



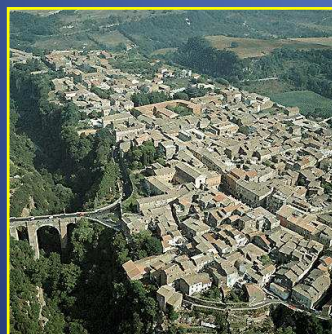
SNOP
Società Nazionale Operatori della Prevenzione

asur
marche 3
azienda sanitaria unica regionale
area vasta n. 3

Asbesto, asbestosi e cancro: dal riconoscimento e controllo del rischio alla qualità della sorveglianza sanitaria degli esposti ed ex esposti.

Problematiche attuali nella diagnostica per immagini e nella classificazione delle patologie polmonari amianto correlate.

Enrico Cardona-Rita Leonori-Augusto Quercia



Civitanova Marche 01.10.2015

ASBESTOSI

- Interstiziopatia diffusa, fibrotica, non nodulare
- Localizzazione prevalente lobi inferiori
- Alterazioni da fibre lunghe e sottili si localizzano negli alveoli: ALVEOLITE
- Alterazioni da fibre corte tendono a localizzarsi a livello dei bronchioli respiratori e dotti alveolari : lesioni del grosso interstizio (setti interlobulari-guaine peribronchiali e perivascolari)

ASBESTOSI

- Né le caratteristiche cliniche né quelle istologiche si differenziano sufficientemente da quelle di altre cause di fibrosi interstiziale tanto da permettere una diagnosi certa in assenza di una storia di esposizione all'amianto o della identificazione di aumentati livelli di corpuscoli o fibre di amianto nel tessuto polmonare

ASBESTOSI

Helsinki 1997 2000 2014

Viene raccomandato l'uso di una refertazione standardizzata della radiografia standard del torace (Ilo-Bit) e della HRTC ICOERD

Raccomandazioni Helsinki 2014

Raccomandato l'utilizzo dello schema ICOERD, paragonabile alla classificazione internazionale 1980 ILO, per una classificazione internazionale comune delle anomalie polmonari e pleuriche rilevate con TC nei lavoratori esposti all'amianto.

INTERSTIZIOPATIE POLMONARI DIFFUSE

- CAUSA NOTA
- **Occupazionali e da inalanti ambientali**
- **Polveri organiche**
- **Polveri inorganiche**
- Gas, fumi, vapori, aerosol
- Agenti infettivi
- Farmaci
- Radiazioni
- **Allergie**
- Malattie neoplastiche
- Patologie emodinamiche
- Alterazioni metaboliche
- CAUSA NON NOTA
- Polmonite interstiziale acuta (Hamman-Rich)
- Fibrosi polmonare idiopatica
- Malattie del connettivo
- **Sarcoidosi**
- Vasculite polmonare
- Sindromi emorragiche
- Granuloma a cellule di Langerhans (gr. eosinofilo)
- Alterazioni infiltrative linfoidi
- **Affezioni bronchiolari**
- Polmoniti eosinofile
- Malattie ereditarie
- Malattie vascolari immunitarie non collagenopatiche
- Pneumopatia veno-occlusiva
- Proteinosi alveolare
- Linfangioleiomiomatosi
- Interstiziopatie non classificate

Consensus Report –International Expert meeting on new advances in the radiology and screening of asbestos-related diseases

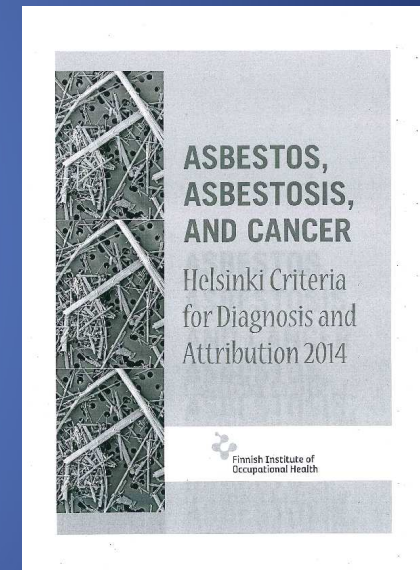
Scand J Work Environ Health 2000; 26(5)449-454

- Discute l'utilizzo della TC spirale (*useful for the diagnosis of both malignant e non malignant diseases*)
- Indica come necessario l'utilizzo di uno schema di classificazione internazionale comparabile con la classificazione ILO
- Riporta raccomandazioni tecniche



Raccomandazioni Helsinki 2014

- Raccomandato
lo Screening con LDCT per
I lavoratori esposti ad
asbesto con un rischio
sufficientemente alto di
sviluppare un tumore del
polmone



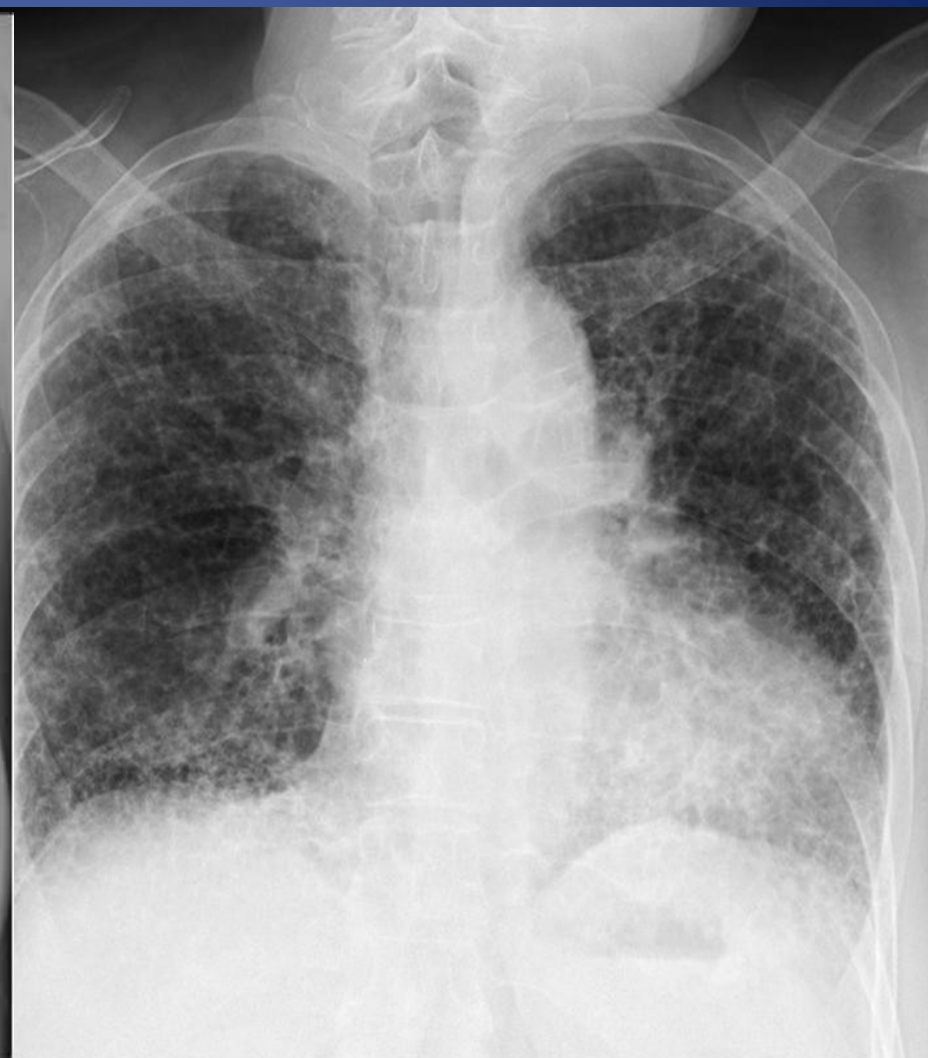
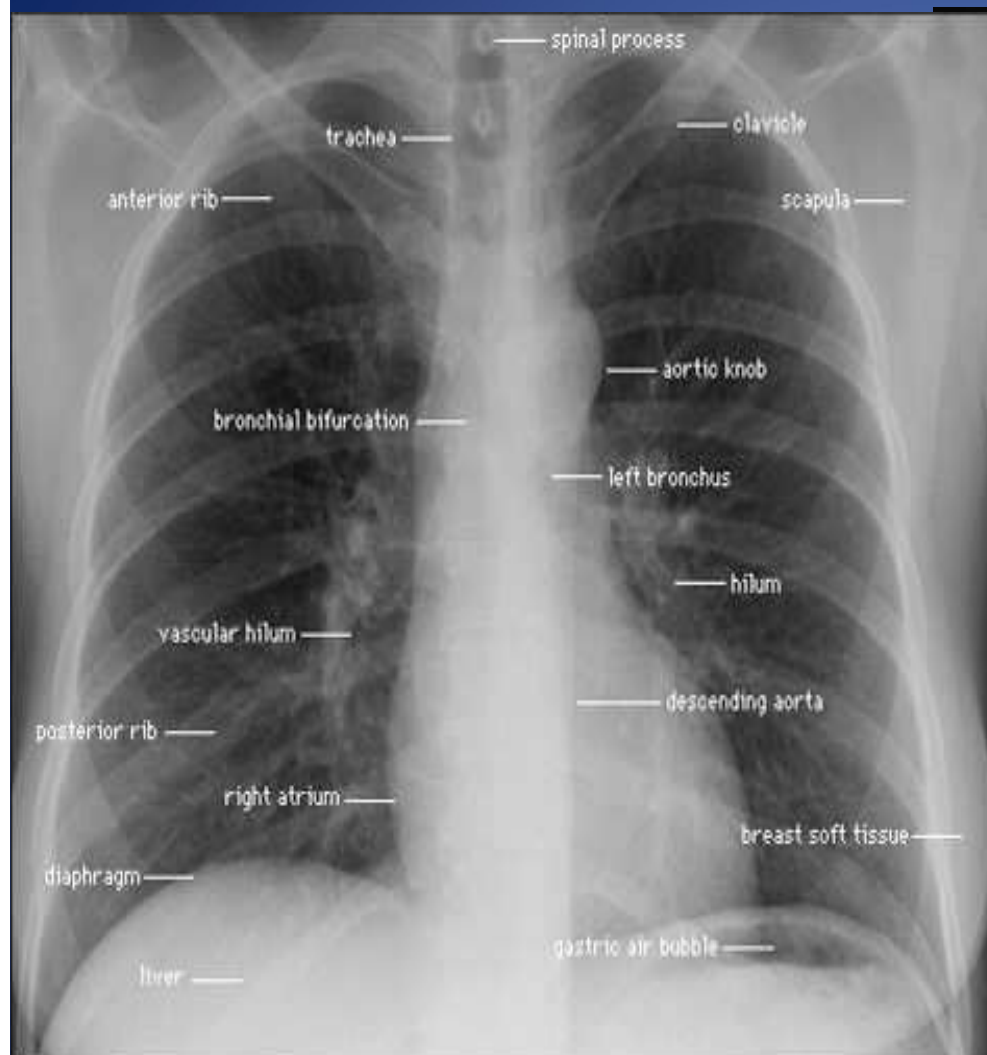
Le patologie Amianto correlate

