[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]

Dear [Patient Name],

We are writing to provide you with the results of your recent thyroid ultrasound performed on [Date of Exam].

The imaging identified a thyroid nodule(s) measuring [Size]. Based on the characteristics of the nodule and clinical guidelines, the following is recommended:

- **Observation:** A follow-up ultrasound is recommended in [Number] months to monitor for any changes in size or appearance.
- **Further Testing:** A Fine Needle Aspiration (FNA) biopsy is recommended to obtain more information.
- **Specialist Referral:** A consultation with an Endocrinologist or Surgeon has been requested.

Your Next Steps:

[Insert specific instructions here, e.g., "Please call our office to schedule your biopsy" or "Our staff will contact you to arrange the referral"].

If you have any questions regarding these results, please contact our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Provider Name]
[Clinic Name]