

Obligatory Symbols

Section 4B

4B. OTHER SYMBOLS (OBLIGATORY)

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	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	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)		

Introduction

- Required for all B reads
- Some are descriptive
- Some imply interpretation

Introduction

- “Changes indicative of”
- “Opacities suggestive of”
- “Suspect”

Atherosclerotic Aorta (aa)



Apical Pleural Thickening (at)



Coalescence of Small Opacities (ax)



Can be recorded with or without large opacities

Coalescence of Small Opacities (ax)



Large opacity “A”

Coalescence of Small Opacities (ax)



ax

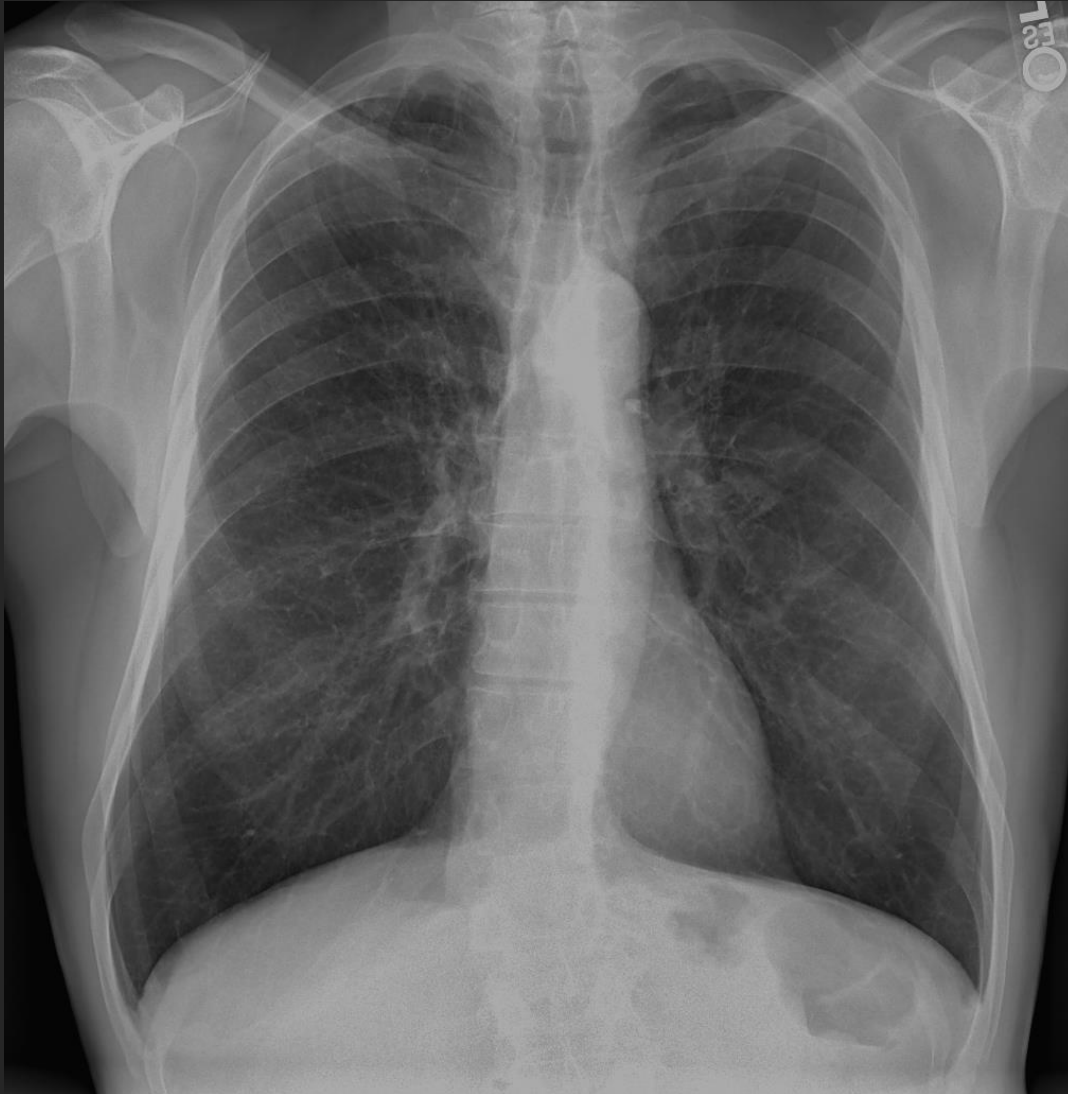
Coalescence of Small Opacities (ax)



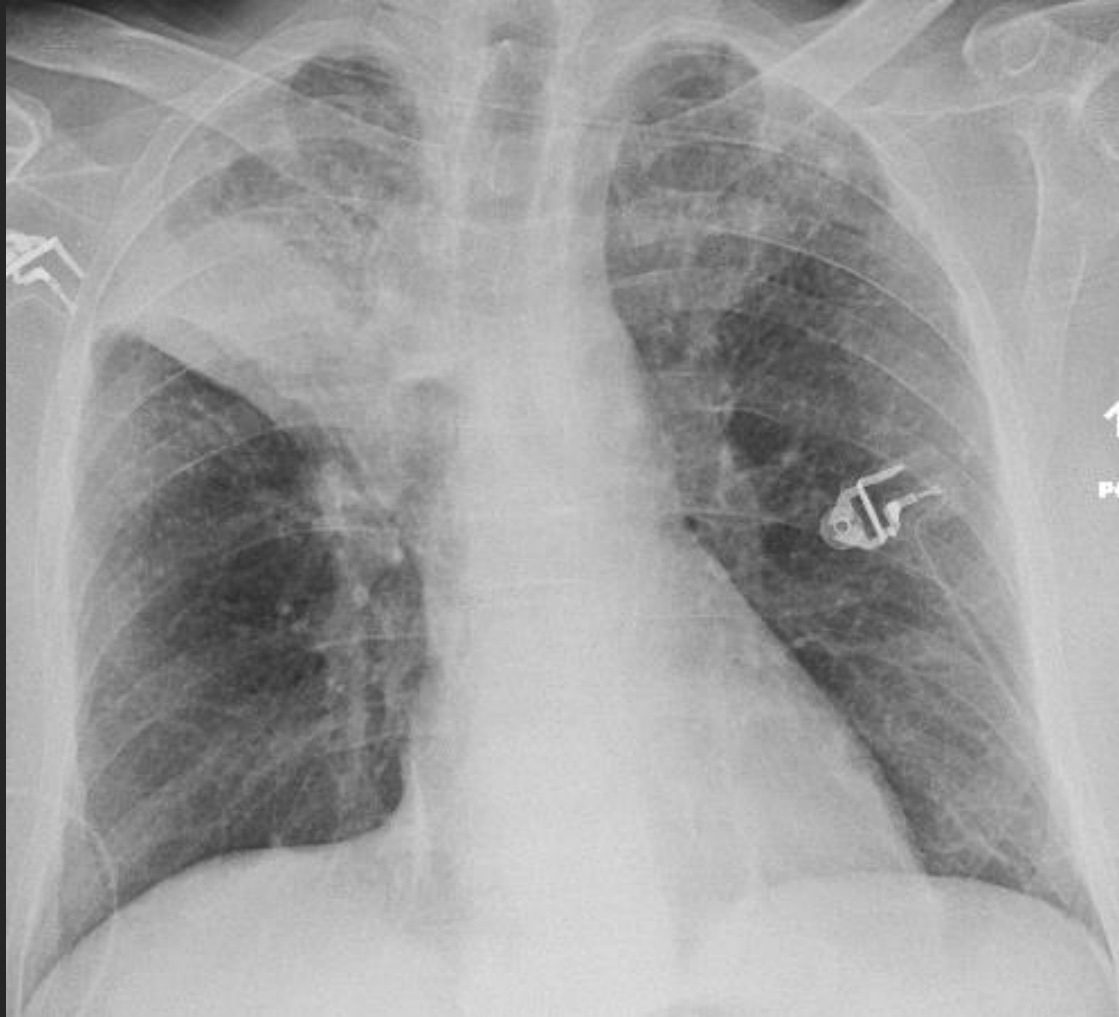
Coalescence of Small Opacities (ax)



