Thyroid Nodules are common, occurring in upto 70% of the population on ultrasound scan. Of these only a small proportion will contain a malignancy. Given this a good way to determine which nodules need further investigation is required. Ultrasound has always been the gold imaging for thyroid nodules, with a number of different features being looked at to suggest the possibility of malignancy. More recently the British Thyroid Association in their 2014 guidelines introduced the U grade for ultrasound with the intention of simplifying reporting and making it easier to decide if further investigation with fine needle aspiration (FNA) cytology is required.

To assess how well the U grading system reflects final results obtained from FNA or histology a retrospective study was performed to assess U grade, FNA result where applicable and when available final histology. The study period was for 4 months from April 2014 to July 2014. Initial patient lists were obtained from both histology and radiology. The lists where combined and then reviewed. Patients who had undergone ultrasound but no thyroid nodules were excluded, as were those under 18 years of age. For each patient the ultrasound images were reviewed by a Consultant Sonographer and assigned a U grade, the FNA results were also collected using the Royal College of Pathologists Thy classification. Histology where available was recorded as either benign or malignant.

Within each U grade the percentage of each Thy category will be assessed, along with final histology to determine whether there is any correlation between the grading systems. Additionally the percentage of FNAs performed in the U2 category will be looked at, as will patients determined to have a U3 or above nodule who did not receive a FNA, this will determine whether the U grade will reduce the number of FNAs performed.