

Family medicine 018 mini OSCEs

- Hey guys , long time no see^^ , please read the following notes
- in general there are 2 or 3 question from the family slides , most of them are from doctor's Lana material , so focus on her lectures
 - the pictures are added by me to make the questions similar to the exams as much as I can
 - the questions that include mention relative questions from history , many answers are suitable for them
 - screening topic is very important , memorize them by heart
 - this file is helpful for studying
- <https://doctor2018.jumedicine.com/wp-content/uploads/sites/9/2022/06/FAMILY-MEDICINE-ALL-PYQ-LAST-EDIT.pdf>
- Good luck ✨

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First month

1- Define "healthy ageing" per WHO

the process of developing and maintaining the functional ability that enables wellbeing in older age

2- Mention the two most common differential diagnoses for dizziness in the following two scenarios:

a-23 year old female for 1 day

anxiety, BPPV

b-70 year old male for two months

polypharmacy, anemia

3- A picture that shows transference

4- Mention 4 screening test for a 65 year old female

DEXA scan for osteoporosis, colonoscopy for colon cancer, HbA1c for DM, Mammogram for breast cancer

5- A mammogram showing calcifications indicating breast cancer. What main points would you consider in delivering bad news to this patient?

Explain using ABCDE or SPIKES approach

A: advanced preparation : to ask what the patient already knows or understand , arrange place and time , decide what words and phrases to use

B: build a therapeutic environment / relationship : Arrange private place , sit close to touch when appropriate

C:commnuicate well : be direct , with out jargons , use repletion and written explanation

D:deal with reactions : listen , explore feeling and express empathy

E:Encourage and validate emotions : address further needs , evaluate the effect of the new

6- patient with midgastric abdominal pain associated with nausea, vomiting once as well as fever



a-mention the two most probable differential diagnoses

cholangitis, Mirizzi syndrome

b- mention three investigations you'd order next

ultrasound, Liver enzymes, total bilirubin

7- A picture of labs for the previous Q (mildly high ALT and AST, high alk phos and GGT, very high bilirubin).

a-Describe the labs:

mild ALT and AST elevation indicate liver involvement, high alk phos and ggt indicate biliary obstruction and the high bilirubin explain the physical finding of jaundice

b-What is the most probable diagnosis now?

Acute cholangitis

8- Mention two indications for ordering ferritin labs

Fatigue, pallor, hair loss , dizziness

2nd month

1-patient with elevated multiple abnormal BP readings:

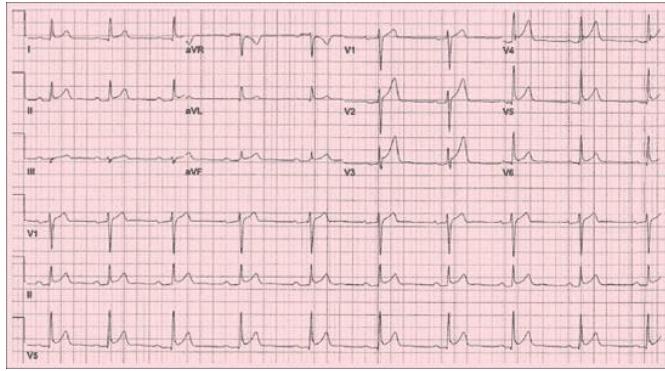
a-mention 4 investigations you'd order to the patient

TSH, ECG, urine analysis, KFT

b-mention 3 classes of drugs that used to treat the patient's condition

CCB, ACEI, ARBS, DIEURETICS

2-Young male came to the clinic complaining from chest pain and fever for 3 days , his ECG is shown below



a-Describe the ECG :

diffuse PR depression and ST elevation

b-What is the most likely diagnosis ?

acute pericarditis

c-mention other 4 diagnosis that the patient might have

pneumonia, asthma exacerbation, infective endocarditis, myocarditis.

3-



a-what is the differential diagnosis

livedo reticularis

b-what you will advice the patient

avoid extreme heat and cold exposure to the legs

4-mention 2 physiological changes in the respiratory system of geriatric patients

Decrease lung mass , chest wall stiffens

5-



a-what is the differential diagnosis ?

aural perichondritis

b-what is the microorganisms that cause it

P.aeruginosa , S. Aureus

c-mention 3 risk factors

ear piercing, trauma, DM ,swimming

6-explain Stott and Davis 4 tasks

A:management of presenting problems

C:management of continuing problems

B:modification of health seeking behavior

D:opportunistic health promotion

7-60 years old male , complains from dyspnea for 3 months duration , CXR was done for him and it is shown below .