Bulla(e) (bu)

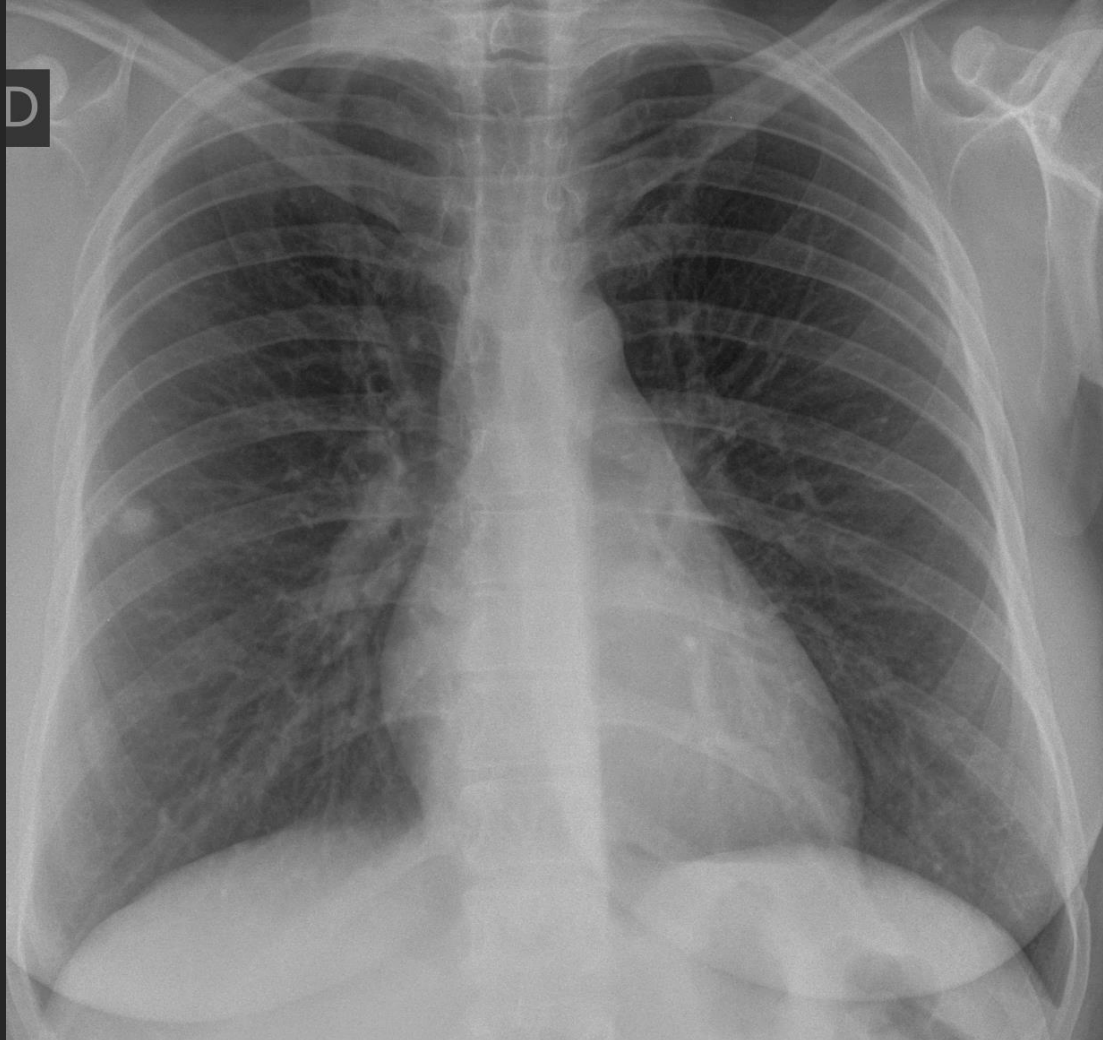


Cancer (ca)



Should not be used for mesothelioma

Calcification Non-Pneumoconiotic Nodules(cg)

