

# Chest Radiograph Classification Form

Interpreting Client Name, Address, and Phone

Patient's Name

Birth Date

Patient ID

Radiograph Date

Note: Record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<b>1. IMAGE QUALITY</b> <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle 1 2 3 U/R (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)																														
<b>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?</b>		YES <input type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A																												
<b>2B. SMALL OPACITIES</b> a. SHAPE/SIZE PRIMARY SECONDARY <table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; padding: 2px;">p</td><td style="border: 1px solid black; padding: 2px;">s</td><td style="border: 1px solid black; padding: 2px;">p</td><td style="border: 1px solid black; padding: 2px;">s</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">q</td><td style="border: 1px solid black; padding: 2px;">t</td><td style="border: 1px solid black; padding: 2px;">q</td><td style="border: 1px solid black; padding: 2px;">t</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">r</td><td style="border: 1px solid black; padding: 2px;">u</td><td style="border: 1px solid black; padding: 2px;">r</td><td style="border: 1px solid black; padding: 2px;">u</td></tr> </table>	p	s	p	s	q	t	q	t	r	u	r	u	b. ZONES R L UPPER <input type="checkbox"/> <input type="checkbox"/> MIDDLE <input type="checkbox"/> <input type="checkbox"/> LOWER <input type="checkbox"/> <input type="checkbox"/>	c. PROFUSION <table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; padding: 2px;">0/-</td><td style="border: 1px solid black; padding: 2px;">0/0</td><td style="border: 1px solid black; padding: 2px;">0/1</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">1/0</td><td style="border: 1px solid black; padding: 2px;">1/1</td><td style="border: 1px solid black; padding: 2px;">1/2</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">2/1</td><td style="border: 1px solid black; padding: 2px;">2/2</td><td style="border: 1px solid black; padding: 2px;">2/3</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">3/2</td><td style="border: 1px solid black; padding: 2px;">3/3</td><td style="border: 1px solid black; padding: 2px;">3/+</td></tr> </table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+				
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q	t	q	t																											
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1/0	1/1	1/2																												
2/1	2/2	2/3																												
3/2	3/3	3/+																												
<b>2C. LARGE OPACITIES</b> SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A																														
<b>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?</b>		YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input type="checkbox"/> Proceed to Section 4A																												
<b>3B. PLEURAL PLAQUES</b> (mark site, calcification, extent, and width)																														
Chest wall Site In profile <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Face on <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Diaphragm <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Other site(s) <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Calcification <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	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 <table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">3</td><td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">3</td></tr> </table>	1	2	3	1	2	3																						
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a	b	c	a	b	c																									
<b>3C. COSTOPHRENIC ANGLE OBLITERATION</b>		YES <input type="checkbox"/> Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A																												
<b>3D. DIFFUSE PLEURAL THICKENING</b> (mark site, calcification, extent, and width)																														
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a	b	c																												
<b>4A. ANY OTHER ABNORMALITIES?</b>		YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5																												
<b>4B. OTHER SYMBOLS (OBLIGATORY)</b> <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">aa</td><td style="border: 1px solid black; padding: 2px;">at</td><td style="border: 1px solid black; padding: 2px;">ax</td><td style="border: 1px solid black; padding: 2px;">bu</td><td style="border: 1px solid black; padding: 2px;">ca</td><td style="border: 1px solid black; padding: 2px;">cg</td><td style="border: 1px solid black; padding: 2px;">cn</td><td style="border: 1px solid black; padding: 2px;">co</td><td style="border: 1px solid black; padding: 2px;">cp</td><td style="border: 1px solid black; padding: 2px;">cv</td><td style="border: 1px solid black; padding: 2px;">di</td><td style="border: 1px solid black; padding: 2px;">ef</td><td style="border: 1px solid black; padding: 2px;">em</td><td style="border: 1px solid black; padding: 2px;">es</td><td style="border: 1px solid black; padding: 2px;">fr</td><td style="border: 1px solid black; padding: 2px;">hi</td><td style="border: 1px solid black; padding: 2px;">ho</td><td style="border: 1px solid black; padding: 2px;">id</td><td style="border: 1px solid black; padding: 2px;">ih</td><td style="border: 1px solid black; padding: 2px;">kl</td><td style="border: 1px solid black; padding: 2px;">me</td><td style="border: 1px solid black; padding: 2px;">pa</td><td style="border: 1px solid black; padding: 2px;">pb</td><td style="border: 1px solid black; padding: 2px;">pi</td><td style="border: 1px solid black; padding: 2px;">px</td><td style="border: 1px solid black; padding: 2px;">ra</td><td style="border: 1px solid black; padding: 2px;">rp</td><td style="border: 1px solid black; padding: 2px;">tb</td> </tr> </table>			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
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			
<input type="checkbox"/> OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?																														
<b>4E.</b> Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input type="checkbox"/> Proceed to Section 5																														

5. Radiology Facility

Reading Type

Ordering Physician

A B Facility Other

Reading Date

Interpreting Physician's Name and Signature

Classification Purpose

#### 4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect." -

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

##### Abnormalities of the Diaphragm

Eventration

Hiatal hernia

##### Airway Disorders

Bronchovascular markings, heavy or increased

Hyperinflation

##### Bony Abnormalities

Bony chest cage abnormality

Fracture, healed (non-rib)

Fracture, not healed (non-rib)

Scoliosis

Vertebral column abnormality

##### Lung Parenchymal Abnormalities

Azygos lobe

Density, lung

Infiltrate

Nodule, nodular lesion

##### Miscellaneous Abnormalities

Foreign body

Post-surgical changes/sternal wire

Cyst

##### Vascular Disorders

Aorta, anomaly of

Vascular abnormality

#### 4D. OTHER COMMENTS