a-describe the CXR

diffuse bilateral pulmonary infiltrate

b-mention 2 question you will ask in the history

hemoptysis, weight loss, night sweat

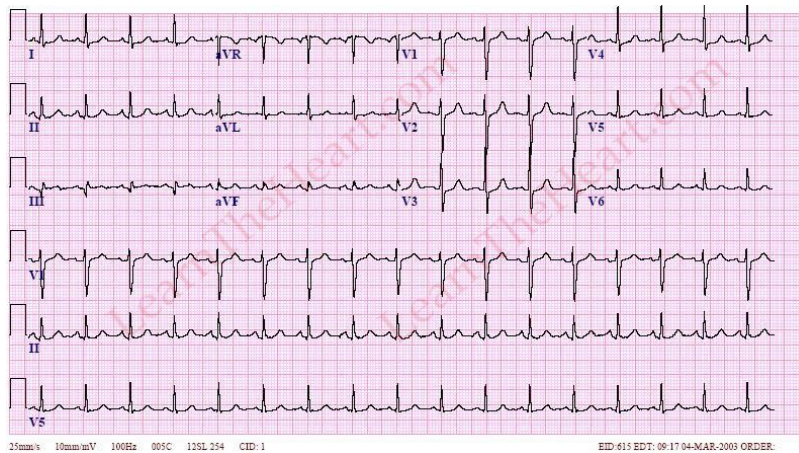
c-what is the most likely differential diagnosis

TB

d-mention one question that will help to reach the DDx
travel history

3rd month

1-A 22 year old female, complaining of palpitations that increased with exercise. Her ECG is shown



a-Describe the ECG

sinus tachycardia (high rate , narrow QRS preceded by p wave , regular sinus rhythm)

b- Mention two causes

anxiety , anemia

c-What two blood tests would you order if she told you she is picky with her diet?

CBC, Ferritin levels

2-Write 4 screening tests for a 55 year old smoker with a 30 year pack history

Low dose CT ,HbA1c ,Lipid profile ,Blood pressure measurement
PHQ2/PHQ9 for Depression, HIV serology

3-Give two differential diagnoses (one common and one uncommon) for the same complaint in two individuals for headache

a-23 year old women

Common: tension headache

Uncommon: subarachnoid Hemorrhage

b- Elderly man

common: tension headache

Uncommon: BRAIN tumor

4-



a-describe this picture

elderly patient with facial deviation towards the left side , drop of the mouth , loss of the wrinkles above the right eye , inability to close the right eye

b-What's your spot diagnosis

bell's palsy

5-Define homeostenosis

Narrowing of the body reserve capacity that leads to Decrease ability to maintain or restore homeostasis under certain stress

6-55 year old man, complains of progressive shortness of breath for years, worse in the winter. Last three days had cough with productive green sputum. 50 pack years, refuses to stop smoking. X-ray shown.



a-Describe two radiological findings

Hyperinflation ,Diffuse pulmonary infiltrate

b-What is the most likely diagnosis

Exacerbation of COPDs

c- What tests would confirm your diagnosis

PFT, sputum culture, BNP to rule out HF

7- Man presented with facial coloring from 2 days before



a-what are three important questions to ask in the history

alcohol intake , abdominal pain , fever

b- What is one important question to ask to differentiate between benign and malignant causes of this condition?

Weight loss , decrease appetite , night sweats

c- Give one benign and one malignant cause of this condition

benign: acute cholecystitis

Malignant: pancreatic cancer

4th month

1-21 year female presents with left eye irritation, tearing, and foreign body sensation with no pain for 1 day duration.



a-Describe the image

Redness of the white part (sclera) without any discharge , or excessive lacrimation

b-Mention 2 likely differential diagnosis :

Episcleritis, viral conjunctivitis

c-what is the Most likely diagnosis

Episcleritis

2-these are lab findings for non pregnant 55 years old female

T3:103 (normal)

T4: 4

TSH: 9

a-What is the Diagnosis ?

subclinical hypothyroidism

b-mention 2 possible causes

iodine deficiency , chronic autoimmune thyroiditis

c- what is the next step ?

give Levothyroxine

3- 45 yeas old man with HbA1C : 6.3

a-What is the diagnosis.

Impaired glucose tolerance

b- mention 2 risk factors

Obesity , lack of exercise , hyperlipidemia

c- what is management ?

Repeat hbA1c before confirm the diagnosis , and if the HbA!c is still in the range between 5.7 and 6.4 , the Ddx is confirms(prediabetic) and metformin is given with life style modification advice

4-mention 2 differential diagnosis (one serious) for each case below:

a-shortness of breath for 1 day duration in 24 year old female.

(pulmonary embolism , panic attack

b-shortness of breath for 3 months in a 55 year old male.