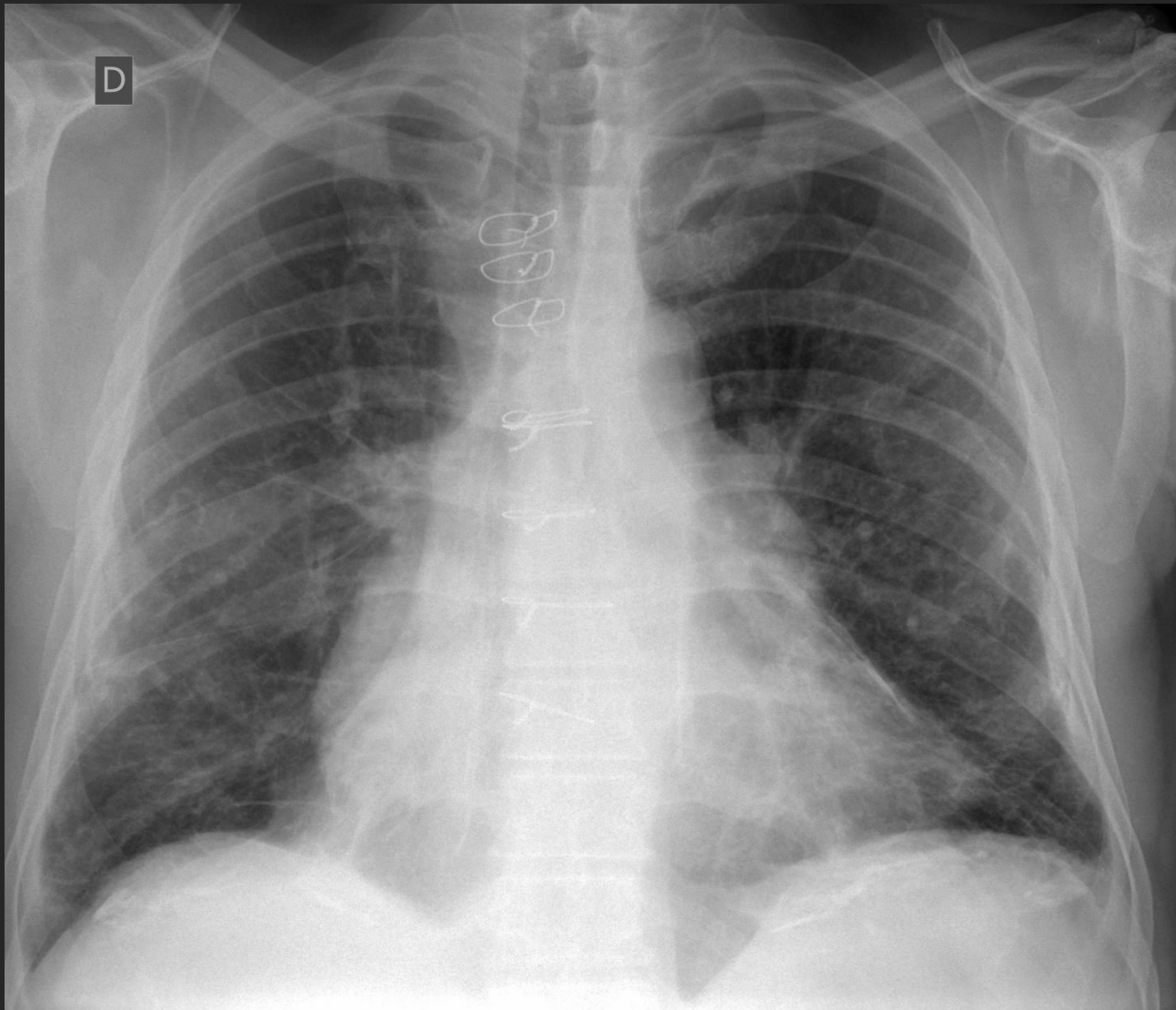


e.g. granulomas or calcified lymph nodes

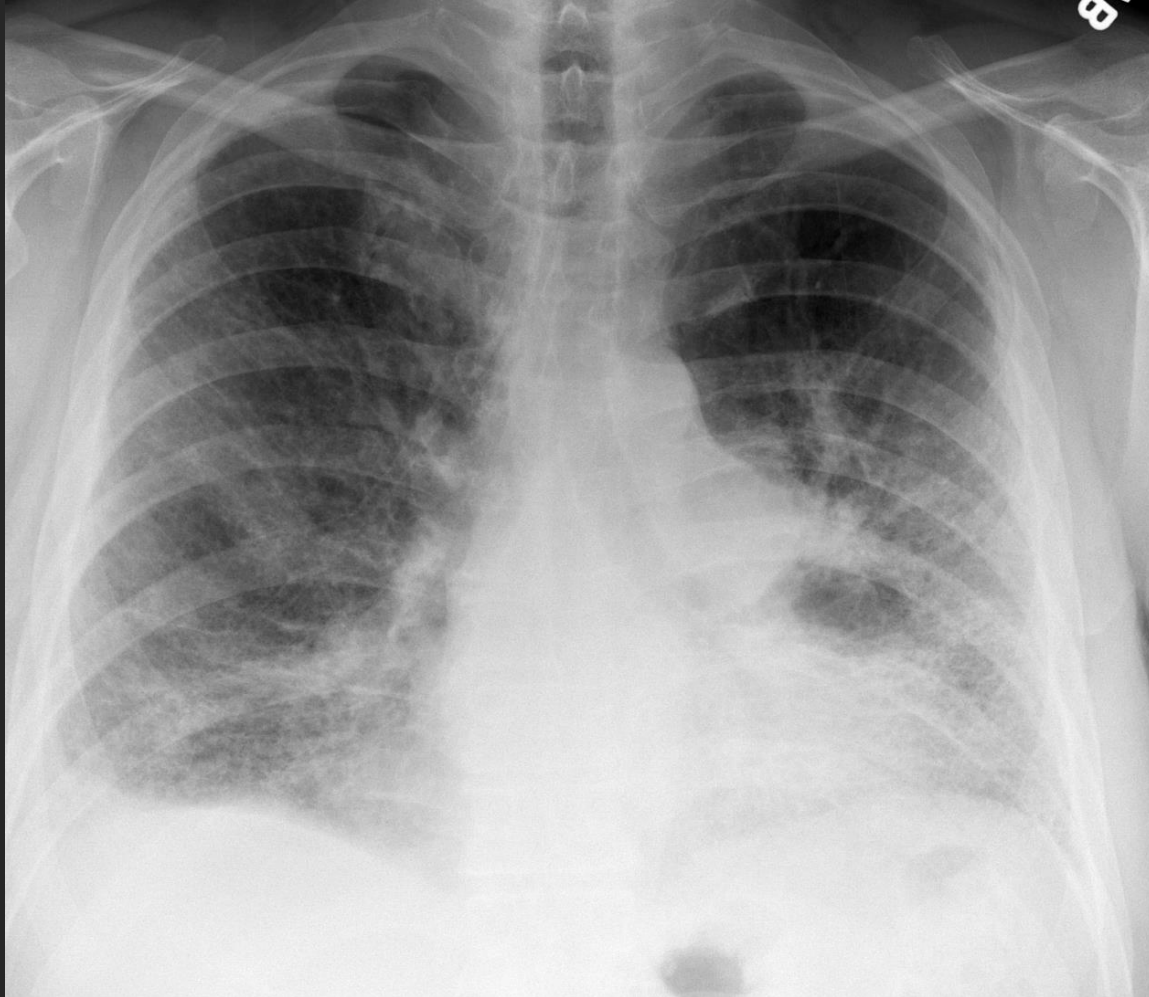
Calcification in Small Pneumoconiotic Opacities (cn)