Benigne

- Abestosi
- Placche Pleuriche
- Ispessimenti Pleurici
- Atelettasia Rotonde
- Versamenti Pleurici Recidivanti

Maligne

- Tumore Polmonare
- Mesotelioma (pleurico peritoneale etc)
- Laringe
- Altri distretti



Asbestosi



NAME _____

DATE _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTE OF DRUG ABUSE

Form No. DA-100-100

Rev. 10-1-77

1. NAME (Print)

First Name _____

Last Name _____

2. SEX

Male ☐ Female ☐

3. AGE

4. OCCUPATION

5. EDUCATION

6. MARITAL STATUS

Single ☐ Married ☐ Divorced ☐ Widowed ☐

7. ADDRESS

Street _____

City _____ State _____ Zip _____

8. PHONE NUMBER

Area Code _____ Number _____

9. EMPLOYER

Name _____ Address _____

10. REASON FOR REFERRAL

11. DATE OF REFERRAL

12. REFERRAL SOURCE

13. DATE OF BIRTH

14. DATE OF DEATH

15. DATE OF INTERVIEW

16. DATE OF REFERRAL

17. DATE OF REFERRAL

18. DATE OF REFERRAL

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81. DATE OF REFERRAL

1. FILM QUALITY

☐ 1
 ☐ 2
 ☐ 3
 ☐ LUR

(If not Grade 1, mark all boxes that apply)

☐

Overexposed (dark)

☐

Improper position

☐

Underinflation

☐

Underexposed (light)

☐

Poor contrast

☐

Mottle

☐

Artifacts

☐

Poor processing

☐

Other (please specify)

SCHEDA DI VALUTAZIONE QUALITATIVA DEI RADIOGRAMMI DEL TORACE IN POSTERO-ANTERIORE

DITTA _____ LABORATORIO _____

COGNOME _____ NOME _____

DATA NASCITA _____ DATA RX _____

	0	1	2	3	4	5	FRAZIONI
SOVRAESP. SOTTOESP.							
ERRATO RAPP. KV.mA							
SFUMATURA DA MOVIMENTO							
INSPIRAZIONE PROFONDA							
SIMMETRIA TORACE							
BORDI SCAPOLARI							
ANGOLI COSTO-FRENCI							
DIFETTI TECNICI							

PUNTEGGIO TOTALE:

GIUDIZIO CONCLUSIVO: ☐ SUFFICIENTE

☐ INSUFFICIENTE

DATA _____

FIRMA DEI COMPILATORI



?????

2A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?

YES

☐

Complete Sections
2B and 2C

NO

☐

Proceed to
Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY

SECONDARY

p	s
q	t
r	u

p	s
q	t
r	u

b. ZONES

R L

UPPER	☐	☐
MIDDLE	☐	☐
LOWER	☐	☐

c. PROFUSION

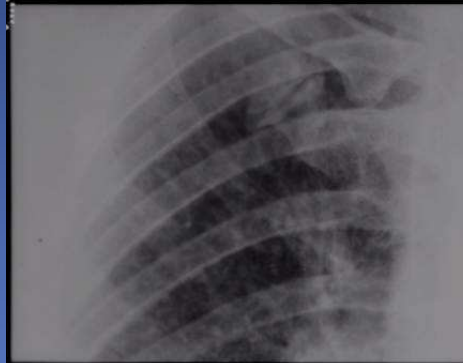
0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C. LARGE OPACITIES

SIZE

O	A	B	C
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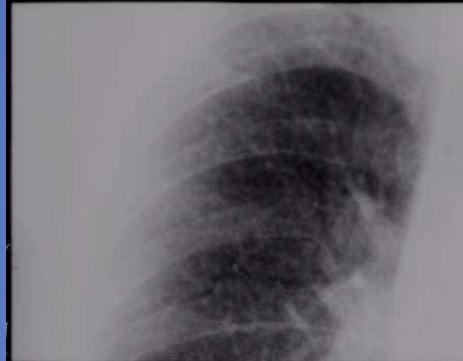
Proceed to
Section 3A



p



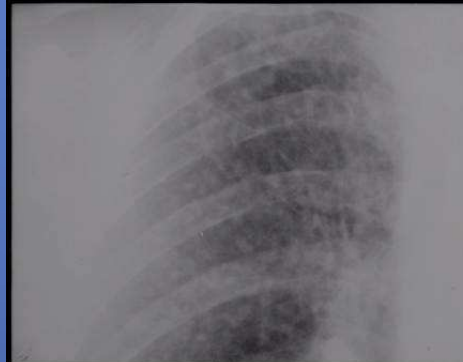
s



q



t



r



u

Profusione?



2A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?

YES ☐ Complete Sections
2B and 2C NO ☐ Proceed to
Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY		SECONDARY	
p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES

	R	L
UPPER	☐	☐
MIDDLE	☐	☐
LOWER	☐	☐

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C. LARGE OPACITIES

SIZE ☐ O ☐ A ☐ B ☐ C Proceed to
Section 3A

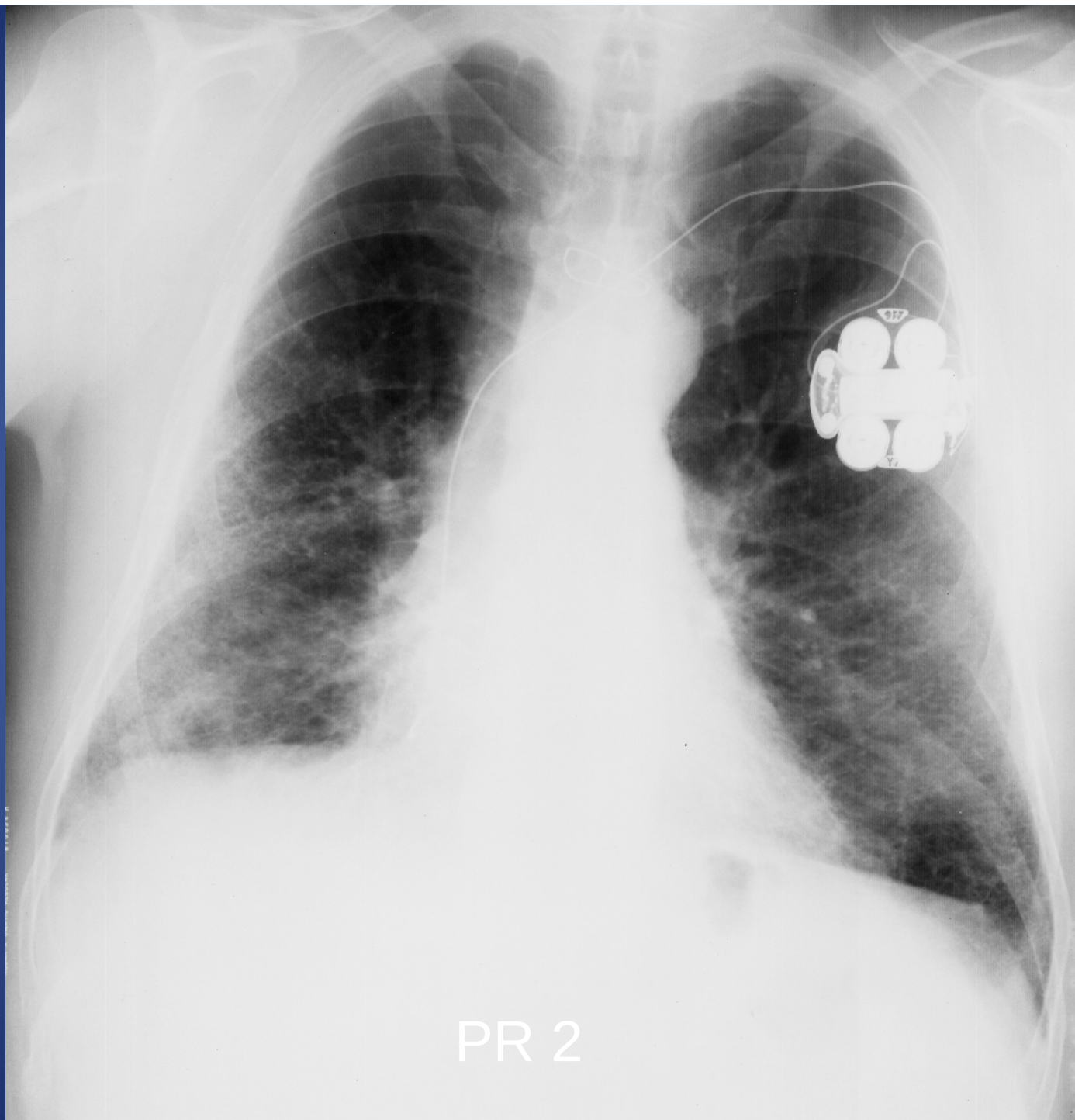
s/t 1/1

s/s 2/2

s/s 3/3

s/t 3/3





PR 2



TYPE OF FILM

1. FILM QUALITY

☒ 2 ☐ 3 ☐ U/R

(If not Grade 1, mark all boxes that apply)

☐ Overexposed (dark)

☐ Underexposed (light)

☐ Artifacts

TYPE OF READING

☐ A ☐ B ☒ P

2. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES ☒ Complete Sections 2B and 2C NO ☐ Proceed to Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY	SECONDARY
☒ p	☒ p
☐ q	☐ q
☐ r	☐ r
☐ t	☐ t
☐ u	☐ u

b. ZONES

	R	L
UPPER	☐	☐
MIDDLE	☒	☒
LOWER	☒	☒

c. PROFUSION

0/-	0/0	0/1
☐	☐	☐
☐	☐	☐
☐	☐	☒
☐	☐	☐
☐	☐	☐

2C. LARGE OPACITIES

SIZE ☒ A ☐ B ☐ C

Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES ☐ Complete Sections 3B, 3C NO ☒ Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)						
In profile	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a						
Face on	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b						
Diaphragm	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	> 1/2 of lateral chest wall = 3	> 10 mm = c						
Other site(s)	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	<table border="1"><tr><td>☐</td><td>☐</td><td>☐</td></tr></table>	☐	☐	☐	<table border="1"><tr><td>☐</td><td>☐</td><td>☐</td></tr></table>	☐	☐	☐
☐	☐	☐								
☐	☐	☐								

3C. COSTOPHRENIC ANGLE OBLITERATION

☐ R ☐ L

Proceed to Section 3D

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES?