Angina pectoris , COPD, anemia , lung CA

5-ECG



a-what is the Diagnosis

atrial fibrillation

b-mention 3 clinical symptoms

SOB, chest pain, palpitations, dizziness

c-mention 2 causes

Hypertension , mitral stenosis, hyperthyroidism

d-what is the management?

if unstable : synchronized cardioversion

if stable : rate control with b blockers or CCBs

6-

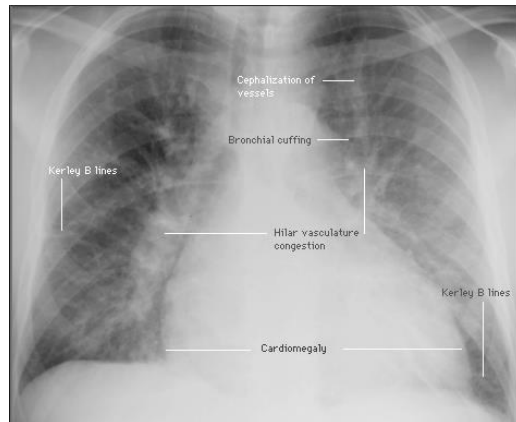
a-What is the definition of geriatric syndromes.

A term used to describe the common conditions and/or syndromes that can adversely impact a senior's functional abilities

b- mention 2 of them

depression , delirium

7-25 year old male with symptoms of heart failure (severe dyspnea) and chest pain with inspiration. he took covid-19 vaccine last week. chest x ray is shown



a-what is the Diagnosis ?

myocarditis (Also, Dr accepted pericarditis)

b-what is the management ?

Admission + NSAID for pain + treat as heart failure (b blockers, ACEI, Diuretic if needed).

5th month

1-

a-What does each letter in the acronym HEADSSS stand for?

H: Home; E: Education/Employment; A: Activities; D: Drugs and Dieting; S: Sexuality; S: Suicide; S: Safety

b-What is this acronym used for?

is used as an assessment tool when communicating with adolescents to evaluate risks and to recall points that should be covered when assessing an adolescent.

2-

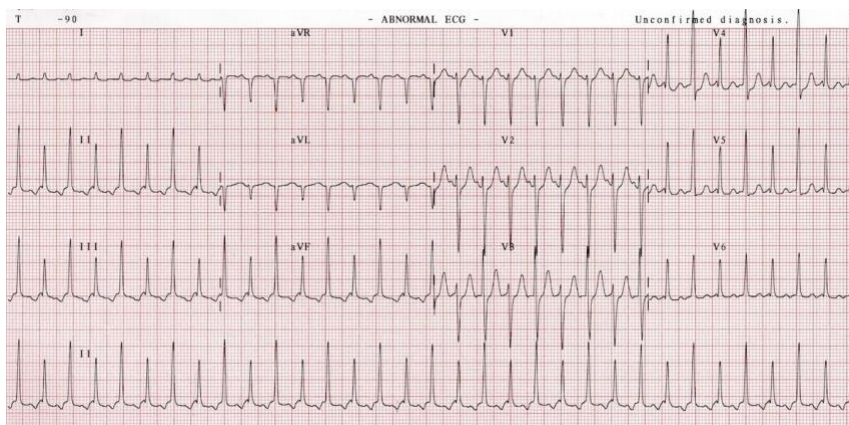
a-Define the Lawton scale.

an instrument used to assess the functional status/abilities of geriatric patients by evaluating eight different instrumental activities of daily living

b-name four elements of this scale

Ability to use telephone; shopping; food preparation; housekeeping; laundry; mode of transportation; responsibility for own medications; ability to handle finances

3-An 18-year old patient presented with palpitations that had begun while playing tennis. The patient's ECG is shown in the image.



a-What is the diagnosis?

Supraventricular tachycardia

b-Name two non-pharmacological modes of treatment

Vagal maneuvers (Valsalva maneuver, and carotid sinus massage)
synchronized cardioversion if the patient is unstable .

c-Name one pharmacological intervention

IV Adenosine

4-Mention indications for statin therapy (one for primary prevention, and another for secondary prevention).

Primary prevention: A patient with NO history of atherosclerotic cardiovascular disease who has an LDL > 130 but < 190 and a high 10-year ASCVD risk score (> 10%?)

Secondary prevention: A patient with a history of atherosclerotic cardiovascular disease (e.g., myocardial infarction, stroke, etc.)

5-A 56-year-old male patient comes to you complaining of "shaky hands" of three weeks duration.

a-Mention four questions that can help you identify the cause of the patient's complaint.

Does the patient take any specific medications (e.g., B2-agonists)?

- Does the tremor increase with anxiety?
- Do any family members have a similar tremor?