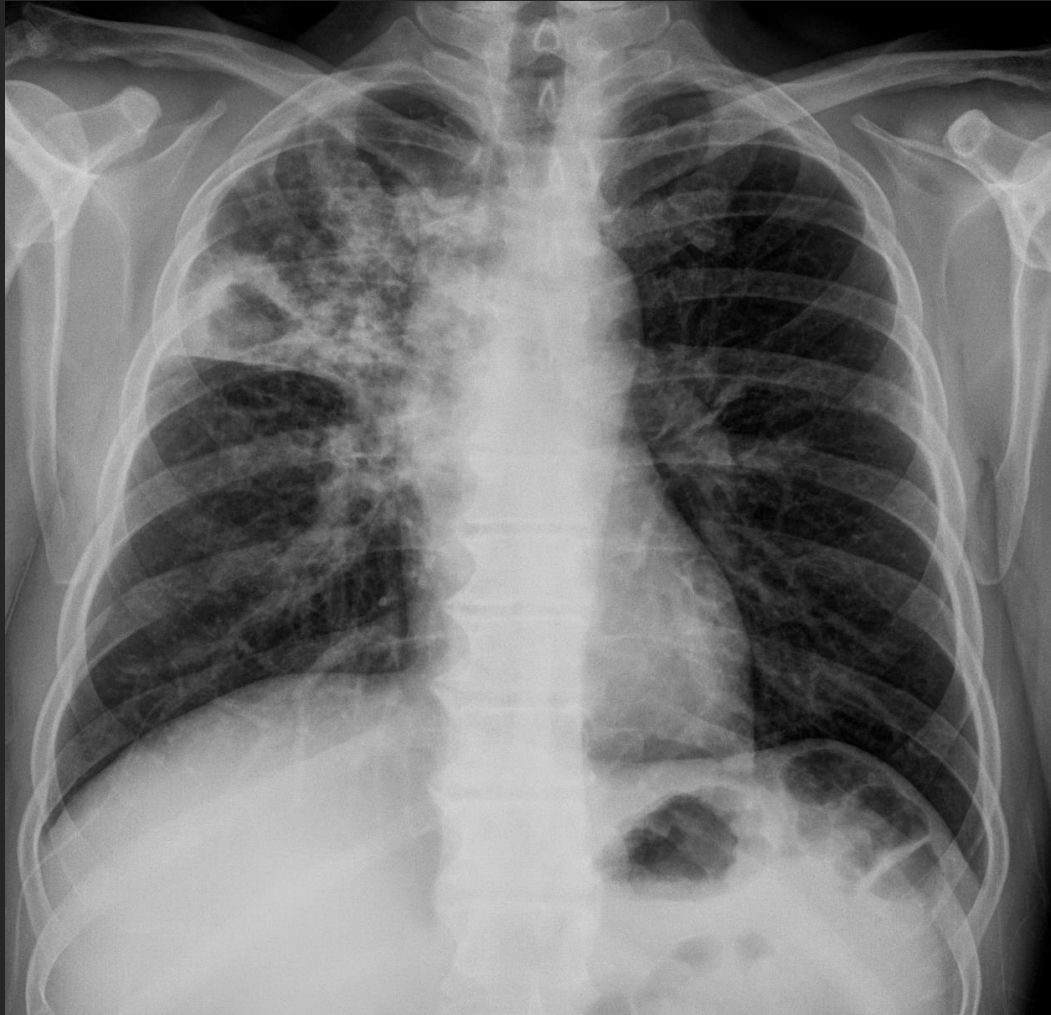
Abnormal Cardiac Size or Shape (co)



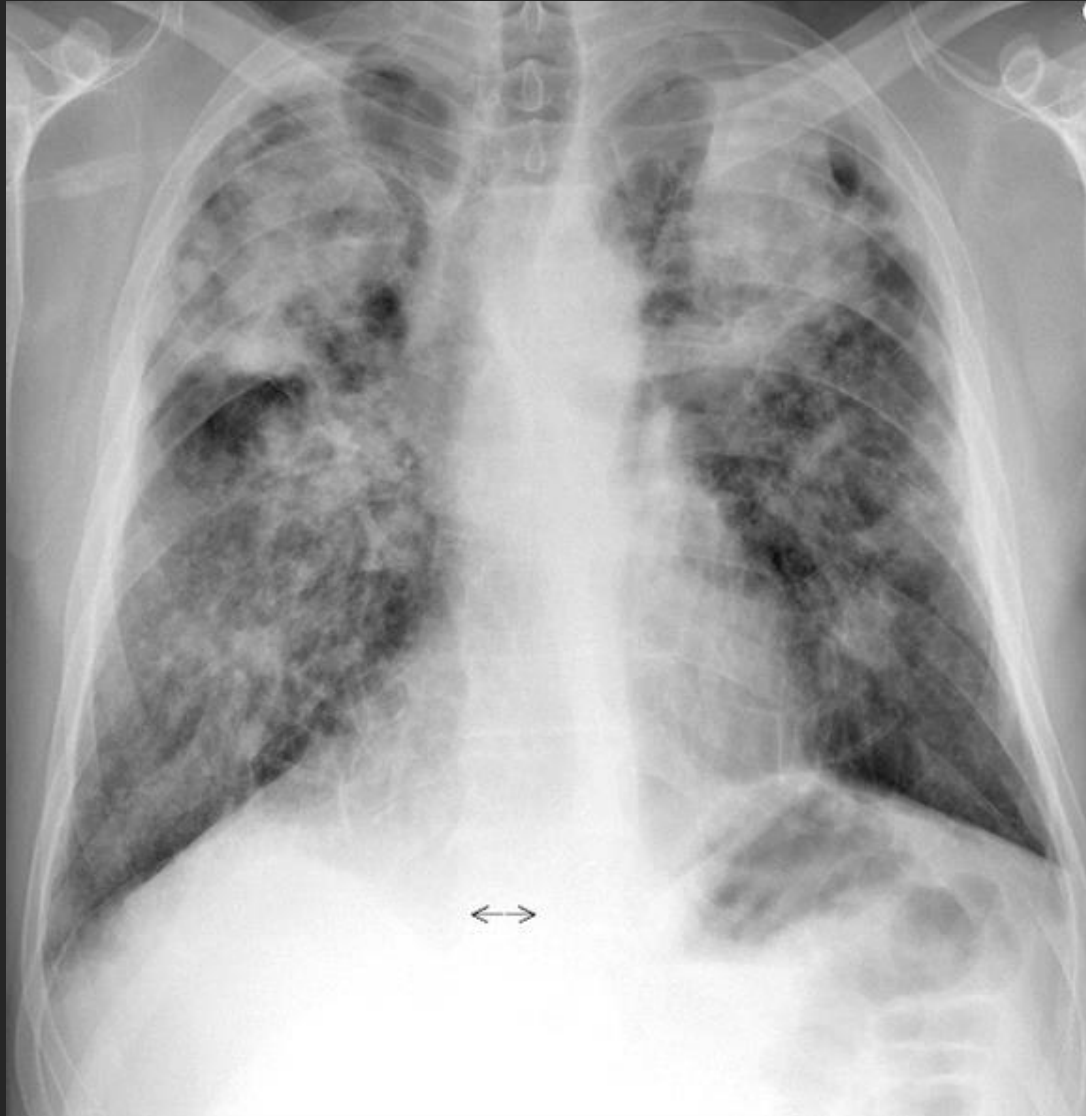
Cor Pulmonale (cp)