YES ☒ Complete Sections 4B, 4C, 4D, 4E NO ☐ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

☐ na ☐ at ☐ ax ☒ ca ☐ cg ☐ cn ☐ co ☐ cp ☐ cv ☐ di ☐ ef ☐ em ☐ es ☐ fr ☐ hi ☒ ki ☒ me ☐ pa ☐ pb ☐ pl ☐ px ☐ ra ☐ rp ☐ th

☐ OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D)

Date Physician or Worker notified?

MONTH DAY YEAR

4E. Should worker see personal physician because of findings in section 4? YES ☐ **NO** ☒

Proceed to Section 5

5. PHYSICIAN'S Social Security Number*

_____-_____-_____-_____-_____-_____-

FILM READER'S INITIALS

_____-_____-

DATE OF READING

MONTH DAY YEAR

LAST NAME - STREET ADDRESS

_____-_____-_____-_____-_____-_____-

CITY

_____-_____-_____-_____-_____-_____-

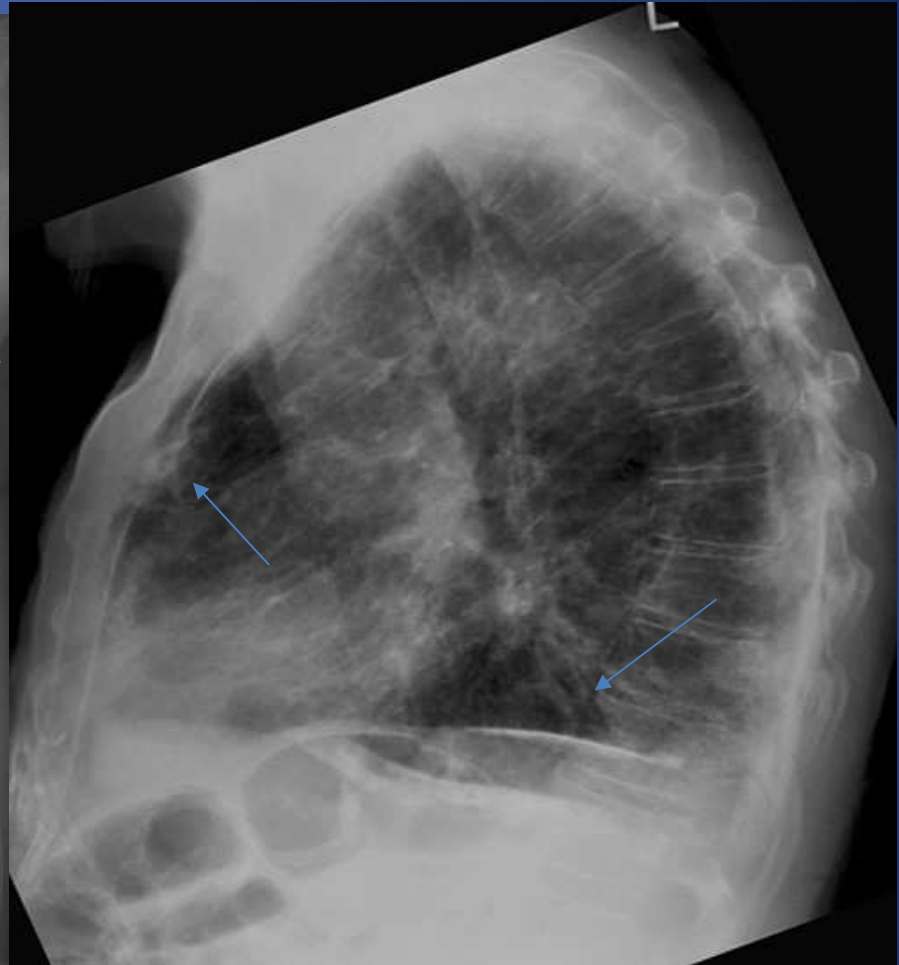
STATE

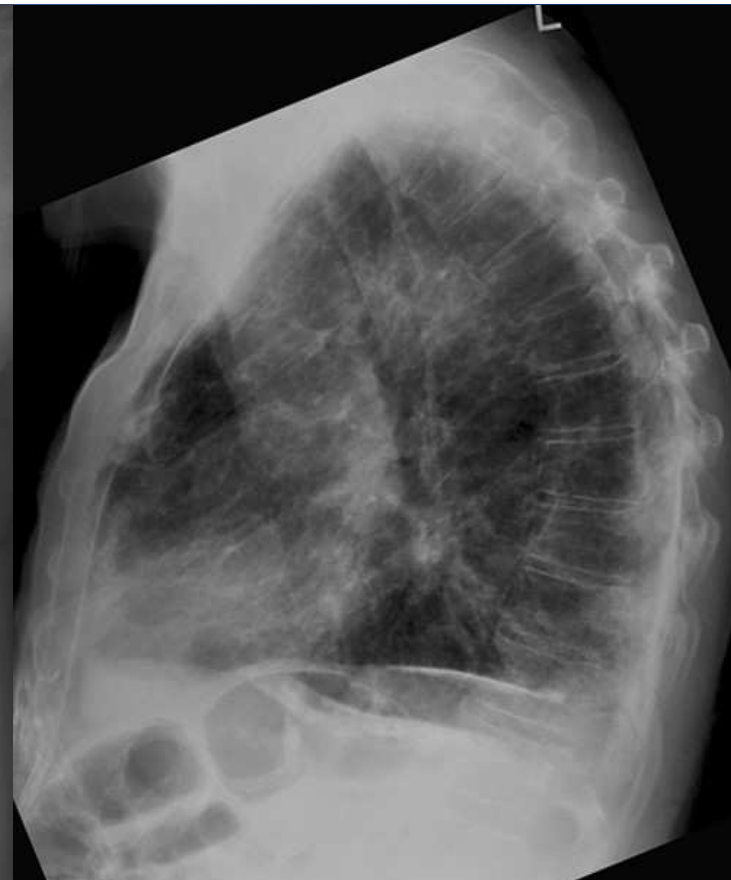
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ZIP CODE

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Placche pleuriche





3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L ☐ 1 ☐ 2 ☐ 3 ☐ 1 ☐ 2 ☐ 3	☐ O ☐ R ☐ O ☐ L ☐ a ☐ b ☐ c ☐ a ☐ b ☐ c

3C. COSTOPHRENIC ANGLE OBLITERATION

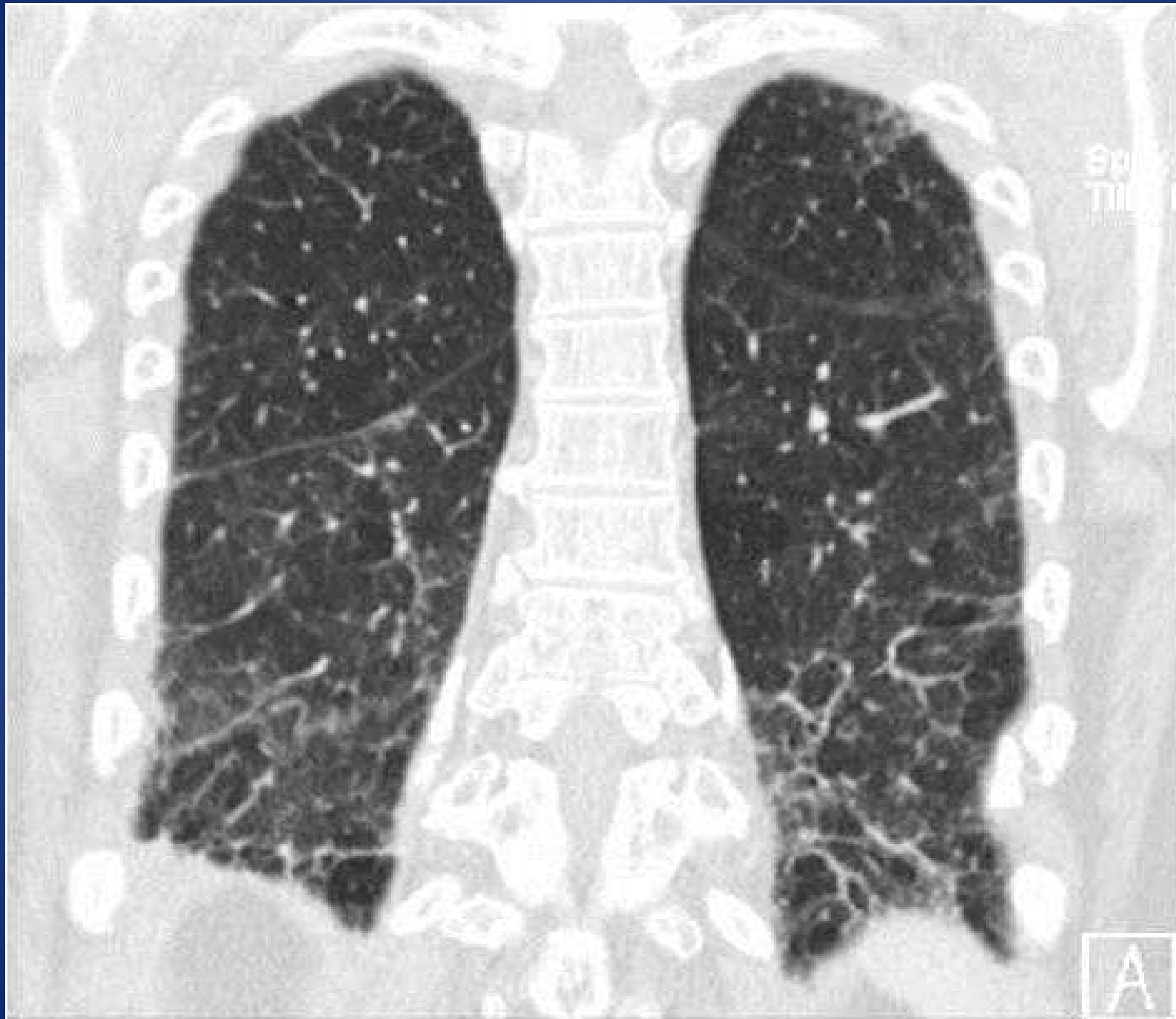
☐ R ☐ L

Proceed to
Section 3D

NO ☐ Proceed to
Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	☐ O ☐ R ☐ L	☐ O ☐ R ☐ L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			☐ O ☐ R ☐ O ☐ L ☐ 1 ☐ 2 ☐ 3 ☐ 1 ☐ 2 ☐ 3	☐ O ☐ R ☐ O ☐ L ☐ a ☐ b ☐ c ☐ a ☐ b ☐ c



