

# DISCOVERY DIAGNOSTICS

PATIENT NAME: PLUMBERING, ANDY (68 years old)  
FILE NO.: 38206  
DATE OF TESTING: NOVEMBER 16, 2002  
REFERRING PHYSICIAN: STEVE PULMANO, M.D.

## **OVERALL CONCLUSIONS:**

The four plain radiographic views of the chest, the supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) and the prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) revealed:

1. **NO PLAIN RADIOGRAPHIC, SUPINE SPIRAL CT NOR PRONE HRCT EVIDENCE FOR ASBESTOSIS AT THIS TIME.**
2. **OTHER FINDINGS:**
  - A) **WIDE-SPREAD EMPHYSEMA INVOLVING ALL SIX LUNG ZONES.**
  - B) **FATTY INFILTRATION OF THE LIVER.**
  - C) **A SMALL PUNCTATE CALCIFICATION WITHIN THE RIGHT RENAL MEDULLARY APEX – A SMALL EVOLVING KIDNEY STONE NEEDING FURTHER CLINICAL WORK-UP TO DETERMINE ETIOLOGY AND TREATMENT.**

## **DISCUSSION:**

The PA upright chest x-ray (CXR) gives an overview of the thorax for plaquing, interstitial/parenchymal changes, nodules and/or other masses, effusions and diffuse pleural changes. However the chest wall, pleura, hila, mediastinum and lung parenchyma are superimposed and thus, findings may be missed, underestimated or overlapping and difficult to separate out from one another. Oblique views of the chest allow for additional analysis of the chest walls.

The supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) is designed to screen for pleural plaquing and differentiate extra-pleural fat from pleural plaques. It also looks for pulmonary nodules suggestive for carcinoma, rounded atelectasis, mesotheliomas and pleural effusions. Compared with

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**DISCUSSION:** - (continued)

plain radiographs, it is better able to separate out the chest wall, pleura, hila, mediastinum and lung parenchyma for improved delineation of individual findings. It is superior to plain radiographs for the detection of calcification within plaques. Should interstitial fibrosis be a concern, then prone HRCT would be necessary because the spiral CT scan is performed with relatively thick slices (7 mm thick, 7 mm apart) and in the supine position, leading to dependent density where the blood pools in the posterior aspects of the lungs causing increased density, the areas most often the location of interstitial fibrosis caused by asbestosis.

The prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) is designed to evaluate the chest for interstitial fibrosis, given its thin slices (1.0 mm thick). Improved resolution, but lesser screening for pleural plaque formation and improved pulmonary nodule characterization, if specifically scanned, is afforded by this technique.

**PROCEDURE:**

All three studies - the plain radiographs, supine spiral CT and prone HRCT, were obtained at **KUTTINGEDGE IMAGING CENTER (LOS ANGELES)** by Klere C. Quencing, CRT. The supine spiral CT and prone HRCT studies were performed on a Siemens, Somatom, Volume Zoom, multi-detector spiral CT scanner.

**Statement Regarding Section 139.3 of the Labor Code and Truth in Reporting:**

Under penalty of perjury, the above diagnostic imaging studies and report have not been obtained in knowing violation of Labor Code Section 139.3 and the contents of the report are true and correct to the best knowledge of the signing physician below.

**Mailing Notice and Lien Settlement Request** - Please add Discovery Diagnostics Medical Corporation (DDMC) to the address list for service of all notices of conferences, MSC's and hearings before the WCAB. DDMC is advising the WCAB that it may not appear at hearings or MSC's for the case in chief; however, in accordance with Procedures set forth in the Policy and Procedural Manual Index No. 6.610 effective 2/1/95, DDMC requests defendants to have full authority to resolve DDMC's lien by contacting DDMC's office and asking to speak with a DDMC "lien negotiator".

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