

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 CT <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">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, SPIRAL CT SCANNER SUPINE 5 mm THICK SLICES, 5 mm APART	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 a. NO VISUALIZED INTERSTITIAL CHANGES—SUGGEST PRONE HRCT TO EXCLUDE MILD DISEASE <input type="checkbox"/> b. DEPENDENT DENSITY MAKING MILD DISEASE DIFFICULT TO IDENTIFY—SUGGEST PRONE HRCT <input type="checkbox"/> c. MODERATE DISEASE <input type="checkbox"/> d. SEVERE DISEASE <input type="checkbox"/>	2C. NODULES/MASSES SITE NON-CALCIFIED NODULES UNDER 5mm: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> NON-CALCIFIED NODULES ≥ 5mm: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> PROBABLE CALCIFIED GRANULOMA(S) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> ROUNDED ATELECTASIS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> CICATRIAL MASS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> PROCEED TO SECTION 3		O	R	L	O	R	L	O	R	L	O	R	L	O	R	L																														
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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)																																															
Chest wall Site In profile <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> Face on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> Diaphragm <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> Other site(s) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	O	R	L	O	R	L	O	R	L	Calcification <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	O	R	L	O	R	L	O	R	L	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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>L</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td></tr></table>	O	R	O	L	1	2	3	1	2	3	Width (in profile only) 1 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>R</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>O</td><td>L</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>a</td><td>b</td><td>c</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>a</td><td>b</td><td>c</td></tr></table>	O	R	O	L	a	b	c	a	b	c
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3C. COSTOPHRENIC ANGLE OBLITERATION <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>R</td><td>L</td></tr></table> PROCEED TO SECTION 3D NO <input type="checkbox"/> PROCEED TO SECTION 4A			R	L																																											
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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) <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td>O</td><td>aa</td><td>at</td><td>ax</td><td>bu</td><td>ca</td><td>cg</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>me</td><td>pa</td><td>pb</td><td>pi</td><td>px</td><td>ra</td><td>rp</td><td>tb</td> </tr> </table> Other diseases or significant abnormalities <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>OD</td></tr></table> _____ Date Personal Physician or Worker Notified? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>			O	aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb	OD	MONTH	DAY	YEAR												
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4C/D. OTHER COMMENTS? _____ _____ _____ _____ _____ _____ _____																																															
4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C(2), 4D? <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YES</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>NO</td></tr></table> (UNLESS CLINICALLY INDICATED)			YES	NO																																											
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4A. ANY OTHER ABNORMALITIES?

YES

COMPLETE
4B, 4C, 4D, 4E

NO

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg ch co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

Other diseases or significant abnormalities

 OD

Date Personal Physician or Worker Notified?

MONTH	DAY	YEAR

4C. MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- Eventration Prominent muscles slips
- Hiatal hernia

Airway Disorders

- Hyperinflation
- Bronchovascular markings, heavy or increased

Bony Abnormalities

- Bony chest cage abnormality Scoliosis
- Vertebral body compression fracture Kyphosis
- Clavicle fracture AC joint/glenohumeral joint abnormalities
- Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc

Lung Parenchymal Abnormalities

- Azygos lobe Nodule, nodular lesion
- Infiltrate/Consolidation Other lung density

Miscellaneous Abnormalities

- Post-surgical changes/sternal wire
- Pacemaker
- Shorter pacemaker lead, curved upwards
- Foreign body
- Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads

Vascular Disorders

- Anomaly of Aorta
- Vascular abnormality

4D. OTHER COMMENTS

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D?

 YES NO

(UNLESS CLINICALLY INDICATED)

- NO PLAIN RADIOGRAPHIC 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 & DISTRIBUTION OF COMPLICATED SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.

B-READER PHYSICIAN:

DATE OF READING

MONTH	DAY	YEAR