- Does the tremor occur with movement or at rest?

b-Name two possible neurological and two possible non-neurological causes

Neurological: 1). (e.g., cerebellar stroke)

2. Parkinson's disease

Non-neurological: 1. Drug-induced tremor (B2-agonists)

2. Hyperammonemia (due to liver cirrhosis)

6-What is the difference between "illness" and "disease"?

A disease is a pathological condition with an organic cause while an illness refers to a condition that the patient finds debilitating or one that impairs his functionality (from the patient experience)

7-An 18-year-old female patient has the nail findings shown in the picture



a-What is the name of this finding?

Koilonychia (spoon-shaped nails)

b-Name two differential diagnoses.

IDA ,lichen planus, repeated exposure to detergents

6th month

1-41 year old female patient was concerned because her mother died at age 84 due to colon cancer, what would you advice her to do/no to do? (Mention 4 screening tests)

- 1- mammogram annual for breast cancer
- 2- blood pressure reading annually for hypertension
- 3- pap smear every three years for cervical cancer (or with hpv every 5 years)
- 4- lipid profile every 5 years for dyslipidemia

2-female in the 12 grade presented with recurrent attacks of headache in the past week.

a-Mention 2 differential diagnoses

tension headache , migraine

b-Mention 2 questions you would ask to aid you in diagnosis

Describe the site of the pain (bilateral like a band vs unilateral)

Does the pain occurs at the end of the day or in the morning ?

Has she been stressed lately

3-what is the CDC recommendation of pneumococcal vaccine and varicella zoster vaccine

Varicella vaccine once at or after the age of 60.

Conjugated pneumococcal vaccine once at or after the age of 65

4-



a-describe her body language

Locked arms indicating defensive behavior (not open) ,depressed face

b- what would you screen her for?

depression

c- what is the screening test used?

patient health questionnaire 9 (phq9)

d-what are the questions you would ask as patient centered?

Are you anxious about anything?

What do you believe is the problem?

What are you concerned about?

5-male patient came with BP reading 170/120. urine analysis is shown (it revealed bacteria, mucus, protein +1, WBC 1-2, RBC 1-2)

a- give two differential diagnoses

UTI, Hypertensive emergency

b- mention 2 questions you would ask him

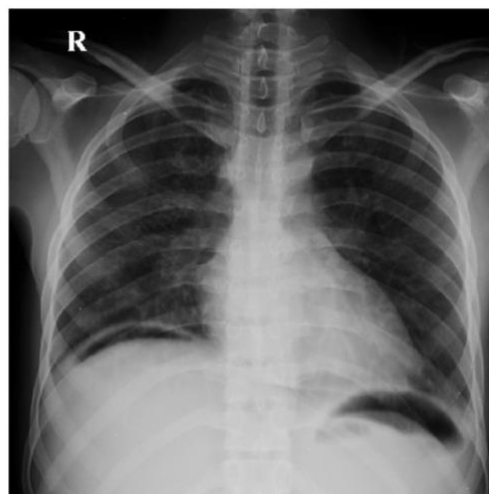
is there any feeling of frequency , urgency , pain with urination ?

do you feel hotness , or complains from chills , rigors ?

c- what is the next step in management?

control the blood pressure / start him on ACEI

6-Xray is shown



a-what's your spot diagnosis

air under diaphragm (perforated viscus)

b- mention one risk factor

peptic ulcer disease/ recent endoscopy or surgery/ IBD

c- what is your immediate management

NPO, fluid and antibiotics, explorative laparotomy

7-Give 2 differential diagnoses for each, one common and one uncommon

a-knee pain in 41 years old female for 1 day duration

common :fracture, pseudogout

uncommon: reactive arthritis

b-knee pain in 20 years old male for 1 day duration

common :meniscal tear

uncommon :septic arthritis

7th month

1-Give 2 top differential diagnoses for lower abdominal pain in these scenarios :

a-a 23 y/o female for two days

cyclical pain , UTI

b- a 23 y/o female for 2 months

pregnancy , recurrent ovarian cyst

2-



a-what is your spot diagnosis

shingles

b-what is the next step in management

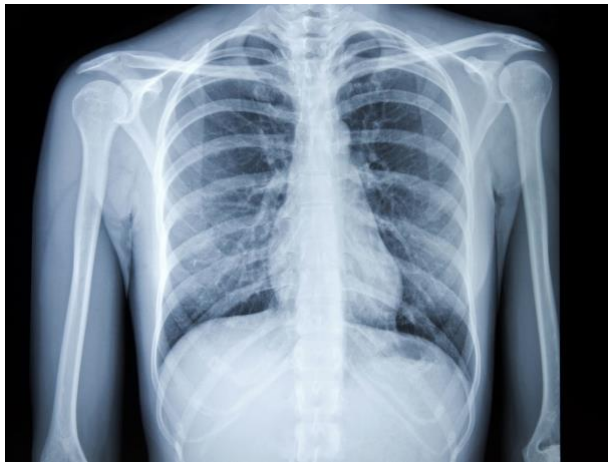
give acyclovir

3-Give 2 changes in the renal system of geriatric patient

Decreased potassium excretion and conservation

Decreased concentrating and diluting capacity

4-a patient complains from testicular cancer , came to the clinic with SOB for 2 months , his CXR is shown below



