CHEST X RAY INTERPRETATION FORM

DCC USE

| | | |
|---|---|---|
| EY | | |
| EL | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Clinic No. | | | | | | |
| ID No. | | | | | | |
| Form Type | X | R | | | | |

**PART I: Identifying Information.**

1. Patient's NAME CODE: — ___ ___ ___ ___ ___

2. Date study performed:

___ ___ - ___ ___ - ___ ___
Month Day Year

3. Chest X ray reader:

A. Certification Number: ___ ___ - ___ ___ F143A

B. Signature:

_____

**PART II: CXR Interpretation.**

4. Interpretation (check one):

Normal (for age and radiographic technique) ---------- ( 1 ) F144

Abnormal ---------- ( 2 )

If NORMAL, proceed to Part III.

5. Have the following views been been provided?

| | Yes | No | |
|---|---|---|---|
| A. Frontal | ( 1 ) | ( 2 ) | F145A |
| B. Lateral | ( 1 ) | ( 2 ) | F145B |
| C. Other | ( 1 ) | ( 2 ) | F145C |

Specify _____

If FRONTAL and LATERAL views are available, proceed to Item 8. Complete Items 6 and 7 if there is only a frontal view available in this study.

6. Pleural based opacity:

| | Yes | No | |
|---|---|---|---|
| A. Right | ( 1 ) | ( 2 ) | PBORT |
| B. Left | ( 1 ) | ( 2 ) | PBOLF |

If NO to both, proceed to Item 7.

C. Zone (check all that apply):

1. Right upper ---------- ( 1 )
2. Right middle ---------- ( 1 )
3. Right lower ---------- ( 1 )
4. Left upper ---------- ( 1 )
5. Left middle ---------- ( 1 )
6. Left lower ---------- ( 1 )

7. Atelectasis and/or pulmonary parenchymal opacities present? ------- ( 1 ) Yes ( 2 ) No

If NO, proceed to Item 8.

A. Check for each location:

| Lung Zone | None | Lobar | Segmental | Nonsegmental* | |
|---|---|---|---|---|---|
| 1. Right upper | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATRUL |
| 2. Right middle | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATRML |
| 3. Right lower | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATRLL |
| 4. Left upper | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATLUL |
| 5. Left middle | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATLML |
| 6. Left lower | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ATLLL |

Proceed to Item 10. Complete Items 8 and 9 only if both frontal and lateral views in this study.

8. Pleural based opacity:

| | Yes | No |
|---|---|---|
| A. Right | ( 1 ) | ( 2 ) |
| B. Left | ( 1 ) | ( 2 ) |

If NO to both, proceed to Item 9.

C. Zone (check all that apply):

1. Right upper ---------- ( 1 )
2. Right middle ---------- ( 1 )
3. Right lower ---------- ( 1 )
4. Left upper ---------- ( 1 )
5. Left middle ---------- ( 1 )
6. Left lower ---------- ( 1 )

9. Atelectasis and/or pulmonary parenchymal opacities present? ------- ( 1 ) Yes ( 2 ) No

If NO, proceed to Item 10.

A. Check for each location:

| | None | Lobar | Segmental | Nonsegmental* |
|---|---|---|---|---|
| 1. RUL | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |
| 2. RML | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |
| 3. RLL | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |
| 4. LUL | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |
| 5. Lingula | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |
| 6. LLL | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) |

*Includes discoid and "plate-like" atelectasis.

10. Vascular signs

A. Decreased pulmonary vascularity (oligemia, hyperlucency):

| | Yes | No | |
|---|---|---|---|
| 1. Right | (1) | (2) | F1410A1 |
| 2. Left | (1) | (2) | F1410A2 |

B. Prominent central pulmonary artery: ---------- (1) (2) F1410B

C. Redistribution (not 2° to technique):

| | | | |
|---|---|---|---|
| 1. Right | (1) | (2) | F1410C1 |
| 2. Left | (1) | (2) | F1410C2 |

11. Pulmonary edema: ---------- (1) Present (2) Absent F1411

If ABSENT, proceed to Item 12.

A. Right (check one):

Interstitial ---------- (1)
Alveolar ---------- (2)
None ---------- (3)

B. Left (check one):

Interstitial ---------- (1)
Alveolar ---------- (2)
None ---------- (3)

12. Pleural effusion

A. Right: F1412A

None ---------- (1)
Small - blunted costo-phrenic angle ---------- (2)
Medium - extends less than 1/3 up thorax ---------- (3)
Large - extends greater than 1/3 up thorax ---------- (4)
Supine film ---------- (5)

B. Left: F1412B

None ---------- (1)
Small - blunted costo-phrenic angle ---------- (2)
Medium - extends less than 1/3 up thorax ---------- (3)
Large - extends greater than 1/3 up thorax ---------- (4)
Supine film ---------- (5)

13. Diaphragm abnormally elevated:

| | Yes | No | |
|---|---|---|---|
| A. Right | (1) | (2) | F1413A |
| B. Left | (1) | (2) | F1413B |

14. Cardiomegaly ---------- (1) Yes (2) No (3) Borderline F1414

15. Other notable findings ---------- (1) Yes (2) No

If NO, proceed to Item 16.

Findings (check all that apply):

| | | |
|---|---|---|
| A. Previous surgery | (1) | F1415A |
| B. COPD | (1) | F1415B |
| C. Pulmonary fibrosis | (1) | F1415C |
| D. Hilum(a) enlarged | (1) | F1415D |
| E. Mediastinum enlarged | (1) | F1415E |
| F. Blebs present | (1) | F1415F |
| G. Chest wall abnormalities | (1) | F1415G |
| H. Chest deformed, describe | (1) | F1415H |

_____

_____

I. Other, specify ---------- (1) F1415I

_____

PART III: Chest X Ray Quality.

16. Is the quality of the film(s) satisfactory? ---------- (1) Yes (2) No

If YES, proceed to Item 18.

17. These films suffer from (check all that apply):

A. Rotation ---------- (1)
B. Patient motion ---------- (1)
C. Under exposure ---------- (1)
D. Over exposure ---------- (1)
E. Other, specify ---------- (1)

_____

_____

PART IV: Coordination.

18. Checked for completeness and accuracy:

A. Certification Number: __ __ - __ __

B. Signature:

_____

C. Date: ---- __ __ - __ __ - __ __
Month Day Year

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
Baltimore, Maryland 21210

ID No. | | | | | |