

# Thyroid

(2.1 Thyroid); Updated 04/26/2019 by MCP

## SAMPLE DICTATION

---

(Labeled: \_\_\_\_, \_\_\_\_, \_\_\_\_; \_\_\_\_ ) Received (fresh/in formalin) is a \_\_\_\_ gram (partial/total) thyroidectomy with ( \_\_\_\_x \_\_\_\_ x \_\_\_\_ cm. right lobe / \_\_\_\_ x \_\_\_\_ x \_\_\_\_ cm left lobe/ \_\_\_\_ x \_\_\_\_ x \_\_\_\_ cm isthmus) {with pyramidal lobe} (and \_\_\_\_ x \_\_\_\_ x \_\_\_\_ central; compartment) (and \_\_\_\_ x \_\_\_\_ x \_\_\_\_ strap muscles). The capsule is intact/disrupted/smooth/fibrotic.

Major pathologic finding(s): There is a \_\_\_\_ x \_\_\_\_ x \_\_\_\_ cm (tan/white/red/brown), (homogeneous /heterogeneous) (soft/firm/hard), (unencapsulated, partly encapsulated, totally encapsulated, irregular) (solid/cystic/solid-cystic) (hemorrhagic/calcified/fibrotic/necrotic) nodule located in the (superior/mid /inferior) pole of the (right lobe/left lobe/isthmus) . The nodule is confined to thyroid/extends into extrathyroidal tissue.

Other findings: (There are additional (#) (tan/white/red/brown), (soft, firm/hard nodules) ranging from \_\_\_\_ to \_\_\_\_ cm. The background parenchyma is (tan/red) and (homogenous/multinodular) (Lymph nodes/parathyroid glands are identified within perithyroidal tissue)

Specimen Handling: Capsule is inked (black/blue) . (Isthmus margin is inked green/red) Margins taken perpendicularly (Isthmus margin taken as a shave) (RS / TE, \_\_\_\_ caps)

## SUGGESTED SAMPLING

---

1-5: Nodule and interface with background and nearest margins (at least one full cross section)

6-8: Additional nodules, if any, and interface with background (at least one section per additional nodule up to 5 nodules ; >1 sections for larger nodules)

9: Background thyroid

10: (Isthmus margin, shave)

11: (Lymph nodes/parathyroids - indicate number of nodes per caps; sectioning)

## STAGING CRITERIA (AJCC 8TH EDITION)

---

- Tumor size (< 2cm; > 4cm) or gross tumor extension into strap muscle etc. determines pT stage
- Any positive node in attached central compartment is pN1a

## ADDITIONAL CONSIDERATIONS

---

- For inflammatory/non neoplastic lesions: 3 sections from each lobe and 1 from isthmus (7 caps)
- For discrete/ encapsulated solitary/dominant nodules (likely follicular neoplasm rule out minimally invasive follicular carcinoma - need to submit entire nodule capsule (not necessarily entire nodule, if large)