Cavity (cv)



Marked Distortion (di)

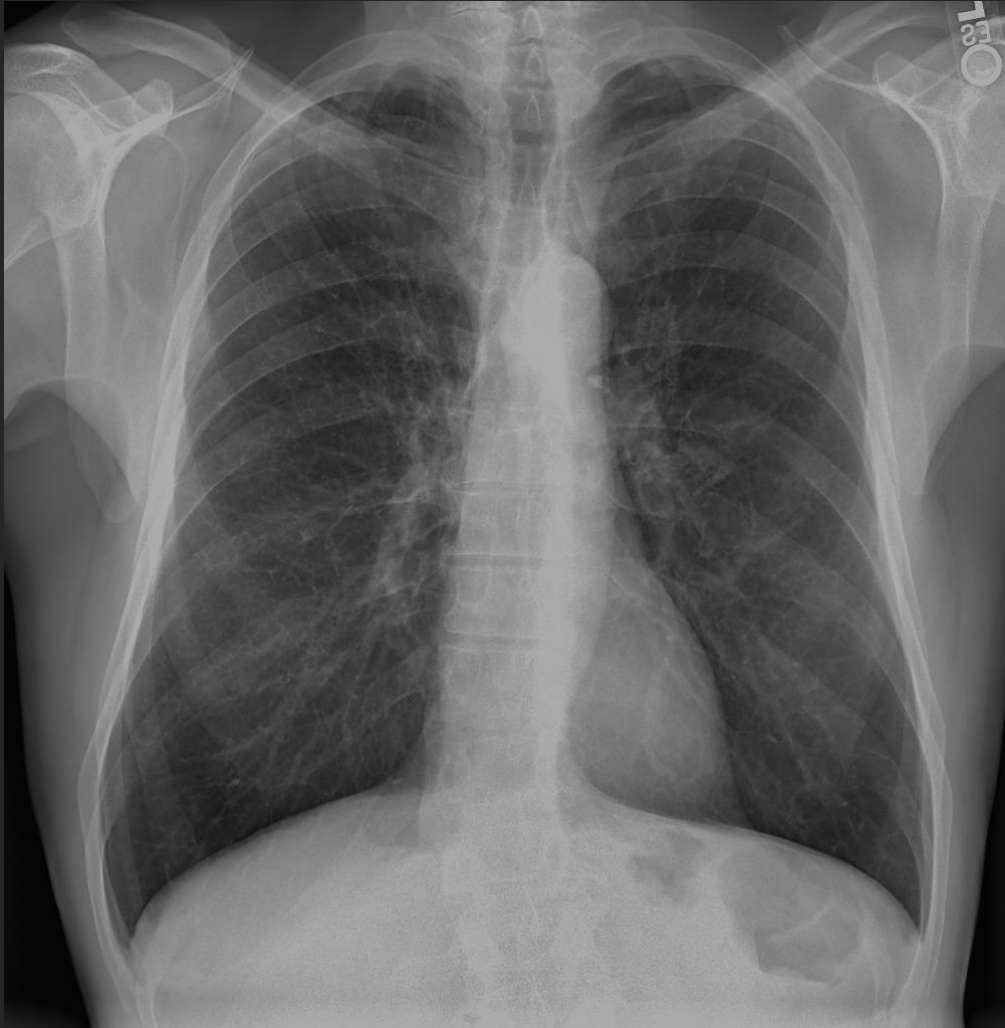


Pleural Effusion (ef)



Would also score pleura

Emphysema (em)



bu should also be marked

Eggshell Calcification (es)



Fractured Rib(s) (fr)



