

UC DAVIS PULMONARY FUNCTION LABORATORY

Department of Pulmonary & Critical Care Medicine

2315 Stockton Boulevard, Sacramento, CA 95817

PULMONARY FUNCTION TEST REPORT

Patient:	JOHNSON, MARGARET A.	Test Date:	11/05/2025
DOB:	03/15/1952 (Age: 73)	Report Date:	11/05/2025
MRN:	847291	Height:	64 inches (163 cm)
Ordering MD:	David Chen, MD	Weight:	156 lbs (70.8 kg)
Technician:	Sarah Thompson, RPFT	Race/Ethnicity:	Caucasian

SPIROMETRY

Parameter	Pre-BD	Pred	% Pred	Post-BD	% Pred	% Change
FVC (L)	2.38	3.05	78%	2.45	80%	+3%
FEV1 (L)	1.52	2.45	62%	1.61	66%	+6%
FEV1/FVC (%)	64%	80%	80%	66%	82%	+2%
FEF 25-75% (L/s)	0.92	2.18	42%	1.08	50%	+17%
PEF (L/s)	4.82	5.95	81%	5.12	86%	+6%

*Pre-BD = Pre-bronchodilator; Post-BD = Post-bronchodilator (Albuterol 400mcg)***LUNG VOLUMES (Plethysmography)**

Parameter	Measured	Predicted	% Predicted	Interpretation
TLC (L)	5.82	5.45	107%	Normal
RV (L)	2.64	2.15	123%	Elevated
RV/TLC (%)	45%	39%	115%	Elevated
FRC (L)	3.45	2.85	121%	Elevated
IC (L)	2.37	2.60	91%	Normal
ERV (L)	0.81	0.70	116%	Normal

DIFFUSION CAPACITY

Parameter	Measured	Predicted	% Predicted	Interpretation
DLCO (mL/min/mmHg)	14.2	24.5	58%	Moderately Reduced
DLCO/VA	3.42	4.85	71%	Mildly Reduced
VA (L)	4.15	5.05	82%	Normal

DLCO corrected for hemoglobin (Hgb 13.8 g/dL)

QUALITY ASSESSMENT: Acceptable and reproducible. Three acceptable FVC maneuvers obtained with <150mL variability between best two efforts. ATS/ERS criteria met.

INTERPRETATION:

1. **Moderate obstructive ventilatory defect** (FEV1 62% predicted, FEV1/FVC 64%)

2. **Partial bronchodilator response** - FEV1 improved 90mL (6%) post-bronchodilator, not meeting criteria for significant reversibility (>12% and >200mL)

3. **Air trapping** - Elevated RV (123% predicted) and RV/TLC ratio (45%), consistent with obstructive physiology
4. **Moderately reduced diffusion capacity** (DLCO 58% predicted) - May reflect emphysematous changes and/or pulmonary vascular component
5. **Normal total lung capacity** - No evidence of restrictive defect

OVERALL ASSESSMENT: Findings consistent with moderate COPD (GOLD Stage 2). The reduced diffusion capacity correlates with emphysema seen on CT imaging. From a pulmonary function standpoint, patient would tolerate bronchoscopic procedures. FEV1 >60% predicted suggests adequate respiratory reserve for general anesthesia with appropriate precautions.

Interpreting Physician:

David Chen, MD
Pulmonary & Critical Care Medicine
Board Certified - Pulmonary Disease

Electronically Signed: 11/05/2025 3:45 PM
Report ID: PFT-2025-847291