[Doctor Name/Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Follow-Up Ultrasound Results for Thyroid Nodule(s)

Dear [Patient Name],

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

The radiologist has reviewed the images and compared them to your previous study from [Date of Previous Exam]. The results show that the thyroid nodule(s):

[ ] Have remained stable in size and appearance.
[ ] Have shown a slight change in size or appearance.
[ ] Are new and require baseline monitoring.

Recommendation:

Based on these findings and current clinical guidelines (TI-RADS), we recommend the following next step:

- **Routine Monitoring:** A follow-up ultrasound is recommended in [6 / 12 / 24] months to ensure no significant changes occur.
- **Fine Needle Aspiration (FNA):** A biopsy is recommended for further evaluation of a specific nodule. Our office will contact you to schedule this procedure.
- **Specialist Referral:** A consultation with an Endocrinologist or Surgeon is recommended.

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

Sincerely,

[Provider Name/Signature]
[Title/Department]