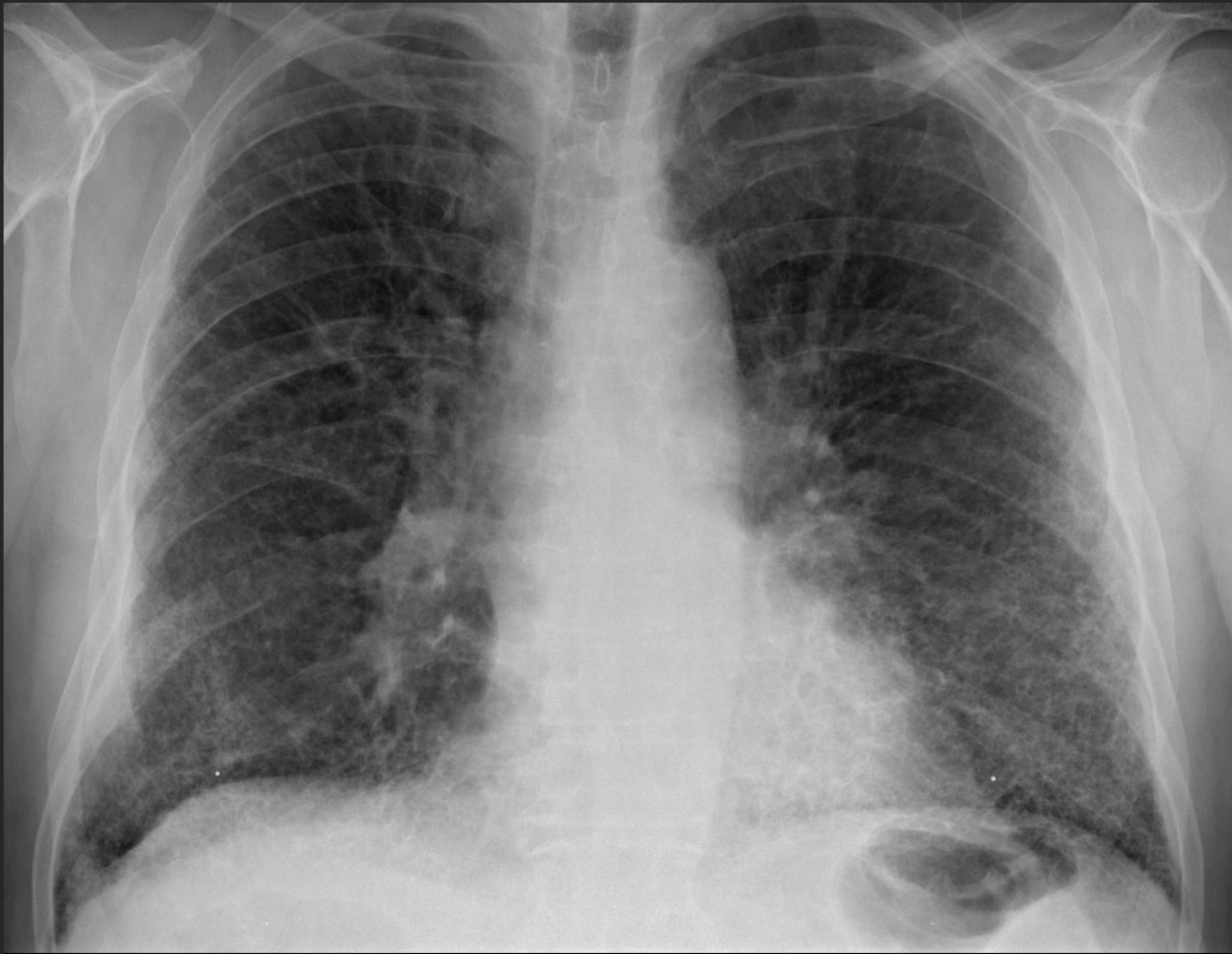
Acute or healed

Lymphadenopathy (hi)

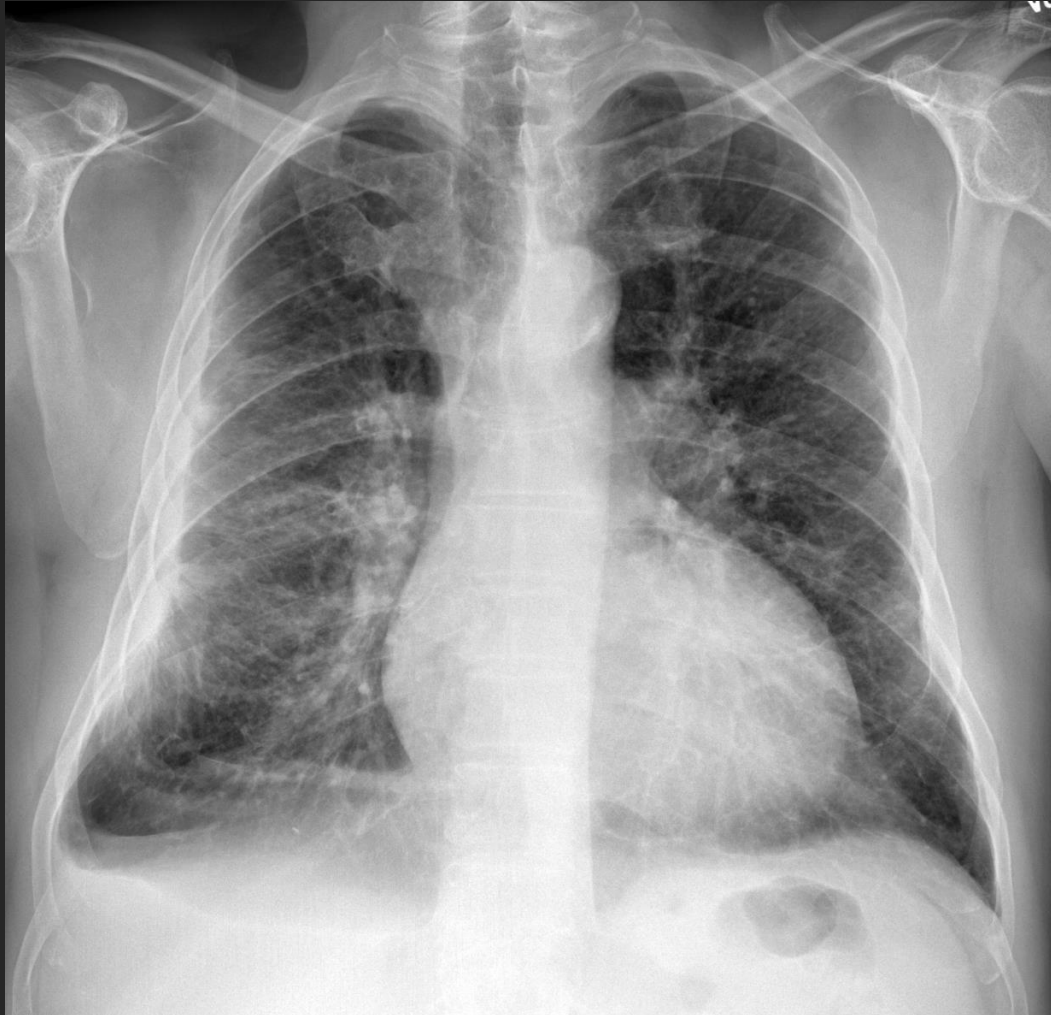


Hilar or mediastinal - noncalcified

Honeycomb Lung (ho)



III-Defined Diaphragm (id)



Length $\frac{1}{3}$ or more

III-Defined Heart Border (ih)



