

CHEST X RAY INTERPRETATION FORM

DCC USE

EY		
EL		

Clinic No.					
ID No.					
Form Type	X	R			

PART I: Identifying Information.

1. Patient's NAME CODE: -- _____

2. Date study performed:
____ - ____ - ____
Month Day Year

3. Chest X ray reader:
A. Certification Number: _____ F143A
B. Signature: _____

7. Atelectasis and/or pulmonary parenchymal opacities present? _____ (1) (2)
Yes No

If NO, proceed to Item 8.

A. Check for each location:

Lung Zone	None	Lobar	Seg-mental	Nonseg-mental*
1. Right upper -	(1)	(2)	(3)	(4) ATRUL
2. Right middle-	(1)	(2)	(3)	(4) ATRML
3. Right lower -	(1)	(2)	(3)	(4) ATRL
4. Left upper -	(1)	(2)	(3)	(4) ATLUL
5. Left middle -	(1)	(2)	(3)	(4) ATLML
6. Left lower -	(1)	(2)	(3)	(4) ATLL

PART II: CXR Interpretation.

4. Interpretation (check one):
Normal (for age and radiographic technique) _____ (1) F144
Abnormal _____ (2)

If NORMAL, proceed to Part III.

Proceed to Item 10. Complete Items 8 and 9 only if both frontal and lateral views in this study.

5. Have the following views been provided? Yes No
A. Frontal _____ (1) (2) F145A
B. Lateral _____ (1) (2) F145B
C. Other _____ (1) (2) F145C

Specify _____

If FRONTAL and LATERAL views are available, proceed to Item 8. Complete Items 6 and 7 if there is only a frontal view available in this study.

8. Pleural based opacity:
A. Right _____ (1) (2)
B. Left _____ (1) (2)
Yes No

If NO to both, proceed to Item 9.

C. Zone (check all that apply):
1. Right upper _____ (1)
2. Right middle _____ (1)
3. Right lower _____ (1)
4. Left upper _____ (1)
5. Left middle _____ (1)
6. Left lower _____ (1)

6. Pleural based opacity: Yes No
A. Right _____ (1) (2)
B. Left _____ (1) (2)

PBORT
PBOLF

If NO to both, proceed to Item 7.

9. Atelectasis and/or pulmonary parenchymal opacities present? _____ (1) (2)
Yes No

If NO, proceed to Item 10.

A. Check for each location:

	None	Lobar	Seg-mental	Nonseg-mental*
1. RUL _____	(1)	(2)	(3)	(4)
2. RML _____	(1)	(2)	(3)	(4)
3. RLL _____	(1)	(2)	(3)	(4)
4. LUL _____	(1)	(2)	(3)	(4)
5. Lingula _____	(1)	(2)	(3)	(4)
6. LLL _____	(1)	(2)	(3)	(4)

C. Zone (check all that apply):
1. Right upper _____ (1)
2. Right middle _____ (1)
3. Right lower _____ (1)
4. Left upper _____ (1)
5. Left middle _____ (1)
6. Left lower _____ (1)

*Includes discoid and "plate-like" atelectasis.

10. Vascular signs

- A. Decreased pulmonary vascularity (oligemia, hyperlucency):
- | | | | |
|----------------|-------|-------|---------|
| | Yes | No | |
| 1. Right ----- | (1) | (2) | F1410A1 |
| 2. Left ----- | (1) | (2) | F1410A2 |
- B. Prominent central pulmonary artery: ----- (1) (2) F1410B
- C. Redistribution (not 2° to technique):
- | | | | |
|----------------|-------|-------|---------|
| 1. Right ----- | (1) | (2) | F1410C1 |
| 2. Left ----- | (1) | (2) | F1410C2 |

11. Pulmonary edema: ----- (1) (2) F1411
- | | | |
|--|------|------|
| | Pre- | Ab- |
| | sent | sent |

If ABSENT, proceed to Item 12.

- A. Right (check one):
- | | |
|--------------------|-------|
| Interstitial ----- | (1) |
| Alveolar ----- | (2) |
| None ----- | (3) |
- B. Left (check one):
- | | |
|--------------------|-------|
| Interstitial ----- | (1) |
| Alveolar ----- | (2) |
| None ----- | (3) |

12. Pleural effusion

- A. Right: F1412A
- | | |
|--|-------|
| None ----- | (1) |
| Small - blunted costo-phrenic angle ----- | (2) |
| Medium - extends less than 1/3 up thorax ----- | (3) |
| Large - extends greater than 1/3 up thorax ----- | (4) |
| Supine film ----- | (5) |
- B. Left: F1412B
- | | |
|--|-------|
| None ----- | (1) |
| Small - blunted costo-phrenic angle ----- | (2) |
| Medium - extends less than 1/3 up thorax ----- | (3) |
| Large - extends greater than 1/3 up thorax ----- | (4) |
| Supine film ----- | (5) |

13. Diaphragm abnormally elevated:

- | | | | |
|----------------|-------|-------|--------|
| | Yes | No | |
| A. Right ----- | (1) | (2) | F1413A |
| B. Left ----- | (1) | (2) | F1413B |

14. Cardiomegaly ----- (1) (2) (3) F1414
- | | | | |
|--|-----|----|---------|
| | Yes | No | Border- |
| | | | line |

15. Other notable findings ----- (1) (2)
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

If NO, proceed to Item 16.

Findings (check all that apply):

- | | | |
|-----------------------------------|-------|--------|
| A. Previous surgery ----- | (1) | F1415A |
| B. COPD ----- | (1) | F1415B |
| C. Pulmonary fibrosis ----- | (1) | F1415C |
| D. Hilum(a) enlarged ----- | (1) | F1415D |
| E. Mediastinum enlarged ----- | (1) | F1415E |
| F. Blebs present ----- | (1) | F1415F |
| G. Chest wall abnormalities ----- | (1) | F1415G |
| H. Chest deformed, describe ----- | (1) | F1415H |

- I. Other, specify ----- (1) F1415I

PART III: Chest X Ray Quality.

16. Is the quality of the film(s) satisfactory? ----- (1) (2)
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

If YES, proceed to Item 18.

17. These films suffer from (check all that apply):

- | | |
|-------------------------|-------|
| A. Rotation ----- | (1) |
| B. Patient motion ----- | (1) |
| C. Under exposure ----- | (1) |
| D. Over exposure ----- | (1) |
| E. Other, specify ----- | (1) |

PART IV: Coordination.

18. Checked for completeness and accuracy:

A. Certification Number: _____

B. Signature: _____

C. Date: ___ - ___ - ___
Month Day Year

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
Baltimore, Maryland 21210

ID No. [] [] [] [] [] [] [] [] [] []