

FILE NUMBER:

PERSON'S NAME AND AGE:

FACILITY:

DANIEL POWERS, M.D.

B READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY
DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

1A. DATE OF HRCT <table border="1" style="width:100%; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	MONTH	DAY	YEAR				1B. SCANNER COMPANY, MODEL, CT SCANNER PRONE 1.0 (1.25) mm THICK SLICES	1C. IS STUDY COMPLETELY NEGATIVE? YES <input type="checkbox"/> Proceed to Medical/Legal Analysis NO <input type="checkbox"/> Proceed to Section 2																																															
MONTH	DAY	YEAR																																																					
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																																																							
2B. SMALL OPACITIES SITE <input type="checkbox"/> R <input type="checkbox"/> L EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <table border="1" style="width:100%; text-align: center;"> <tr> <td>INTRALOBULAR INTERSTITIAL THICKENING..</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>INTERLOBULAR SEPTAL THICKENING.....</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>NON-DEPDT. SUBPLEURAL LINE FORMATION..</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>PARENCHYMAL BANDS.....</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>HONEYCOMBING.....</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>GROUND GLASS AREAS.....</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> </table>	INTRALOBULAR INTERSTITIAL THICKENING..	0	1	2	3	0	1	2	3	INTERLOBULAR SEPTAL THICKENING.....	0	1	2	3	0	1	2	3	NON-DEPDT. SUBPLEURAL LINE FORMATION..	0	1	2	3	0	1	2	3	PARENCHYMAL BANDS.....	0	1	2	3	0	1	2	3	HONEYCOMBING.....	0	1	2	3	0	1	2	3	GROUND GLASS AREAS.....	0	1	2	3	0	1	2	3	2C. NODULES/MASSES SITE <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> L NON-CALCIFIED NODULES UNDER 5mm..... NON-CALCIFIED NODULES ≥ 5mm..... PROBABLE CALCIFIED GRANULOMA(S)..... ROUNDED ATELECTASIS..... CIRCUMSCRIBED MASS..... PROCEED TO SECTION 3
INTRALOBULAR INTERSTITIAL THICKENING..	0	1	2	3	0	1	2	3																																															
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C, and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4																																																							
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)																																																							
<table border="1" style="width:100%; text-align: center;"> <tr> <th style="width:15%;">Chest wall</th> <th style="width:15%;">Site</th> <th style="width:15%;">Calcification</th> <th style="width:25%;">Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</th> <th style="width:30%;">Width (in profile only) 1 to 5 mm = a 5 to 10 mm = b > 10 mm = c</th> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>			Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) 1 to 5 mm = a 5 to 10 mm = b > 10 mm = c	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																												
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3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L PROCEED TO SECTION 3D NO <input type="checkbox"/> PROCEED TO SECTION 4A																																																							
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)																																																							
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4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B, 4C, 4D, 4E NO <input type="checkbox"/>																																																							
4B. OTHER SYMBOLS (OBLIGATORY) <input type="checkbox"/> O <input type="checkbox"/> aa <input type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb Other diseases or significant abnormalities: <input type="checkbox"/> OD _____ Date Personal Physician or Worker Notified? MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>																																																							
4C/D. OTHER COMMENTS? _____ _____ _____ _____																																																							
4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D? YES <input type="checkbox"/> NO <input type="checkbox"/> (UNLESS CLINICALLY INDICATED)																																																							

- NO HRCT EVIDENCE FOR SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS AT THIS TIME.
- SMALL ROUNDED OPACITIES HAVING THE APPEARANCE AND DISTRIBUTION OF SIMPLE SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.
- SMALL ROUNDED AND LARGE OPACITIES HAVING THE APPEARANCE AND DISTRIBUTION OF COMPLICATED SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.