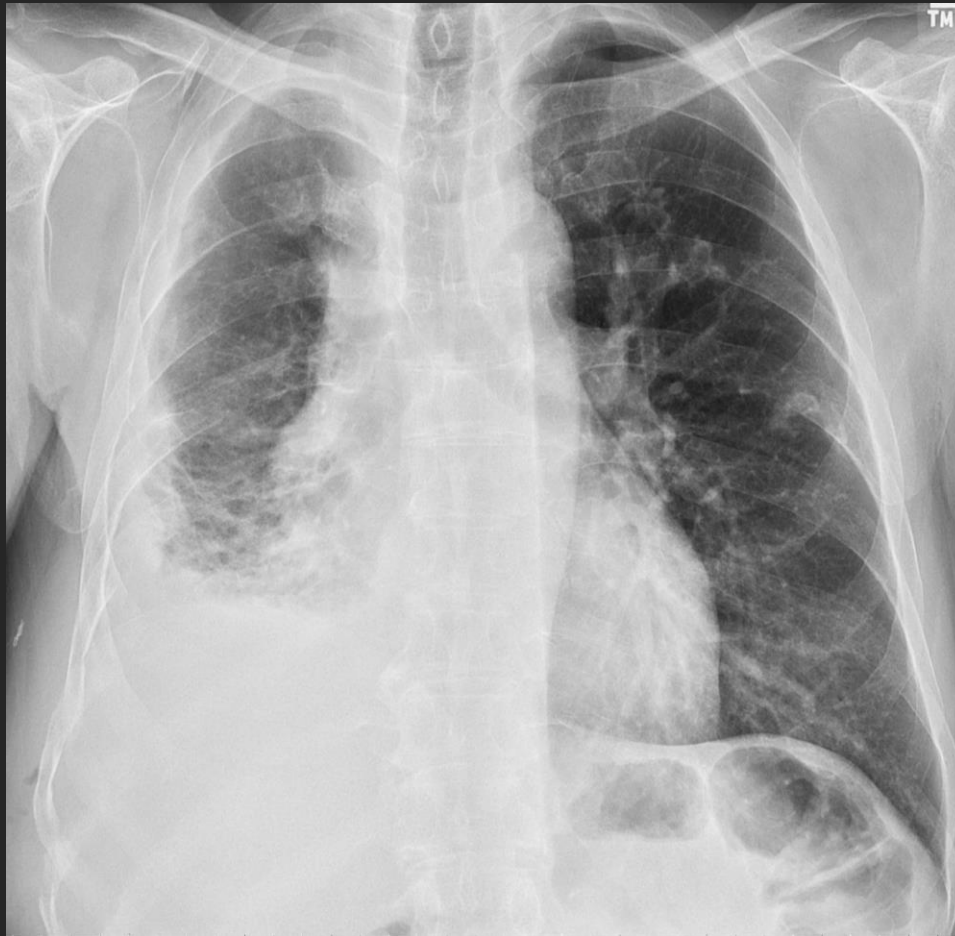
Length $\frac{1}{3}$ or more of left heart border

Septal (Kerley) Lines (kl)



pi should also be selected

Mesothelioma (me)

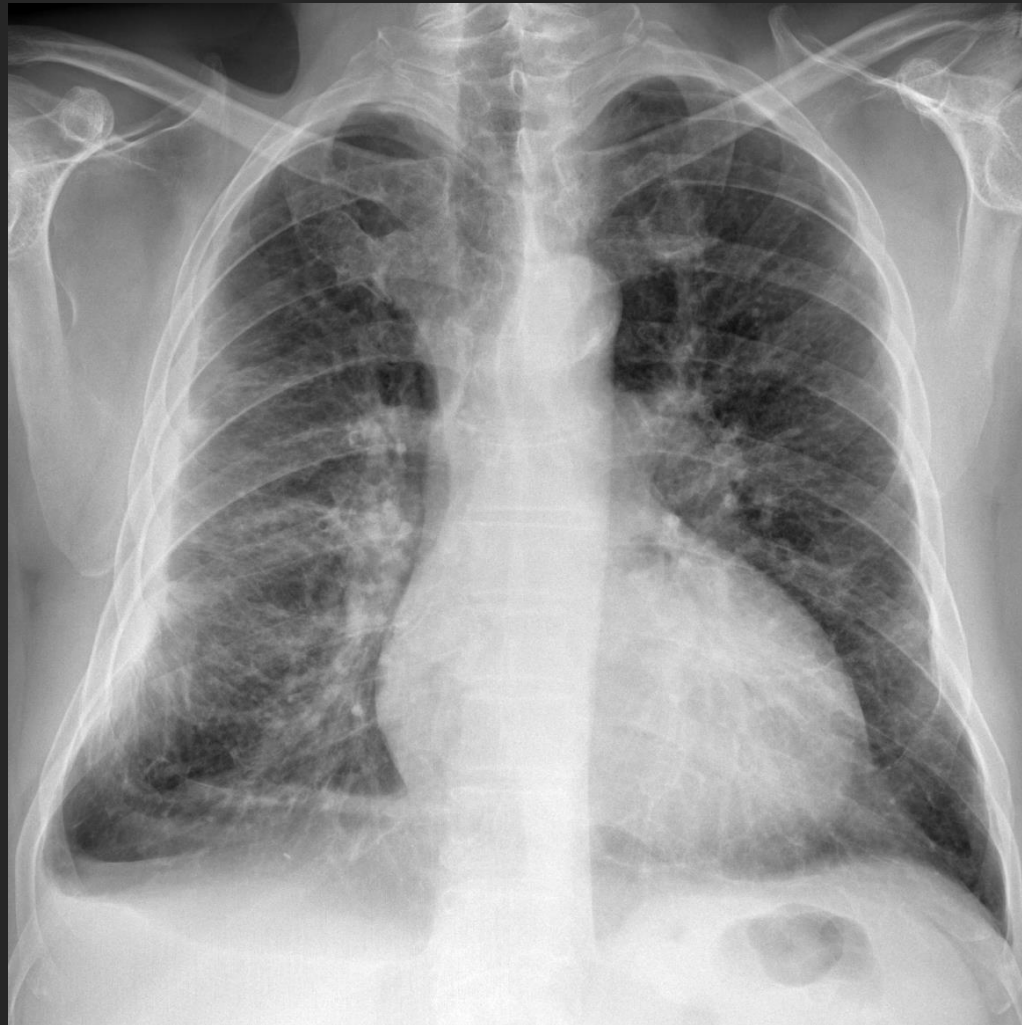


ef should also be selected

Plate Atelectasis (pa)



Parenchymal Bands (pb)

