

CT Evaluation Form HelpStudy Date
(DD/Mmm/YYYY)

Exam Number

Radiologist

Signing radiologist

Clinical Information

Final Reading ☐CT Scan Performed at Outside Institution ☐Type of Exam ☐ Baseline ☐ Annual Repeat ☐ Follow-up (not annual repeat)CT Protocol ☐ Low-Dose CT ☐ Standard CT ☐ Limited CT

Reconstructed slice thickness (mm)

Date of Baseline CT

Date of Most Recent Comparative Study (if applicable)

Time Since Baseline (Months)

Prior Scans

Normal Shortcut ☐ Short-cut to fill in "no abnormalities" in all the subsequent data values.

You can input data values for those which are not negative. See the yellow help button for details.

[READ before completing the Nodule Grid](#)

Total Number of Non-Calcified Nodules

(list nodules ≥ 3 mm)

Total Number of Nodules

(parenchymal and endobronchial)

Nodule ID	Nodule 1	Nodule 2	Nodule 3	Nodule 4	Nodule 5	Additional Nodules Nodule 6
Is it new?	-	-	-	-	-	-
Endobronchial?	-	-	-	-	-	-
Most Likely Location	-	-	-	-	-	-
Distance from the costal pleura (mm)						
Length (mm)						
Maximum Width (mm)						
Nodule Consistency	-	-	-	-	-	-
Solid Comp. Length x Width	x	x	x	x	x	x
Smooth Edges	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
Calcifications NOT c/w Benignity	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
Spiculations	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present
Pleural Tags	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present
Parenchymal Abnormality within 1 cm	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
Nodule seen in series						
Nodule seen in images	-	-	-	-	-	-
Nodule Status	-	-	-	-	-	-
Action	-	-	-	-	-	-
Comment						
Pathologic Diagnosis	-For Pathology Use Only-	-For Pathology Use Only-	-For Pathology Use Only-	-For Pathology Use Only-	-For Pathology Use Only-	-For Pathology Use Only-

Emphysema

☐ n/v ☐ none ☐ mild ☐ moderate ☐ severe

		RUL	RML	RLL	LUL	LLL
Cysts	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blebs/Bullae	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional or Diffuse Consolidation (focal - put in nodule grid)	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarring	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		apical <input type="checkbox"/> unilateral <input type="checkbox"/> bilateral				
Bronchiectasis	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Airways Disease	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-surgical findings (i.e. bronchial resection margin)	<input type="radio"/> N/A <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> n/v	<input type="checkbox"/> Right <input type="checkbox"/> Left				
Early and Late Findings of Interstitial Lung Disease						
Traction bronchiectasis in a peripheral location	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Ground-glass Opacities	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reticulations	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honeycombing	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments on Parenchymal Abnormalities						
Pleural or pleural-related Abnormalities						
Pleural Thickening/Plaques	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Calcification				
Rounded Atelectasis	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleural Effusion	<input type="checkbox"/> n/v	Right <input type="checkbox"/> Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Pleural Tumor	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v					
Describe Pleural Abnormalities						

Cardiac Abnormalities ☒ no ☐ yes ☐ n/v

Coronary Calcification	<input type="checkbox"/> n/v	Left Main	LAD	Circumflex	RCA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual CAC Score (Coronary Artery Calcium)		<input type="text"/>			
Aortic Calcification	<input type="checkbox"/> n/v	<input type="checkbox"/>			
Pericardial Effusion	<input type="checkbox"/> n/v	Severity			
		<input type="checkbox"/>			
Pulmonary Artery Width (mm)		<input type="text"/>			
Ascending Aorta Width (mm)		<input type="text"/>			
Pulmonary Artery/Aorta Ratio (calculated)		<input type="text"/>			

