

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%; border-collapse: collapse; text-align: center;"> <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 OF SCANNER, CT PRONE 1 mm (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"/> O <input type="checkbox"/> L EXTENT <input type="checkbox"/> O <input type="checkbox"/> L	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:33%;">INTRALOBULAR INTERSTITIAL THICKENING..</td> <td>0</td><td>1</td><td>2</td><td>3</td> <td style="width:33%;">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"/> O <input type="checkbox"/> R <input type="checkbox"/> L <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:33%;">NON-CALCIFIED NODULES UNDER 5mm.....</td> <td>O</td><td>R</td><td>L</td> </tr> <tr> <td>NON-CALCIFIED NODULES ≥ 5mm.....</td> <td>O</td><td>R</td><td>L</td> </tr> <tr> <td>PROBABLE CALCIFIED GRANULOMA(S).....</td> <td>O</td><td>R</td><td>L</td> </tr> <tr> <td>ROUNDED ATELECTASIS.....</td> <td>O</td><td>R</td><td>L</td> </tr> <tr> <td>CICATRIAL MASS.....</td> <td>O</td><td>R</td><td>L</td> </tr> </table> <p style="text-align: center;">PROCEED TO SECTION 3</p>	NON-CALCIFIED NODULES UNDER 5mm.....	O	R	L	NON-CALCIFIED NODULES ≥ 5mm.....	O	R	L	PROBABLE CALCIFIED GRANULOMA(S).....	O	R	L	ROUNDED ATELECTASIS.....	O	R	L	CICATRIAL MASS.....	O	R	L
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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																																																																												
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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? <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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																																																																							
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4C/D. OTHER COMMENTS? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																																																																												
4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4C(2), 4D? <input type="checkbox"/> YES <input type="checkbox"/> NO (UNLESS CLINICALLY INDICATED)																																																																												

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B READER

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4C(2). ANY OTHER ABNORMALITIES? YES NO

MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- Eventration
- Hiatal Hernia

Airway Disorders

- Thickened Bronchial walls Mucous Plugging
- Bronchiectasis

Bony Abnormalities

- Scoliosis
- Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc
- Costovertebral Joint Deteriorative Changes
- Vertebral body spurring or calcified ligamentum flava encroaching into neuroforamina of spinal canal
- Facet Joint Deteriorative Changes
- Schmorl's Node(s)

Vascular Disorders

- Anomaly of Aorta
- Vascular abnormality
- Coronary Artery Calcifications
 - Limited Moderate Dense/Severe

Abdominal Abnormalities

Abnormalities of the Liver

- Rounded Low Density Lesions Calcified Granulomas Fatty Infiltration

Abnormalities of the Spleen

- Calcified Granulomas Small Splenic Size Elongated/Enlarged Splenic Size

Abnormalities of the Adrenal Glands

- Right Left Hyperplasia/Diffuse Enlargement Focal Mass

Abnormalities of the Gall Bladder

- Distended Sludge Calcified Stone(s) S/P Cholecystectomy

Abnormalities of the Kidneys

- Right Left Apparent low density "cysts" High density mass
- Isodense or heterogeneous mass Rim calcified mass Stone(s)/Nephrolithiasis

Lung Parenchymal Abnormalities

- Azygos Lobe
- Infiltrate/Consolidation
- Nodule, Nodular Lesion
- Volume Loss
- Mediastinal Shift to Right or Left
- Paravertebral Atelectasis/Scarring to Right or Left
- Emphysema
 - Centrilobular Paraseptal Panlobular Paracatricial

Miscellaneous Abnormalities

- Foreign Body
- Post-surgical Changes/Sternal Wire
- Pacemaker
- Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads
- Extra-pleural chest wall fatty deposition
- Calcified Lymph Nodes
 - Pretracheal Right Hilar Left Hilar
 - Subcarinal Para-aortic Other

- 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.

B-READER PHYSICIAN: _____