a-describe the CXR

hilar lymphadenopathy , bilateral diffuse infiltrates

b-what is the diagnosis

lung metastasis

c-what is the management

CT , PET CT

***Note** : we don't know if the doctor mention the subtype of the testicular cancer , If we assume that the type is unknown ,lab tests should be done to determine it >alpha-fetoprotein ,B-HCG

5-



a-describe what you see

scar on the medial aspect of the leg below the knee to the medial malleolus , not infected (infected vs not infected) , red in color (color) ,seems to be surgical scar (type of scar)

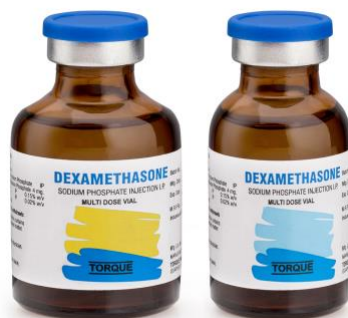
b-what is the diagnosis

CABG scar

c-mention 2 risk factor

hyperlipidemia , smoking , HTN

6-



a-Give 3 indications

Thyroid storm, giant cell arteritis , CIDP

b-3 side effects

Hyperglycemia , osteoporosis , low immunity

c-if dexamethasone is given what is the concentration of it in the blood

14 days after steroids injections, cortisol level remains lower than the ore injection level -not sure about the answer-

7-PSA high level

a-what PSA indicate for ?

Prostate specific antigen

b-what is the importance of PSA test ?

PSA test can detect high level of PSA which may indicate prostate cancer

c-what is the next step of the management to reach diagnosis?

Prostate MRI (according to Amboss , but the resident said US)

d-what is the recommendation of PSA screening ?

Men age between 55-69 , grade C

Men aged ≥ 70 , grade D

8th month

1-78 year old man presented with fatigue, had diarrhea and vomiting, BP: 115/80, random glucose 298, Sodium is: 125, rest of the labs are normal

a-Give 2 reason for his fatigue:

- Hyperglycemia (DM)
- Dehydration leading to hyponatremia

b-Mention 2 labs to confirm:

- Hba1c, OGTT
- Urine analysis

c-What additional screening would you do?

- FIT test for colon cancer
- Lipid profile for hyperlipidemia

2-35 years old female presented with tremor and sweaty hands

a-mention 2 most specific questions you'd in the history ?

- Do you feel stressed in the last days ?
- Do you complain from heat intolerance ?
- "not sure "

b-Write down 2 differential diagnosis

- Hyperthyroidism, anxiety and stress

c- order 2 lab tests

TSH, T4

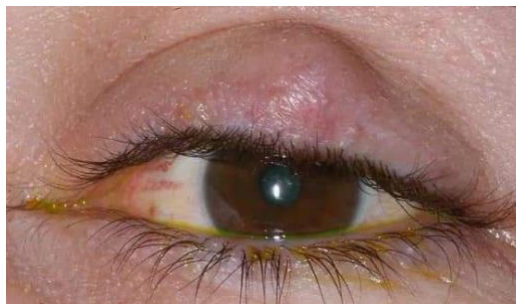
d- What would you give her to relieve the tremor during the diagnostic workup?

Propranolol

3-Explain "doorknob presentation"

the raising of a patient concern that happens as the doctor puts his or her hand on the doorknob to allow the patient to leave the room

4-Female patient complaining of eye swelling without fever, itching or redness



a-What is your diagnosis?

Chalazion

b-What is the Management?

Surgical excision , steroid

5-A 42 year old patient is angry after you refused to order MRI for her tension headache, mention 5 strategies to deescalate the situation

Rapport building , confrontation facilitation ,clarification, searching

6- 52 year old patient, history of ischemic heart disease presented with shortness of breath ,CXR is shown :



a-Describe chest x ray:

cardiomegaly, widened mediastinum, pulmonary infiltrates

b-what is the Top differential?

Congestive heart failure

c- what is the Medication of choice?