INDICAZIONI ALLA HRCT

- Lo studio HRCT viene spesso eseguito anche quando il RX è negativo o dubbio, in caso di:
 - - sintomatologia respiratoria
 - - alterazione dei test funzionali / DL CO
 - - dati anamnestici significativi (es:
 - esposizione all'Asbesto)
 - - dissociazione clinico-funzionale vs RX
 - - placche pleuriche diffuse che mascherano il parenchima

CT-Classification (ICOERD - International Classification for Occupational and Environmental Respiratory Diseases)

ID-No.:		CT-No. / Date		Position	Quality
Name:	No. slices	Sequential	☐ KV	PRO	☐ 1
First name:	Slice thickness	Single slice spir.	☐ mA	SUP	☐ 2
Date of birth:	Window settings	Multi slice spir.	☐ sec	CM	☐ 3
		CTDI:	DLP:	BMI:	☐ 4

Is the film completely negative? No ☐ Yes ☐

Well defined rounded opacities		P = < 1,5 mm	no ☐ yes ☐	Predominant Size	
Q = 1,5 - 3 mm		no ☐ yes ☐			
R = > 3 - 10 mm		no ☐ yes ☐			
Zones / Profusion / Grade				Sum Grade	
Irregular and/or linear opacities		Intralobular	no ☐ yes ☐	Predominant Type	
Interlobular		no ☐ yes ☐			
Zones / Profusion / Grade				Sum Grade	
Inhomogeneous attenuation		Ground glass opacity	no ☐ yes ☐		
Honey-combing					
Emphysema					
Large opacities		A	U		
B		M			
C		L			
Predominant Parenchymal		RS	IR	GGO	HC
		EM	LO		

Pleural abnorm.		Parietal type	no ☐ yes ☐	Predominant type	
Visceral type		no ☐ yes ☐			
M		no ☐ yes ☐			
D		no ☐ yes ☐			
CPA blunted		R	L		
Extent / Width		U	R	L	
M					
L					
Pleural calcifications		no ☐ yes ☐	Localisation	W	M
				D	

Comments / Summary

Date		Signature	
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Classificazione ICOERD

CT-Classification of Occupational and Environmental Respiratory Diseases (IC- OERD)

SCHEDA ICOERD

CT-Classification (ICOERD - International Classification for Occupational and Environmental Respiratory Diseases)

ID-No.:										CT-No. / Date										Position		Quality	
Name: First name: Date of birth:										No. slices		Sequential		☐ kV		PRO		☐ 1		☐			
										Slice thickness		Single slice spir.		☐ mA		SUP		☐ 2		☐			
										Window settings		Multi slice spir.		☐ sec		CM		☐ 3		☐			
												CTDI		DLP		RAM		4		☐			

Is the film completely negative? ☐ No ☐ Yes

Well defined isolated opacities										P = < 1,5 mm										☐ No ☐ Yes		Predominant Size		Zones / Profusion / Grade										Sum Grade		☐ No ☐ AX ☐ BC ☐ BR ☐ BU ☐ CA ☐ CG ☐ CV ☐ DI ☐ DO ☐ EF ☐ EG ☐ FP ☐ FR ☐ HI ☐ ME ☐ MP ☐ OD ☐ PD																																																
☐ No ☐ Yes										Q = 1,5 - 3 mm ☐ No ☐ Yes										Predominant Type		<table border="1"> <tr><td colspan="10">R</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>U</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>M</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>L</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> </table>										R											0	1	2	3	0	1	2	3	U	☐	☐	☐	☐	☐	☐	☐	☐	☐	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	L	☐	☐	☐	☐	☐	☐	☐	☐	☐	Sum Grade			
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R = > 3 - 10 mm ☐ No ☐ Yes																																																																																				

Irregular and/or linear opacities										Intraalveolar										☐ No ☐ Yes		Predominant Type		Zones / Profusion / Grade										Sum Grade		☐ No ☐ AX ☐ BC ☐ BR ☐ BU ☐ CA ☐ CG ☐ CV ☐ DI ☐ DO ☐ EF ☐ EG ☐ FP ☐ FR ☐ HI ☐ ME ☐ MP ☐ OD ☐ PD																																																
☐ No ☐ Yes										Interlobular ☐ No ☐ Yes										Predominant Type		<table border="1"> <tr><td colspan="10">R</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>U</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>M</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>L</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> </table>										R											0	1	2	3	0	1	2	3	U	☐	☐	☐	☐	☐	☐	☐	☐	☐	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	L	☐	☐	☐	☐	☐	☐	☐	☐	☐	Sum Grade			
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Lung										Inhomogeneous attenuation										☐ No ☐ Yes		Ground glass opacity										☐ No ☐ Yes		Zones / Profusion / Grade										Sum Grade		☐ No ☐ AX ☐ BC ☐ BR ☐ BU ☐ CA ☐ CG ☐ CV ☐ DI ☐ DO ☐ EF ☐ EG ☐ FP ☐ FR ☐ HI ☐ ME ☐ MP ☐ OD ☐ PD																																						
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Honey-combing										Emphysema										☐ No ☐ Yes		Zones / Profusion / Grade										Sum Grade		☐ No ☐ AX ☐ BC ☐ BR ☐ BU ☐ CA ☐ CG ☐ CV ☐ DI ☐ DO ☐ EF ☐ EG ☐ FP ☐ FR ☐ HI ☐ ME ☐ MP ☐ OD ☐ PD																																																		
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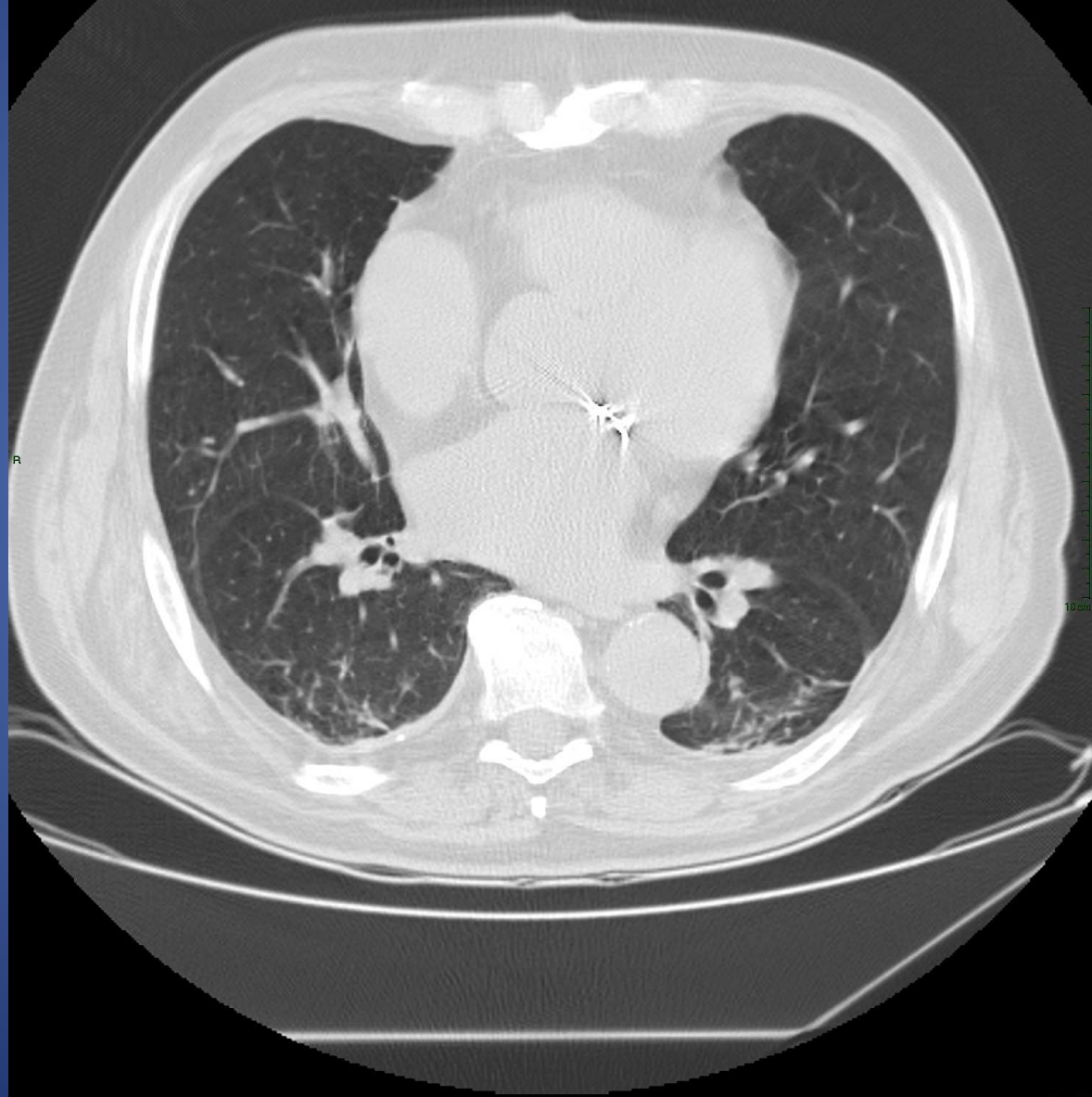
Scheda ICOERD II parte

