

DANIEL POWERS, M.D.

B READER
AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

1A. DATE OF X-RAY <table border="1" style="width:100%; 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> <p style="text-align: center;">____ FILMS</p>	MONTH	DAY	YEAR				1B. FILM QUALITY ON PA VIEW <table style="width:100%;"> <tr> <td><input type="checkbox"/> Overexposed (dark)</td> <td><input type="checkbox"/> Rotation</td> <td><input type="checkbox"/> Underinflation</td> </tr> <tr> <td><input type="checkbox"/> Underexposed (light)</td> <td><input type="checkbox"/> Poor Contrast</td> <td><input type="checkbox"/> Mottle</td> </tr> <tr> <td><input type="checkbox"/> Artifacts</td> <td><input type="checkbox"/> Poor Processing</td> <td><input type="checkbox"/> Scapulae</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae	<input type="checkbox"/> Other _____			1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 2
MONTH	DAY	YEAR																		
<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input type="checkbox"/> Underinflation																		
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<input type="checkbox"/> Other _____																				

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 2B and 2C NO PROCEED TO SECTION 3

2B. SMALL OPACITIES <table style="width:100%;"> <tr> <td colspan="2">a. SHAPE/SIZE</td> <td>b. ZONES</td> <td>c. PROFUSION</td> </tr> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td>R L</td> <td></td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> 0/- <input type="checkbox"/> 0/0 <input type="checkbox"/> 0/1</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> 1/0 <input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+</td> </tr> </table>	a. SHAPE/SIZE		b. ZONES	c. PROFUSION	PRIMARY	SECONDARY	R L		<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 0/- <input type="checkbox"/> 0/0 <input type="checkbox"/> 0/1	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1/0 <input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A
a. SHAPE/SIZE		b. ZONES	c. PROFUSION																						
PRIMARY	SECONDARY	R L																							
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		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+																						

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 3B, 3C, and 3D NO PROCEED TO SECTION 4

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	

Width (in profile only) (3mm minimum width required)
 3 to 5 mm = a
 5 to 10 mm = b
 > 10 mm = c

3C. COSTOPHRENIC ANGLE OBLITERATION R L PROCEED TO SECTION 3D NO PROCEED TO SECTION 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
			> 1/2 of lateral chest wall = 3

Width (in profile only) (3mm minimum width required)
 3 to 5 mm = a
 5 to 10 mm = b
 > 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES COMPLETE 4B, 4C, 4D, 4E NO

4B. OTHER SYMBOLS (OBLIGATORY)

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

Other diseases or significant abnormalities OD _____ Date Personal Physician or Worker Notified? _____

4C/D. 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 ASBESTOSIS AT THIS TIME.
- PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
- PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
- PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE RADIOGRAPHIC DIAGNOSIS OF ASBESTOSIS.

DISCOVERY
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6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
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