Furosemide

7- Mention 2 things to consider while prescribing a 87 year old man new medication:

Drug-drug interactions: polypharmacy

Life expectancy

9th month

1-define multi-morbidity , co-morbidity

Co morbidity : a condition that coexist in the context of index disease

Multi morbidity : the co-occurrence of 2 or more conditions which may or may not directly interact with each other within same individual

2-Give 2 differential diagnosis for these scenarios :

a-low back pain in male for 3 months

disk herniation , ankylosing spondylitis

b-low back pain in 60 years old female for 2 days

trauma , UTI

3-Explain the level of prevention and mention one example for each one

4-19 years old female complains from palpitation , her ECG is shown



a-mention 2 question you will ask in the history

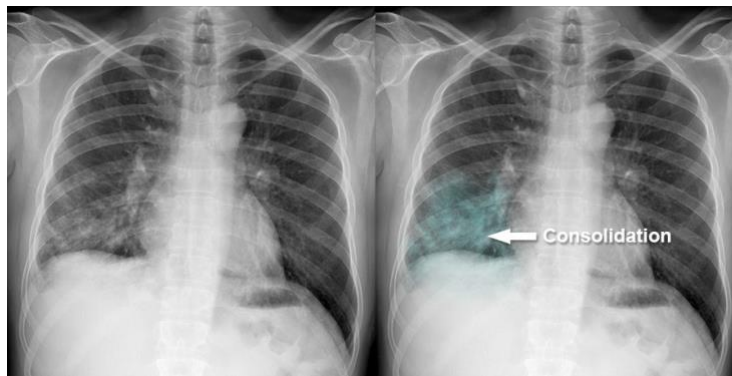
does she felts chest pain ?

symptoms of hyperthyroidism

b-give 2 lab tests you will order to her

TSH , ferritin , CBC

5-



a-give 3 possible differential diagnosis

pneumonia , lung cancer , atelectasis

b-mention 4 question of patient centered medicine

6-



a-give 3 differential diagnosis

thyroid disease (graves , Hashimoto) , thyroid nodule , papillary carcinoma

b-what is the next step if all labs are normal

US

7-23 years old female came to the clinic , CBC was ordered to her and these are the results

CBC	
Hb&Ht	: 10.8/35.4 g/dL
WBC	: 6.54 X10 ⁹ /L
MCV	: 73.1 fl
MCH	: 22.2 pg/cell
RBC	: 4.85 X10 ¹² /L
MCHC	: 30.4 g/dL
RDW	: 16.9
Neut - Sig %	: 50.6 %
Eosinophil %	: 2.7 %
Basophil %	: 0.7 %
Lymphocyte %	: 38 %
Monocyte %	: 7.2 %
platelets count	: 243 X10 ⁹ /L
MPV	: 8.5 fl

a-give 2 differential diagnosis

IDA

Anemia of chronic disease

b-2 question you would ask her to reach the diagnosis

ask about her diet ,and menstrual cycle heaviness

does she was diagnosed with chronic disease like SLE or scleroderma ?

10th month

1-14 years old female presented with fever and sore throat .



Give 2 differential diagnosis :

Viral tonsillitis (herpes , EBV)

Strep throat

What 5 criteria help you determine if you'll give antibiotics?

Centor criteria (age (4-13y) , exudative tonsillitis , absent cough , temperature >38 , tender or enlargement of anterior cervical lymph nodes)

2-Give 1 common and 1 uncommon differential diagnoses in these 2 cases:

a-Dizziness in a 21 year old female of 1 month duration.

Common : IDA

Uncommon :fibromyalgia

b- Dizziness in a 78 year old male of 2 days duration.

Common : dehydration

Uncommon : BPPV

3- Woman presented to the clinic complaining from weight loss, sweating and palpitations



a- Describe the ECG.

Sinus rhythm , narrow QRS , preceded by P wave

b- What is your top diagnosis based on the ECG?

Hyperthyroidism

4- Define homeostenosis.

Narrowing of the body reserve capacity that leads to Decrease ability to maintain or restore homeostasis under certain stress

5) Thyroid function test results showing

TSH=6, T3 and T4 on the lower limit of normal

a- What's your diagnosis?

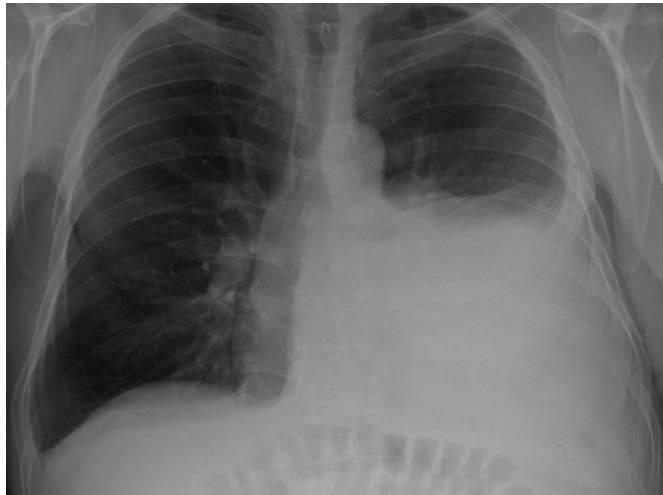
Subclinical hypothyroidism

b- What one test you would do associated with the diagnosis

anti TPO antibodies

6-patient came to the clinic complaining from exertional dyspnea

CXR is shown below , (unilateral pleural effusion)



