

INTERPRETATION OF CHEST RADIOGRAPH

Clinical Study of IPPB

Form 1-4

Date of radiograph 5-10
 Mo Day Yr

A. PATIENT IDENTIFICATION

- Treatment center number 11'
- Patient number 12-15
- Date of birth 16-21
 Mo Day Yr

B. VISIT INFORMATION

- Month number (0-36) 22-23
- Type of visit
 Annual 24
 Other

C. LUNG VOLUMES

- Lung height - a (Measure from inferior margin of first rib posteriorly to top of dome of right diaphragm.) cms 30-33
- Lung height - b (Record the level of the right hemidiaphragm in its relationship to the anterior projection of the ribs.) rib 34-35
- Diaphragm is:
 at the rib 1 36
 below the rib 2
- Lung width (Intrathoracic diameter in cms at the level of the right dome of the diaphragm.) cms 37-40
- Retrosternal air space (Locate a point 3 cms down from the manubrial-sternal joint. Record the distance from this point to the anterior portion of the ascending aortic arch.) cms 41-44

6. Sternal diaphragmatic angle (On lateral chest film, measure the angle of intersection of the sternum and diaphragm.) degrees 45-47

- Diaphragmatic shape (Estimate the shape of the diaphragm on the lateral film.)
 convex upward 1 48
 flat 2
 concave upward 3

D. HEART SIZE

- Transverse diameter of heart cm 52-55
- Widest interior trans-thoracic diameter cm 56-59

E. PULMONARY VESSELS

- Right descending (Measure the transverse diameter of the right descending pulmonary artery.) mm 63-64
- Left descending (Measure the transverse diameter of the left descending artery on the lateral radiograph.) mm 65-66
- Is the peripheral vascular pattern normal or abnormal?

	NORMAL	ABNORMAL	
a. Upper right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	67
b. Upper left	<input type="checkbox"/> 1	<input type="checkbox"/> 2	68
c. Mid right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	69
d. Mid left	<input type="checkbox"/> 1	<input type="checkbox"/> 2	70
e. Lower right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	71
f. Lower left	<input type="checkbox"/> 1	<input type="checkbox"/> 2	72

Patient # _____

E. BULLAE		NO	YES	
1. Are bullae present?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		73
2. If YES, in what areas?				
a. Upper right	<input type="checkbox"/> 1	<input type="checkbox"/> 2		74
b. Upper left	<input type="checkbox"/> 1	<input type="checkbox"/> 2		75
c. Mid right	<input type="checkbox"/> 1	<input type="checkbox"/> 2		76
d. Mid left	<input type="checkbox"/> 1	<input type="checkbox"/> 2		77
e. Lower right	<input type="checkbox"/> 1	<input type="checkbox"/> 2		78
f. Lower left	<input type="checkbox"/> 1	<input type="checkbox"/> 2		79

G. OTHER SIGNIFICANT FINDINGS		NO	YES	
1. Pleural fluid	<input type="checkbox"/> 1	<input type="checkbox"/> 2		80
2. Pneumothorax	<input type="checkbox"/> 1	<input type="checkbox"/> 2		81
3. Nodular mass	<input type="checkbox"/> 1	<input type="checkbox"/> 2		82
4. Atelectasis	<input type="checkbox"/> 1	<input type="checkbox"/> 2		83
5. Pulmonary infiltrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2		84
6. Fibrosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2		85
7. Other _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2		86

H. Person responsible for the information recorded on this form:
_____ Date _____