Large opacities no ☐ yes ☐		A ☐ B ☐ C ☐	R U ☐ M ☐ L ☐	L ☐ ☐ ☐	Predominant Parenchymal no ☐ H ☐ GGO ☐ HE ☐ GH ☐ LD ☐	☐ PA ☐ SC ☐ TB ☐ TD																																									
Pleura	Pleural abnormalities no ☐ yes ☐	W parietal type no ☐ yes ☐ visceral type no ☐ yes ☐	Measurement Type ☐	CPA blunted R ☐ L ☐	R U ☐ M ☐ L ☐	L ☐ ☐ ☐	Extent / Width <table border="1"> <thead> <tr> <th colspan="4">R</th> <th colspan="4">L</th> </tr> <tr> <th>0</th><th>1</th><th>2</th><th>3</th> <th>0</th><th>1</th><th>2</th><th>3</th> </tr> </thead> <tbody> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> <td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> </tbody> </table>	R				L				0	1	2	3	0	1	2	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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Pleural calcifications no ☐ yes ☐		Localisation W ☐ M ☐ D ☐																																													
Comments / Summary 																																															
Date			Signature																																												

VA 07 - 0.1 (inglese)

NOBENI BRUNO
895 944117FGRN44E21H501V
21/05/1944
N. richiesta: RIS3527210
Pos: -205.25 mm
SL141
Patient Pos: HFS
Study Desc: TC TORACE AD ALTA RIS0
Series Desc: TORACE
◀ 102 - 141 ▶

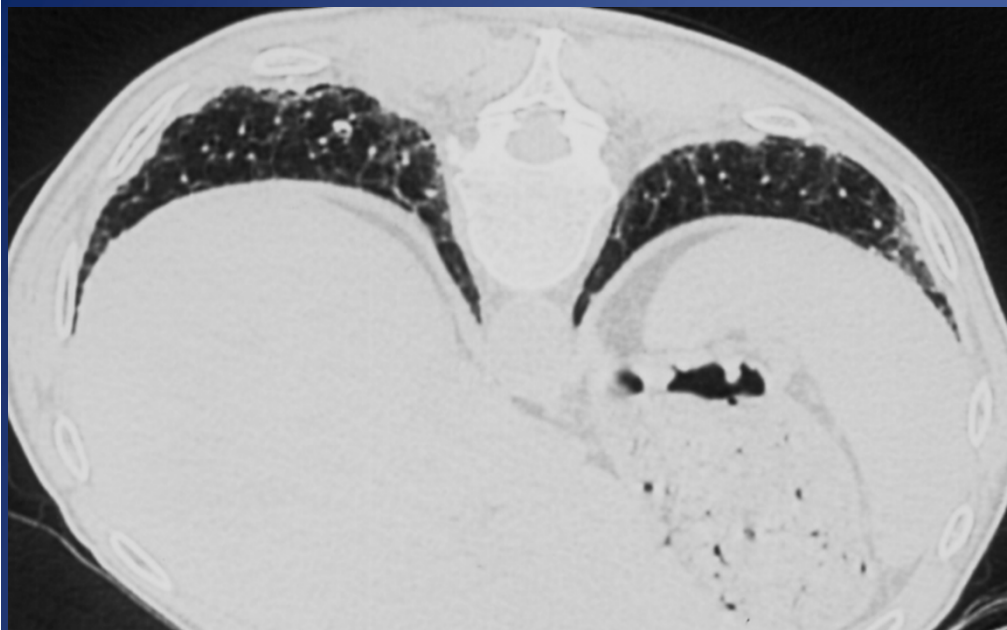
ASLVT Osp. Civile Coblenza
18/02/2014 15:34:04
GE MEDICAL SYSTEMS HiSpeed DX
120kV, 578mAs
SC: 500.00 mm
UF: 2.50 mm
344% Pixel