a-describe what you see

unilateral blunting of the costophrenic angle on the left side
homogenous density

b-What's your immediate management?

If the patient is unstable , begin with respiratory support

If the patient is stable , thoracocentesis

7-Patient in her 20's felt a breast mass on self-exam, choose the correct answer (MCQ): -

Ultrasound will be helpful in her case.

8-



a - What 2 modifiable risk factors for the patient's condition you will tell your patient to modify/control?

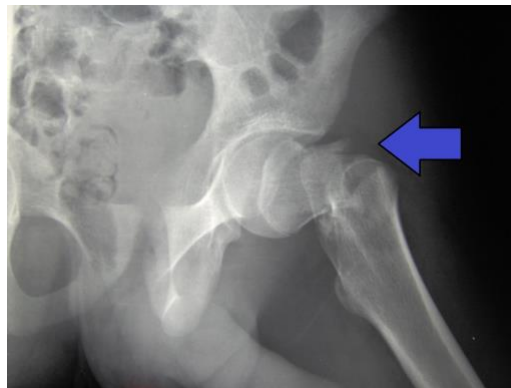
Weight - reduction

Smoking cessation

b - Mention 3 complications that will occur if the patient doesn't use the device?

Respiratory acidosis , high BP , coma , convulsion

9-Elderly woman with a hip fracture + an x-ray (postoperative)



a- What medication will you give her as secondary prevention?

Bisphosphonate

b- When are women screened for this condition?

65 years and older

Appendix

DM screening according to ADA

Indications for testing [24][25]

The indications listed below are consistent with the 2023 ADA guidelines. The 2021 USPSTF guideline recommends screening in adults aged 35–70 years with overweight or obesity. [26][24][25]

- ≥ 35 years of age
- History of prediabetes or gestational diabetes
- Patients < 35 years of age with both [26]
 - Overweight or obesity [26]
 - AND ≥ 1 additional risk factor for T2DM
- Presence of risk-enhancing comorbidities, including:
 - HIV infection
 - Cystic fibrosis
 - Post organ transplantation
- Consider in women who are planning pregnancy with any risk factor for T2DM (e.g., overweight or obesity).
- See “Gestational diabetes” for testing indications during pregnancy.

! If results are normal, repeat testing in asymptomatic patients at least every three years. Patients with prediabetes should be tested at least annually to detect progression to diabetes. [25]

Treatment of hypercholesterolemia in adults [11]

Indications for treatment [11]

- Patients ≥ 20 years of age with clinical ASCVD: Consider high-intensity statin therapy.
- Patients 20–75 years of age and LDL ≥ 190 mg/dL: high-intensity statin therapy [26]
- Patients 40–75 years of age and LDL 70–189 mg/dL: Treatment is based on the 10-year ASCVD risk.
 - High ($\geq 20\%$): high-intensity statin therapy
 - Borderline to intermediate (5–20%)
 - Review ASCVD risk-enhancing factors and consider moderate-intensity statin therapy depending on result.
 - If the benefit of treatment is unclear in patients with intermediate-risk, consider coronary artery calcium scoring. [26]
- Patients 40–75 years of age with diabetes mellitus
 - Initiate moderate-intensity statin therapy.
- Patients 20–39 years of age if LDL ≥ 160 mg/dL and family history positive for premature ASCVD: Consider statin therapy.

Appendix

ⓘ Osteoporosis is diagnosed in patients with a T-score ≤ -2.5 SD and/or a fragility fracture. [11]

Bone mineral density (BMD) assessment [11][12]

Indications

- Evaluation of suspected osteoporosis
- Screening for osteoporosis in asymptomatic high-risk individuals

Preferred modality: dual-energy x-ray absorptiometry

DXA measures BMD at the lumbar spine and hip/femoral neck using two x-ray beams. Findings are represented in terms of BMD scores that compare results to a reference population.

BMD scores [12][11]	
Postmenopausal women and men > 50 years of age	<ul style="list-style-type: none"> • BMD is calculated using the T-score. • T-score ≤ -2.5 SD indicates osteoporosis [11][12] • T-score -1 to -2.5 SD indicates osteopenia [11][12] • T-score ≥ -1 SD is normal [11][12]
All other individuals	<ul style="list-style-type: none"> • BMD is calculated using the Z-score.

