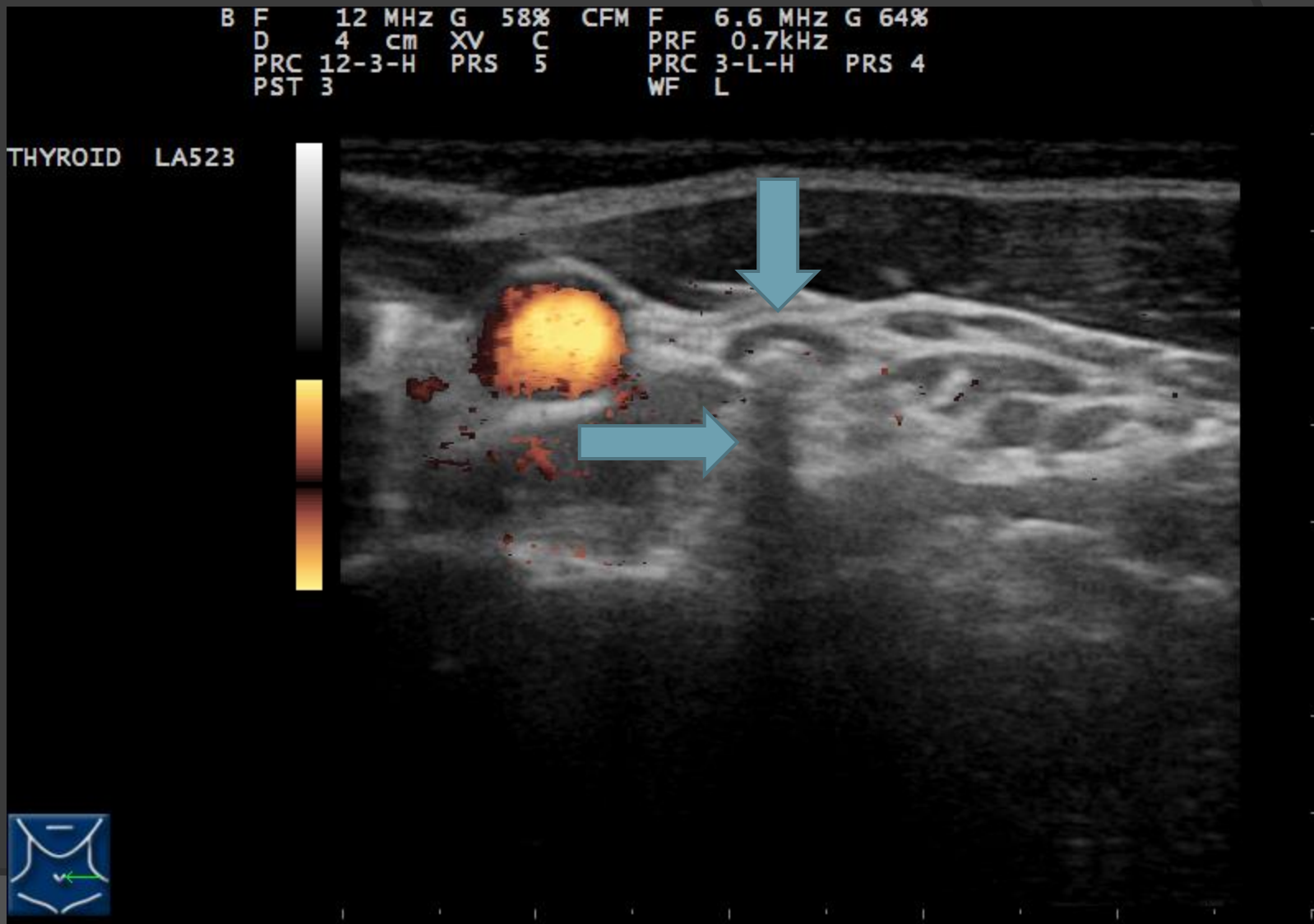
# Would you biopsy this nodule?