Collega 1

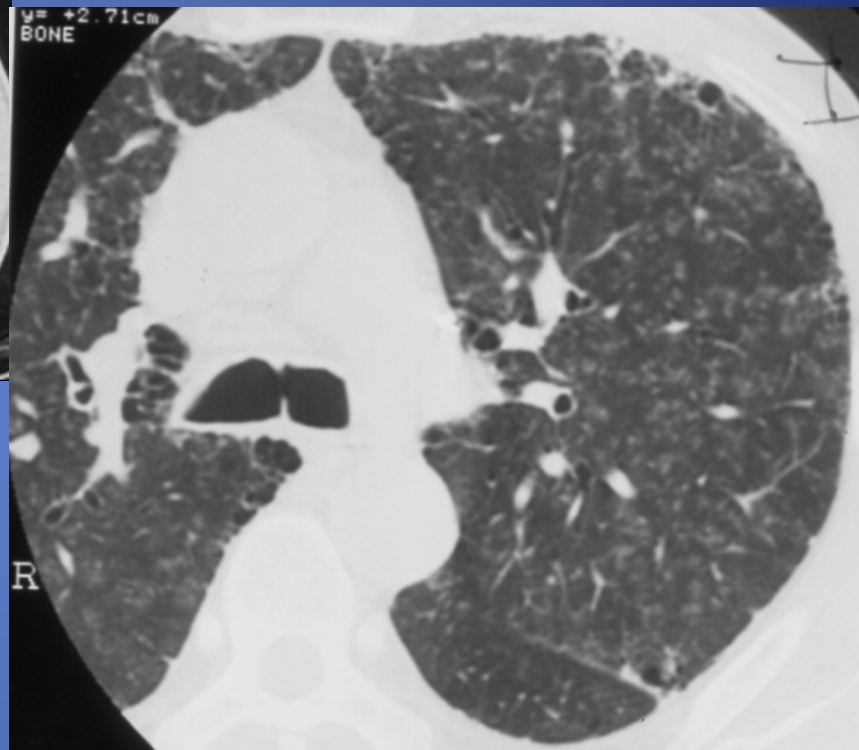
P

C: 546
W: 1019



IRR G 1

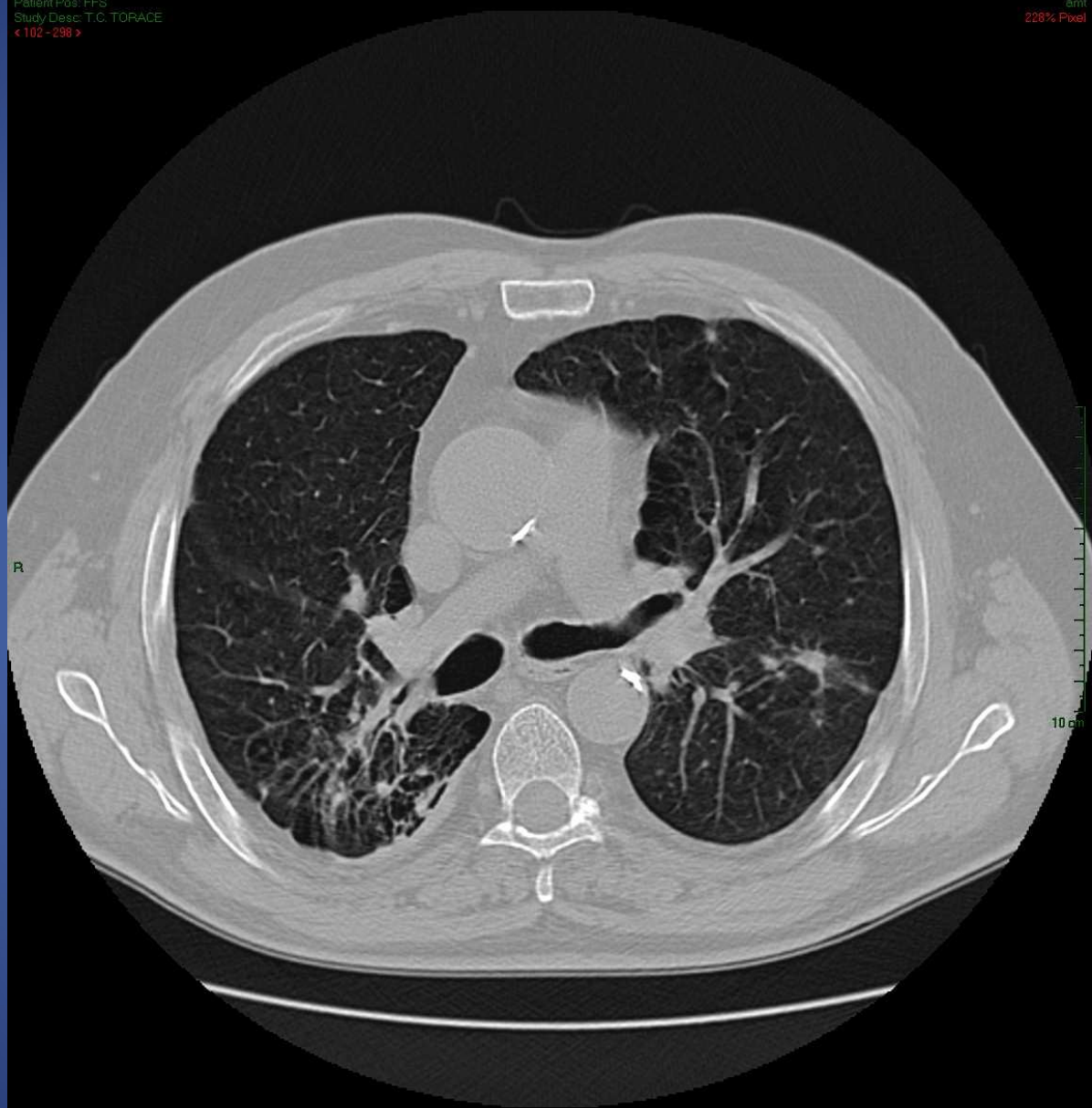
SET ICOERD



IRR GR2

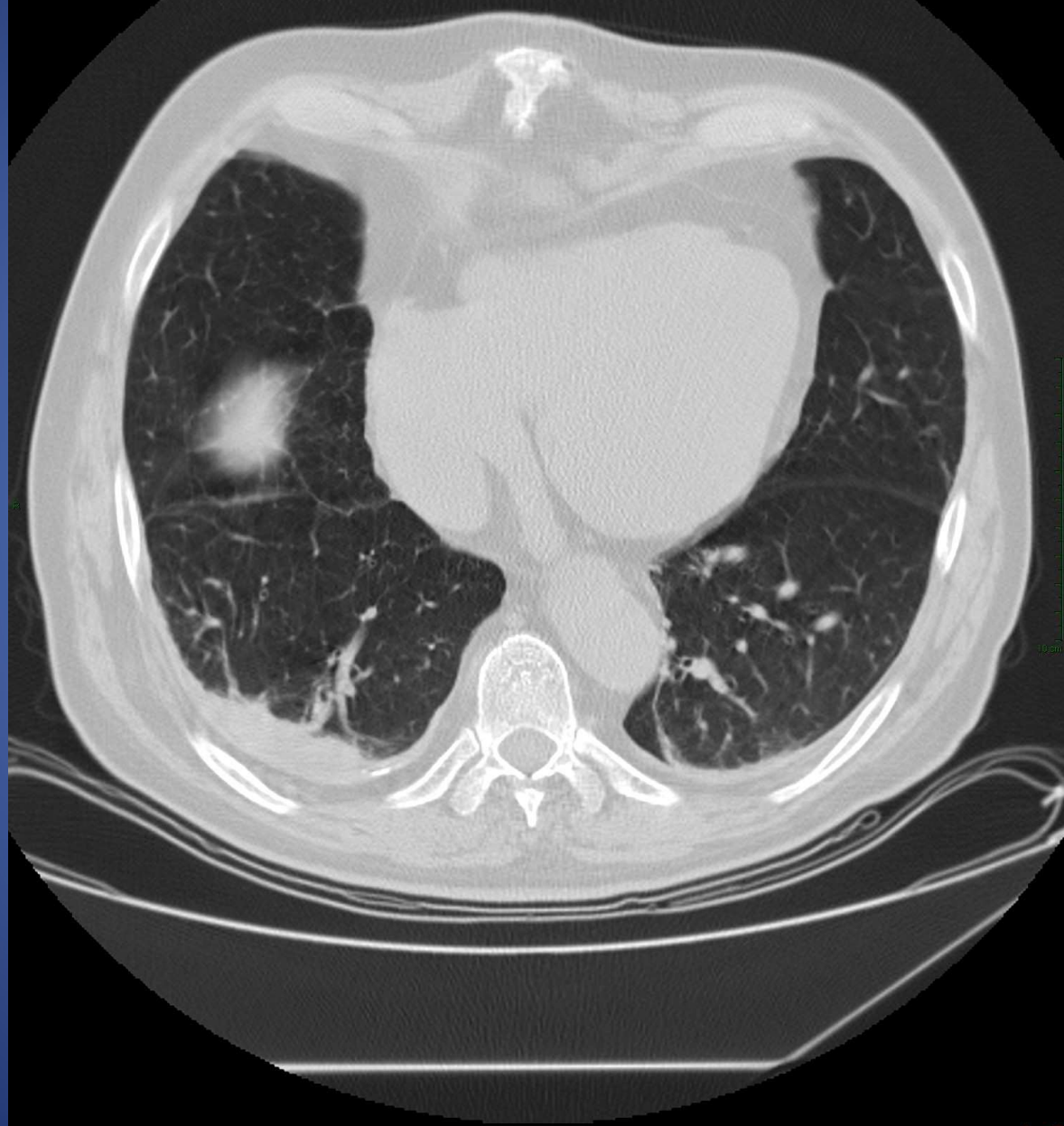
TOPINI ENZO
79S 8MM,665703
14/04/1932
N. richiesta: RIS2796110
Pos:-91.75 mm
SI:298
Patient Pos: FFS
Study Desc: T.C. TORACE
< 102 - 298 >

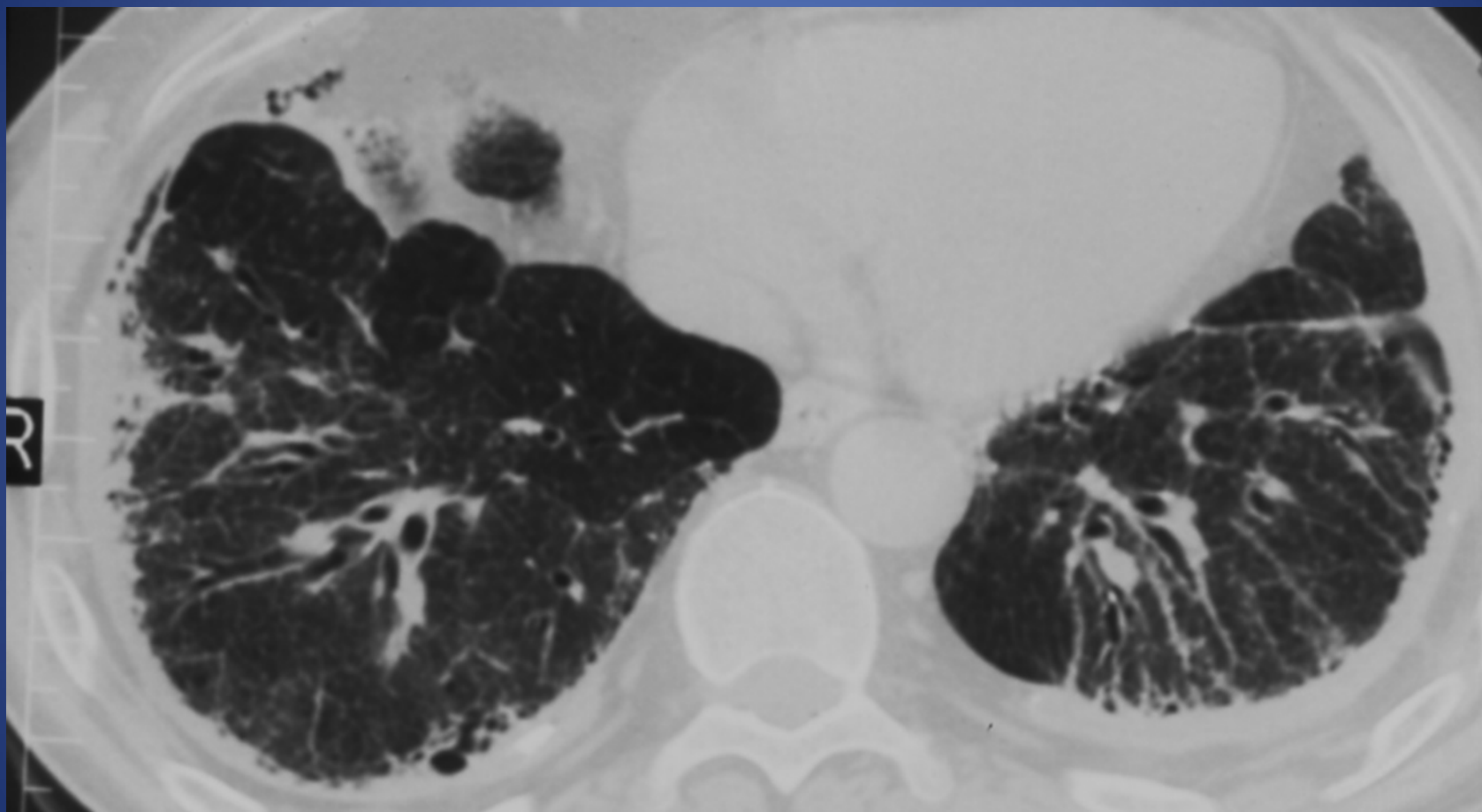
ASL VT Osp. Civile Castellana
03/01/2012, 16:11:17
GE MEDICAL SYSTEMS HiSpeed Qx/i
120kV, 3317mAs
SC:500.00 mm
LF 2.50 mm
amt
228% Pixel



NOBENI BRUNO
895 9444/FIDR44E21H501V
21/05/1944
N. richiesta: RIS3527210
Pos:-247.75 mm
SL175
Patient Pos: HFS
Study Desc: TC TORACE AD ALTA RIS0
Series Desc: TORACE
◀ 102 - 175 ▶

ASLVT Dsp. C-View Conditions
10/02/2014, 16:35:36
GE MEDICAL SYSTEMS HiSpeed QX
120kV, 578mAs
SC:500.00 mm
UF:250 mm
344% Pixel