Modified Centor score [17][18][19]		
Criteria		Points
Age	3-14 years	+1
	15-44 years	0
	> 44 years	-1
Exudate or swelling on tonsils	Yes	+1
	No	0
Tender or swollen anterior cervical lymph nodes	Yes	+1
	No	0
Temperature > 100.4°F (38°C)	Yes	+1
	No	0
Cough	Absent	+1
	Present	0
Interpretation <ul style="list-style-type: none"> • Score ≤ 1: no further diagnostic testing needed • Score ≥ 2: Consider rapid strep test and/or throat culture. • Score ≥ 4: Consider empiric antibiotic therapy (controversial) 		



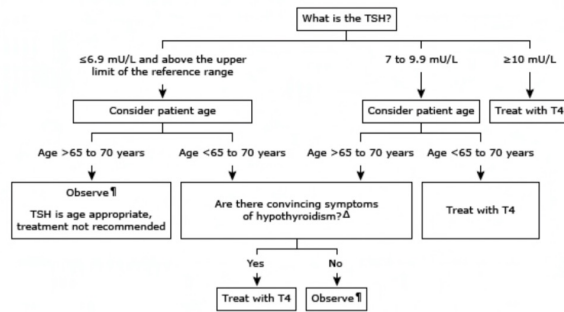
Think of **M-CENTOR** to remember the Modified Centor score criteria: **M** = Must be older than 3 years, **C** = Cough absent, **E** = Exudate on the tonsils, **N** = Node enlargement, **T** = Temperature elevation, **OR** = young OR old.



Empiric antibiotic therapy for patients with a modified Centor score ≥ 4 is **not** routinely recommended. [2]

Appendix

Indications for thyroid hormone replacement in nonpregnant adults with subclinical hypothyroidism*



TSH: thyroid-stimulating hormone; T4: levothyroxine; free T4: free thyroxine.

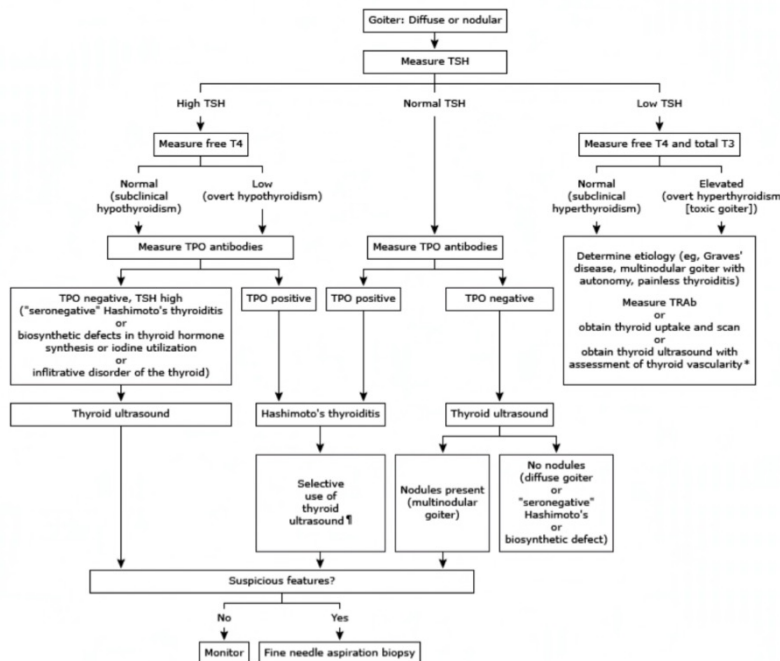
* Subclinical hypothyroidism is defined by a TSH above the normal reference range with a normal free T4, confirmed with repeat measurement.

¶ For patients not treated with T4, monitor TSH and free T4 initially at six months and, if stable, yearly thereafter.

Δ Convincing symptoms of hypothyroidism (eg, new or worsening fatigue, constipation, cold intolerance) or growing goiter.

Graphic 108867 Version 3.0

Evaluation of goiter in adults without obstructive symptoms



TSH: thyroid-stimulating hormone; T4: thyroxine; T3: triiodothyronine; TPO: thyroid peroxidase; TRAb: TSH-receptor antibodies.

* Non-autonomous focal areas of possible nodularity on thyroid scan (or exam) should be evaluated with ultrasound.

¶ We do not routinely obtain a thyroid ultrasound in patients with Hashimoto's thyroiditis. Ultrasound should be reserved for such patients with larger goiters, thyroid asymmetry, or a concern for thyroid nodularity.