THYROID LA523

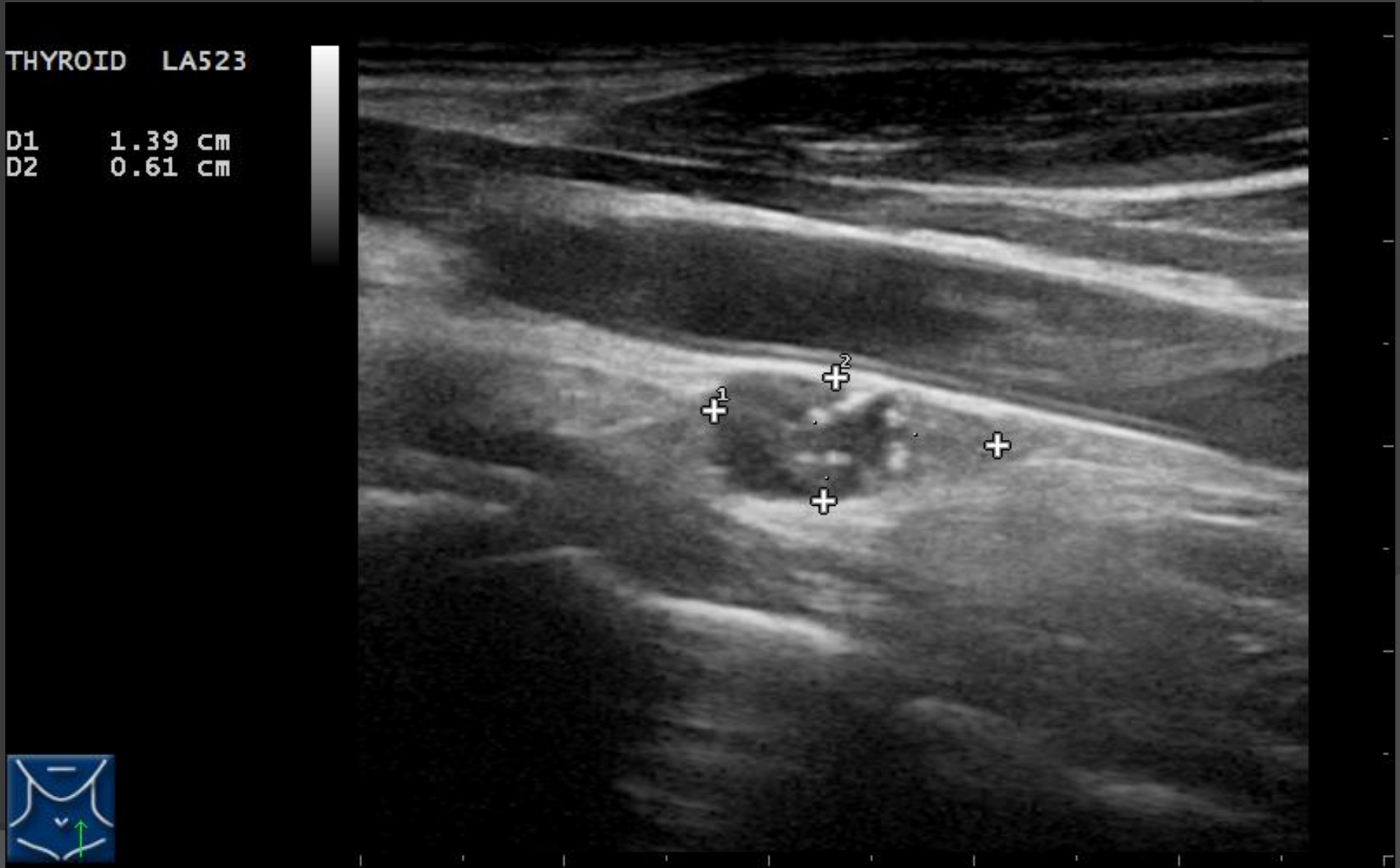
D1 1.12 cm  
D2 0.75 cm



Does the acoustic shadowing behind this lymph node worry you?



Should this compartment IV lymph node have a biopsy?



Would you recommend a central compartment dissection for this patient?

THYROID LA523

D1	0.62	cm
D2	0.49	cm
D3	0.66	cm