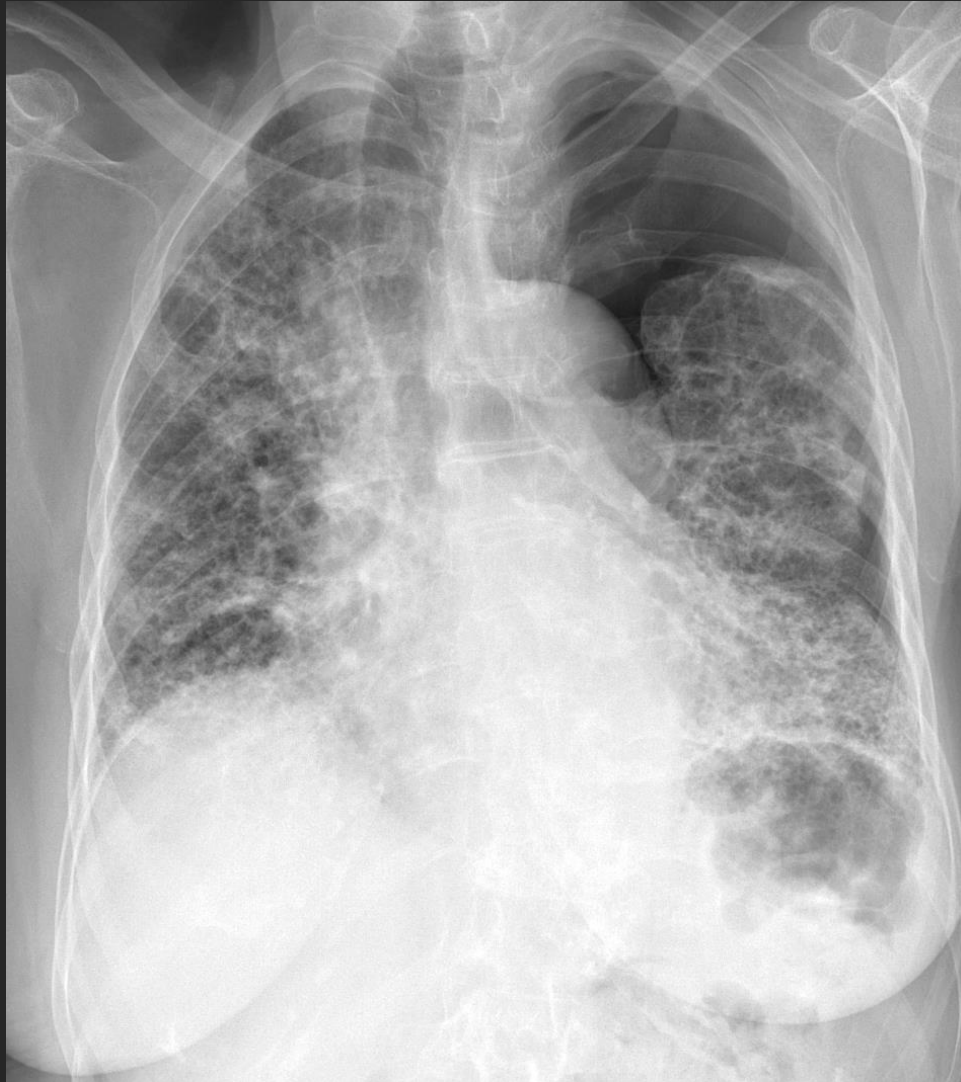


In continuity with pleura

Pleural Thickening of Fissure (pi)



Pneumothorax (px)



Rounded Atelectasis (ra)

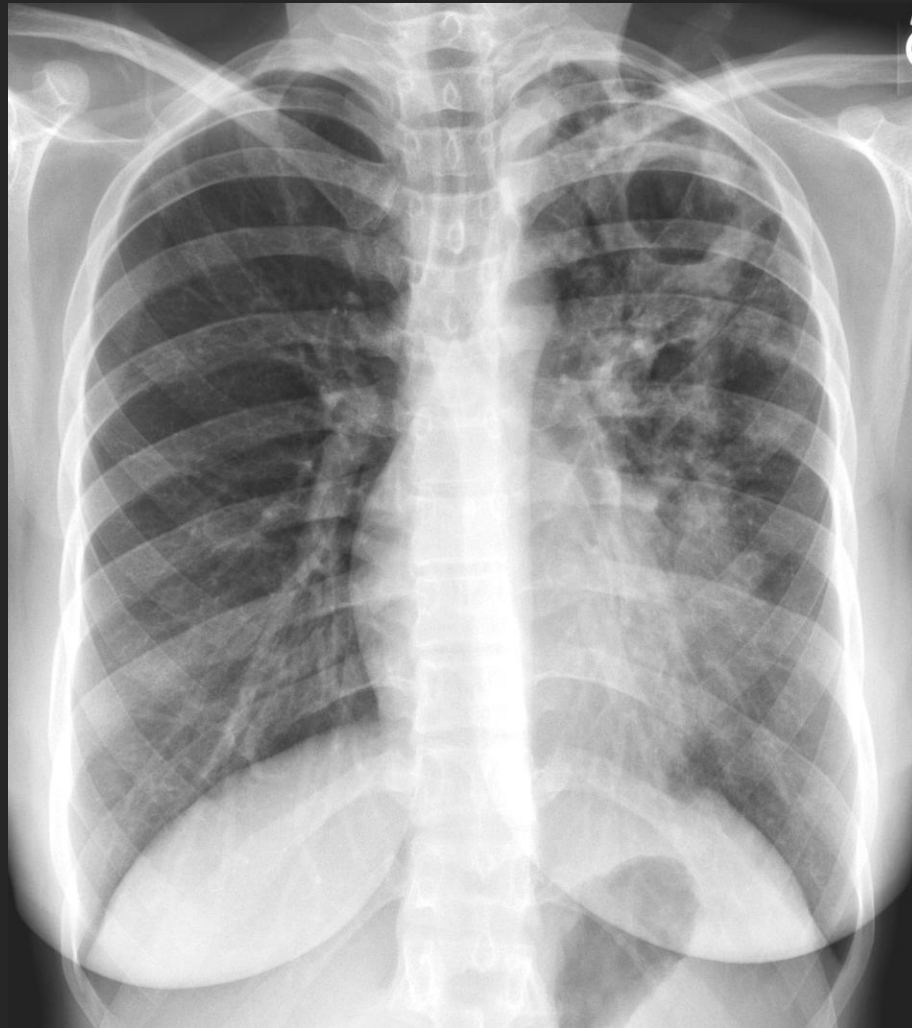


Rheumatoid Pneumoconiosis (rp)



p/p 1/1 standard

Tuberculosis (tb)



Excluding calcified primary complex (cg)

Other Disease or Significant Abnormality (od)

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

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings?

YES

☐

NO

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4D. OTHER COMMENTS