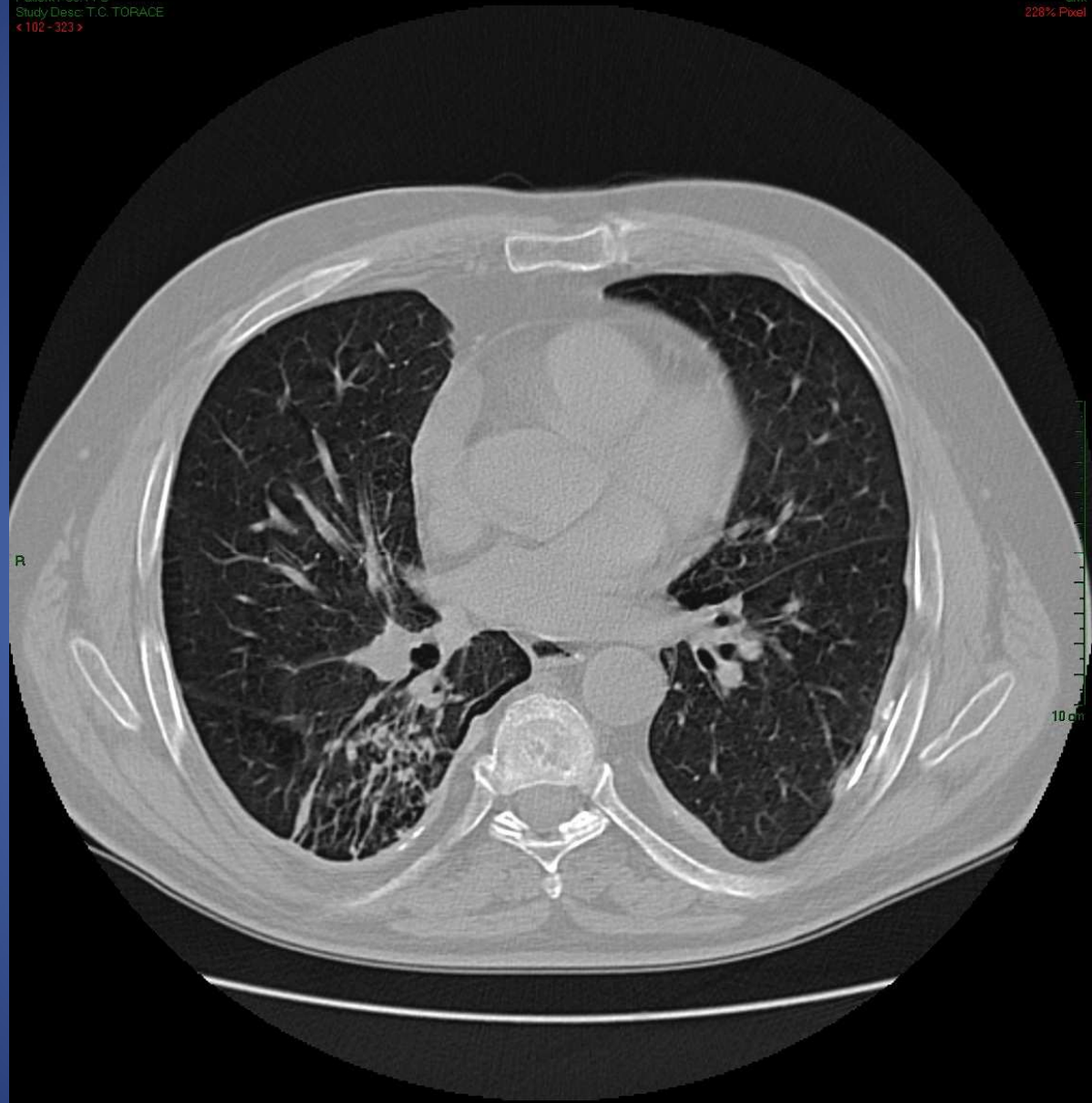




IRR G2

TOPINIZZO
79S 8MM,665703
14/04/1932
N. richiesta: RIS2796110
Pos:-123.00 mm
SI:323
Patient Pos: FFS
Study Desc: T.C. TORACE
◀ 102 - 323 ▶

ASL VT Osp. Civile Castellana
03/01/2012, 16:11:56
GE MEDICAL SYSTEMS HiSpeed QX/i
120kV, 3317mAs
SC:500.00 mm
LF:2.50 mm
amt
228% Pixel



MARRA ANTONIO SALVATORE
79S 7MM,27514926
19/12/1933
N. richiesta: RIS3344853
Pos:-253.00 mm
SI:190
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: TORACE 5/5
< 102 - 190 >

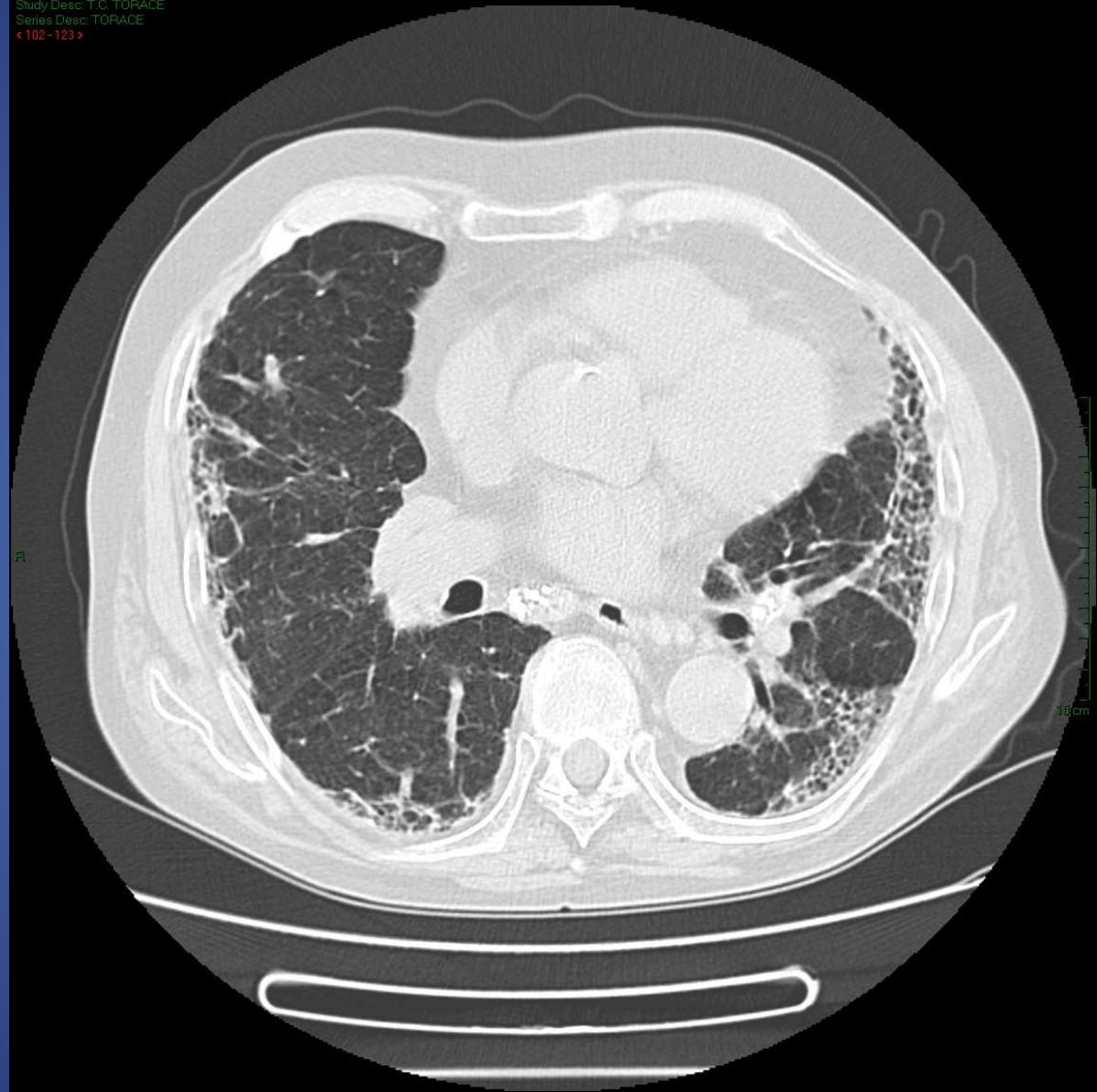
ASL VT Osp. Civile Castellana
16/08/2013, 16:27:52
GE MEDICAL SYSTEMS HiSpeed QX/i
120kV, 630mA
SC:500.00 mm
LF:2.50 mm
amt
255% Pixel

IRR G1
BP
PLACCA
DIAFR SIN
HO 1



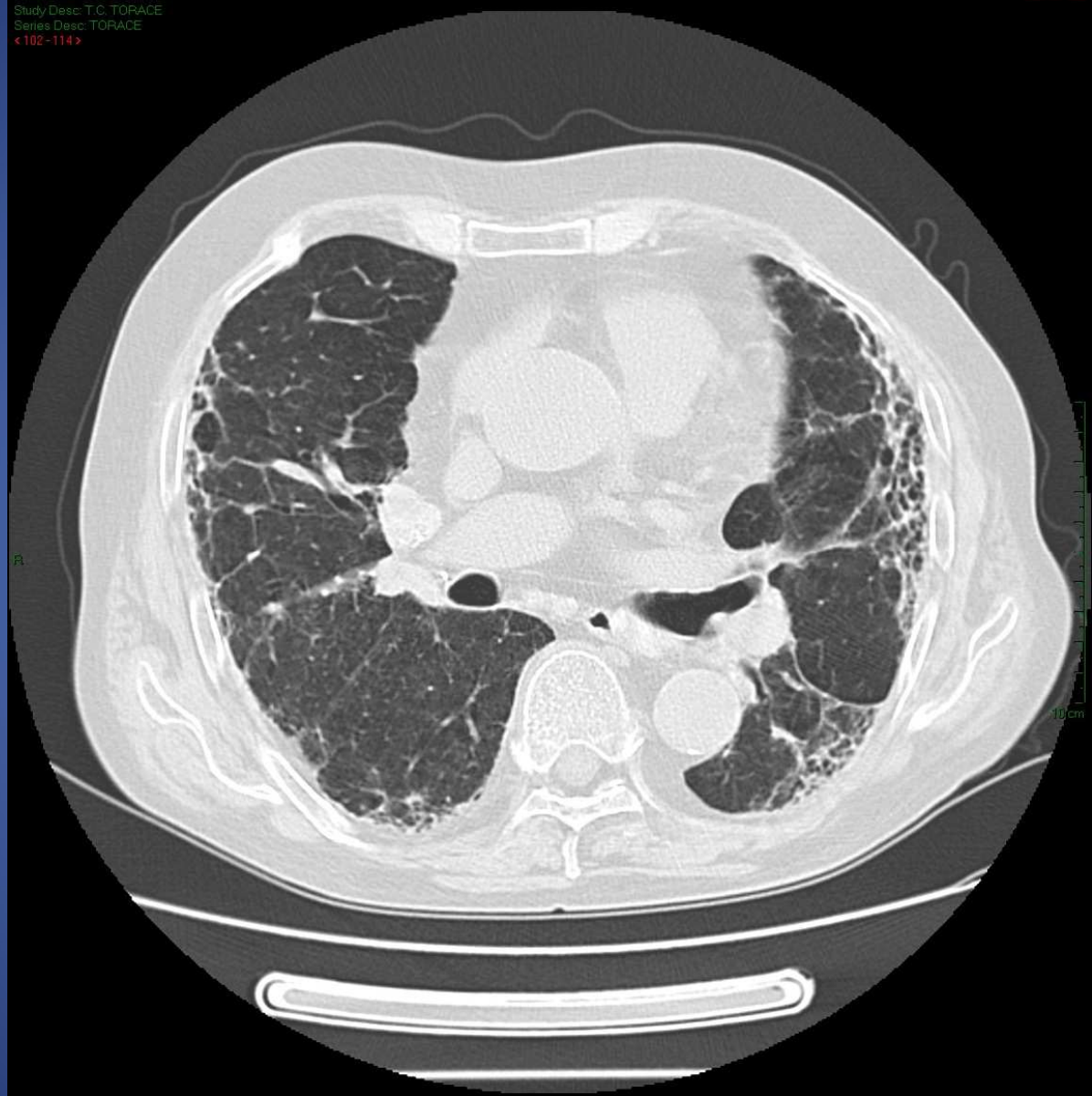
AGOSTINELLI MASSIMO
65S 2MM,28116606
17/09/1949
N. richiesta: RIS3736793
Pos:-188.50 mm
SI:123
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: TORACE
< 102 - 123 >

