



PVDOMICS STUDY

Lung Imaging Core (CT) Results Form #262

Instructions: This form is used by the Lung Imaging Core (LIC) to provide results following review of chest CT submitted for the PVDOMICS Study. Data will be entered into the PVDOMICS Study database.

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1. Identification Number

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2. Alphacode

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3a. Date of Chest CT scan (mm/dd/yyyy)

3b. CT Scan status (1=New scan, 2=Historical scan).....
 8=N/A, images/database discrepancies could not be resolved and CT not read, skip to comments.

4. Date Chest CT read by LIC radiologist..... / /

5. Quality of CT scan?.....

1=Quality of scan is complete and of good quality (all structures can be seen and measures documented)

2=Quality of scan is adequate with only some measurements of primary structures can be determined but enough to allow adequate determination of PAH

3=Quality of scan is inadequate and PAH determination cannot be made.

6. Type of scan (will auto populate if F252/F253 was completed)

1=Chest CT without contrast (Non-contrast Chest CT)

2=Chest CT with contrast (Routine post contrast CT)

3=Chest CT with angiogram (Chest CTA PE protocol)

4=Chest CT without contrast (PVDOMICS RESEARCH SCAN)

7. Main pulmonary artery (PA) (diameter, cm)

8. Ascending aorta (diameter, cm).

9. Ground glass (0=No, 1=Yes)

10. Traction bronchiectasis (0=No, 1=Yes)

11. Honeycombing (0=No, 1=Yes)

12. Consolidation (0=No, 1=Yes)

13. Interstitial Lung Disease (ILD) (0=No, 1=Yes)

a. Most likely ILD etiology?

1=Usual interstitial pneumonia (UIP)

2=Nonspecific interstitial pneumonia (NSIP)

3=Hypersensitivity pneumonitis

4=Sarcoidosis

5=Drug toxicity

6=Other, specify:

9=Unable to determine

14. Bronchial thickening (0=No, 1=Yes)

15. Emphysema (0=No, 1=Yes)

16. Mosaic attenuation (0=No, 1=Yes)

17. Septal thickening (0=No, 1=Yes)

18. Thromboembolic disease (0=No, 1=Yes, 8=N/A-cannot be determined due to type of scan)..... _____
- a. Main (0=No, 1=Yes) _____
- b. Lobar (0=No, 1=Yes) _____
- c. Segmental (0=No, 1=Yes) _____
- d. Sub-segmental (0=No, 1=Yes) _____
19. Mediastinal adenopathy ≥ 1 cm (0=No, 1=Yes) _____
20. Cardiac enlargement (0=No, 1=Yes) _____
21. Pericardial effusion (0=No, 1=Mild, 2=Moderate, 3=Severe)..... _____
22. Esophagus (0=No, 1=Yes) _____
23. Lung nodules ≥ 6 mm (0=No, 1=Yes) _____
24. Chest wall musculature-age appropriate (1=Normal, 2=Atrophic) _____
25. Breast mass(es) (0=No, 1=Yes) _____
26. Vertebral fracture(s) (0=No, 1=Yes)..... _____
27. Pleural wall abnormality (0=No, 1=Yes) _____
28. Chest wall subcutaneous fat (1=Normal, 2=Obese, 3=Atrophic)..... _____
29. Chest wall or thoracic spine deformity (*for example*: kyphoscoliosis, etc) (0=No, 1=Yes) _____
30. Is the Chest CT suggestive of pulmonary hypertension? _____
- 0=No
1=Unlikely PH
2=Possibly PH
4=Probably PH
5=Most likely PH
8=PH status unable to be determined due to inadequate scan (per Q5=3)
31. Was a clinical center's narrative report available at the time the images were reviewed by the CT Core radiologist? (0=No, 1=Yes)..... _____

Comment box added to database to document radiologists' notes and other related comments.

200. Date this form completed (mm/dd/yyyy)..... ____/____/____
201. Username of radiologist completing/reviewing completeness of this form..... _____

Core Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____

06/06/2018 Q6 will auto populate if F252/F253 entered; Q201 'COREREV' entered if both radiologists review together; Comment box added to document radiologists' notes. Q31-code 9='Unknown' added. 05/14/2020: Q3b response code added: 8=N/A, images/database discrepancies could not be resolved and CT not read, skip to comments.