Additional Comments on Cardiac Abnormalities

Neck and Mediastinal Abnormalities ☐ no ☐ yes ☐ n/v

Thyroid	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other	Specify:
Thymus (report if ovoid > 7 mm or if thymic shape with width > 1.3cm)	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other	Specify:
Lymph Nodes(w/o central fat)			
Any enlarged or growing hilar or mediastinal lymph nodes (short axis > 10mm) (any size for para-esophageal)	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	Level <input type="checkbox"/> N1 (high mediastinal) <input type="checkbox"/> N2R <input type="checkbox"/> N2L (upper paratracheal) <input type="checkbox"/> N3 (prevascular,retrotracheal) <input type="checkbox"/> N4R <input type="checkbox"/> N4L (lower paratracheal)	

		<input type="checkbox"/> N5 (subaortic (A-P window)) <input type="checkbox"/> N6 (para-aortic) <input type="checkbox"/> N7 (subcarinal) <input type="checkbox"/> N8 (para-esophageal) (any size) <input type="checkbox"/> N9 (pulmonary ligament) <input type="checkbox"/> N10R <input type="checkbox"/> N10L (hilar)
Any calcified hilar or mediastinal lymph nodes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	
Axillary lymph nodes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Right <input type="checkbox"/> Left
Other Vascular Abnormalities	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Aorta <input type="checkbox"/> Pulmonary arteries <input type="checkbox"/> Other
Esophageal	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Air-fluid level <input type="checkbox"/> Wall thickening <input type="checkbox"/> Mass <input type="checkbox"/> Other
Hiatal Hernia	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	Specify: _____
Other Mediastinal Masses	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other

Additional Comments on Neck and Mediastinal Abnormalities**Breast Abnormalities** ☐ no ☐ yes ☐ n/v

	Abnormalities	Specify
Right Breast	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other
Right Breast Density Classification (BI-RADS)	-	
Left Breast	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other
Left Breast Density Classification (BI-RADS)	-	

Additional Comments on Breast Abnormalities**Abdominal Abnormalities** ☐ no ☐ yes ☐ n/v

	Abnormalities	Specify
Gall Bladder	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Stones <input type="checkbox"/> Sludge <input type="checkbox"/> Other
Spleen	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other
Liver	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> HU < 40 <input type="checkbox"/> Other
Pancreas	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other
Adrenals	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other
Kidneys	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcification <input type="checkbox"/> Cyst <input type="checkbox"/> Mass <input type="checkbox"/> Other

Additional Comments on Abdominal Abnormalities**Bone Abnormalities**

	Abnormalities
Bones	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v

Specify Bone Abnormalities**Follow-up**

Follow-up: _____

When: ☐ now ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ other

Follow-up Date (DD/Mmm/YYYY) _____

Special Attention ☐

Impression

Note: Annual repeat and follow-up CT scans should utilize the same low-dose protocol used for baseline low-dose CT scans.

Nodules

- ☐ No evidence of nodules. Follow-up as recommended above.
- ☐ Nodule(s) as described above. Consistent with old granulomatous disease. Follow-up as recommended above.
- ☐ Nodule(s) unchanged, as described above. Follow-up as recommended above.
- ☐ Nodule(s) as described above. Follow-up as recommended above.

Other Findings

- ☐ No other abnormalities.
- ☐ Other abnormalities and suggested follow-up as described above.

Impression Remarks

Image Quality Scale

Please indicate the cause(s) for the image quality problem if images were not satisfactory.

1 = Satisfactory

2 = Minor problem(s) not affecting the reading

3 = Quality affects the reading but is acceptable (Does not have to be redone)

4 = Not acceptable (Unreadable; may need to be redone)

Lung Parenchyma: ☐ ☐ Patient body habitus ☐ Patient movement ☐ Insufficient inhalation ☐ Other (specify) Specify:

Mediastinum/Abdomen: ☐ ☐ Patient body habitus ☐ Patient movement ☐ Insufficient inhalation ☐ Other (specify) Specify:

Case of Interest ☐ Comments:

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