

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

<b>1A. DATE OF HRCT</b> <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				<b>1B. SCANNER</b> COMPANY, MODEL OF SCANNER, CT 1 mm (or 1.25 mm) THICK SLICES	<b>1C. IS STUDY COMPLETELY NEGATIVE?</b> 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  COMPLETE 2B and 2C    NO  PROCEED TO SECTION 3

<b>2B. SMALL OPACITIES</b> 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	<b>2C. NODULES/MASSES</b> SITE <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> L																																																															
INTRALOBULAR INTERSTITIAL THICKENING.. <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> INTERLOBULAR SEPTAL THICKENING..... <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> NON-DEPDT. SUBPLEURAL LINE FORMATION.. <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> PARENCHYMAL BANDS..... <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> HONEYCOMBING..... <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> GROUND GLASS AREAS..... <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	NON-CALCIFIED NODULES UNDER 5mm..... <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> NON-CALCIFIED NODULES ≥ 5mm..... <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> PROBABLE CALCIFIED GRANULOMA(S)..... <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> ROUNDED ATELECTASIS..... <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> CIRCUMSCRIBED MASS..... <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> PROCEED TO SECTION 3															
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**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) 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	<table border="1" style="text-align: center;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	<table border="1" style="text-align: center;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	<table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table>							<table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table>						
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Other site(s)	<table border="1" style="text-align: center;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	<table border="1" style="text-align: center;"><tr><td>O</td><td>R</td><td>L</td></tr></table>	O	R	L	<table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td>2</td><td>3</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td>2</td><td>3</td></tr></table>	1	2	3	1	2	3	<table border="1" style="display: inline-table; text-align: center;"><tr><td>a</td><td>b</td><td>c</td></tr></table> <table border="1" style="display: inline-table; text-align: center;"><tr><td>a</td><td>b</td><td>c</td></tr></table>	a	b	c	a	b	c
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**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	Width																		
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**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?    

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**4C/D. OTHER COMMENTS?**

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**4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D?**     YES    NO    (UNLESS CLINICALLY INDICATED)

- NO HRCT 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 HRCT DIAGNOSIS OF ASBESTOSIS.