## **ACR TI-RADS**

## 0 points 0 points 2 points 1 point COMPOSITION (Choose 1) Cystic or almost completely cystic Solid or almost completely solid Mixed cystic and solid Spongiform

ECHOGENICITY (Choose 1)	ΙŢ	
Anechoic	0 points	
Hyperechoic or isoechoic	1 point	
Hypoechoic	2 points	
Very hypoechoic	3 points	

VICITY (1)	SHAPE (Choose 1)	ш С
0 points	Wider-than-tall	0 points
1 point	Taller-than-wide	3 points
2 points		
3 points		

ECHOGENIC (Choose All The	None or large comet-tail artifacts	Macrocalcifications	Peripheral (rim) calcifications	Punctate echogenic foci
	y,	vi h	2	93
KGIN	0 points	o points	1 0	5 points

MARGIN (Choose 1)		ECHOGENIC FOCI (Choose All That Apply)	: <b>FOCI</b> t Apply)
Smooth	0 points	None or large	0 points
III-defined	0 points	comet-tail artifacts	
Lobulated or	2 points	Macrocalcifications	1 point
irregular		Peripheral (rim)	2 points
Extra-thyroidal	3 points	calcilications	
extension		Punctate echogenic foci	3 points

7 Points or Mo	<b>&gt;</b>	TR5	Highly Suspicion	FNA if ≥ 1 cm	Follow if ≥ 0.5 cm	
4 to 6 Points	-	TR4	Moderately Suspicious	FNA if ≥ 1.5 cm	Follow if ≥ 1 cm	
3 Points	<b>&gt;</b>	TR3	Mildly Suspicious	FNA if ≥ 2.5 cm	Follow if ≥ 1.5 cm	
2 Points	<b>→</b>	TR2	Not Suspicious	No FNA		
0 Points	-	TR1	Benign	No FNA		

Add Points From All Categories to Determine TI-RADS Level

COMPOSITION	ECHOGENICITY	SHAPE	MARGIN	ECHOGENIC FOCI
Spongiform: Composed predominantly (>50%) of small cystic spaces. Do not add further points for other categories.  Mixed cystic and solid: Assign points for predominant solid component.  Assign 2 points if composition cannot be determined because of calcification.	Anechoic: Applies to cystic or almost completely cystic nodules.  Hyperechoic/isoechoic/hypoechoic: Compared to adjacent parenchyma. Very hypoechoic: More hypoechoic than strap muscles. Assign 1 point if echogenicity cannot be determined.	Taller-than-wide: Should be assessed on a transverse image with measurements parallel to sound beam for height and perpendicular to sound beam for width.  This can usually be assessed by visual inspection.  The can usually be assessed by the can usually th	Lobulated: Protrusions into adjacent tissue.  Irregular: Jagged, spiculated, or sharp angles.  Extrathyroidal extension: Obvious invasion = malignancy.  Assign 0 points if margin cannot be determined.	Large comet-tail artifacts: V-shaped, >1 mm, in cystic components.  Macrocalcifications: Cause acoustic shadowing.  Peripheral: Complete or incomplete along margin.  Punctate echogenic foci: May have small comet-tail artifacts.

<sup>\*</sup>Refer to discussion of papillary microcarcinomas for 5-9 mm TR5 nodules.