ASL VT Osp. Civile Castellana
04/12/2014, 09:20:17
GE MEDICAL SYSTEMS HiSpeed Qx/i
120kV, 3317mAs
SC:500.00 mm
LF 2.50 mm
225% Pixel

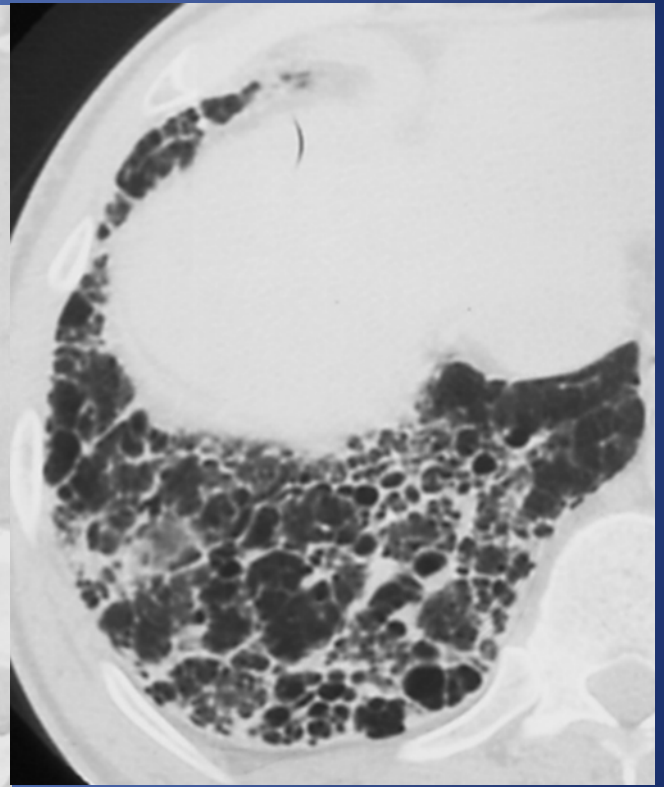
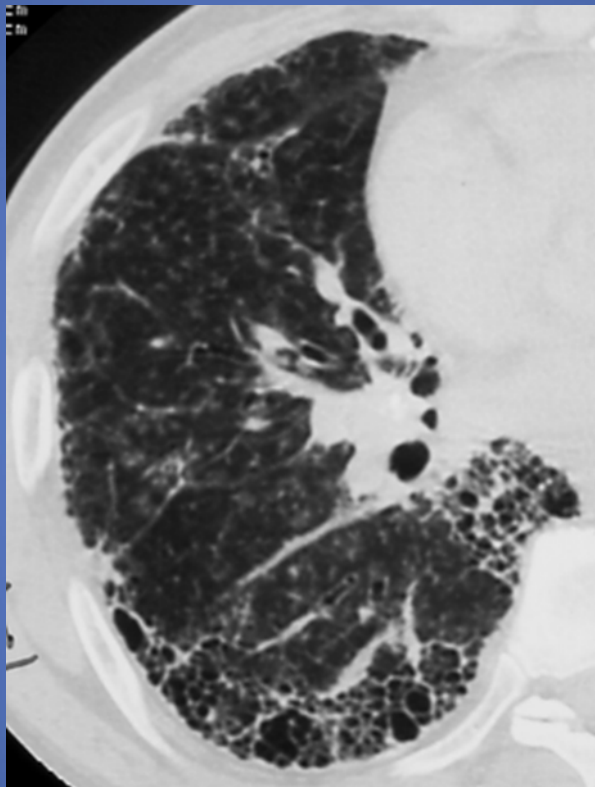
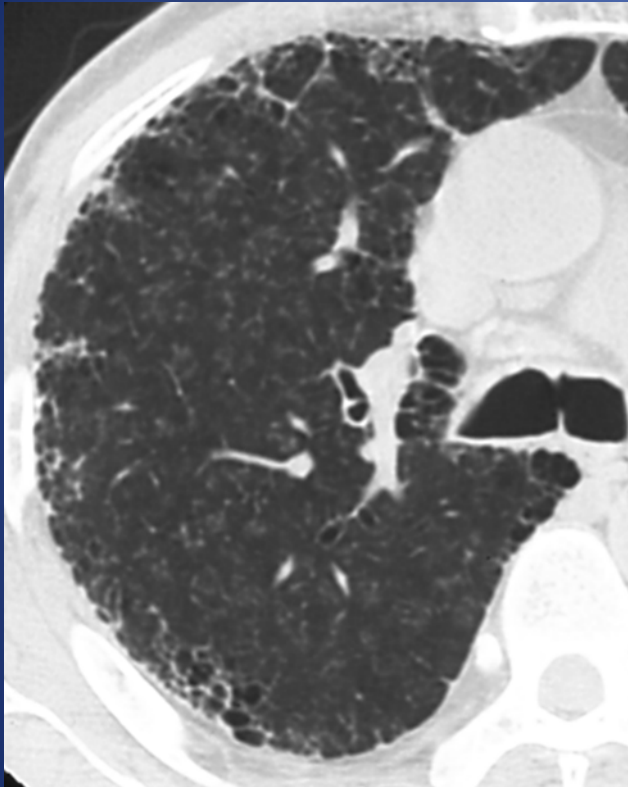


AGOSTINELLI MASSIMO
65S 2MM,28116606
17/09/1949
N. richiesta: RIS3736793
Pos:-177,25 mm
SI:114
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: TORACE
<102-114>

ASL VT Osp. Civile Castellana
04/12/2014, 09:20:04
GE MEDICAL SYSTEMS HiSpeed Qx/i
120kV, 3317mAs
SC:500.00 mm
LF:2.50 mm
225% Pixel



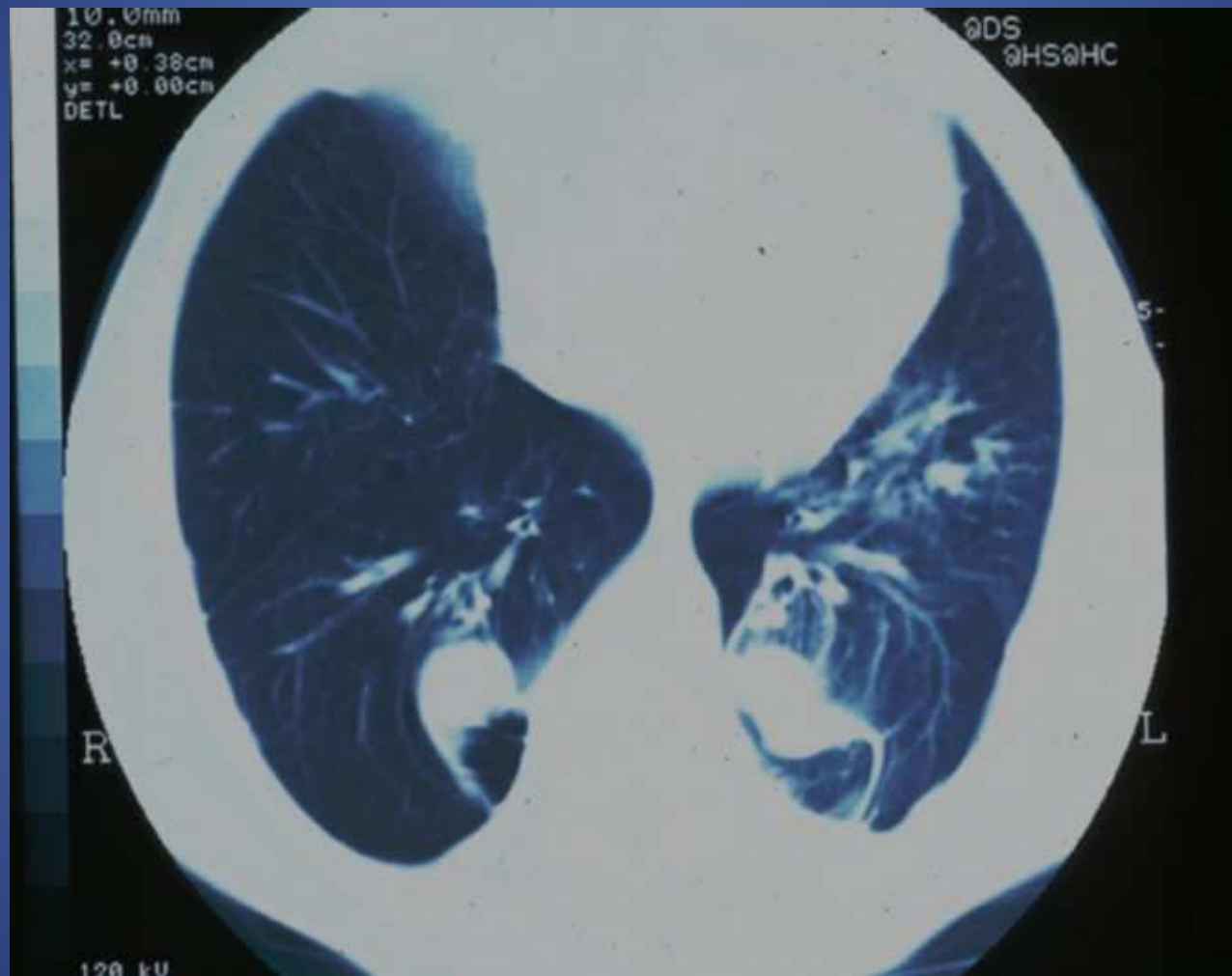
H O gr 1-2-3



NOFERINI BRUNO
895 94MM HFDGN44E21H501V
21/05/1944
N. richiesta: RIS3527210
Pos: -96.50 mm
SL54
Patient Pos: HFS
Study Desc: TC TORACE AD ALTA RIS0
Series Desc: TORACE
◀ 102 - 54 ▶

ASLVT Dsp. Oprib. Conditions
10/02/2014, 16:27:31
GE MEDICAL SYSTEMS HiSpeed QX
120kV, 578mAs
SC: 500.00 mm
LP: 2.50 mm
33% Pixel



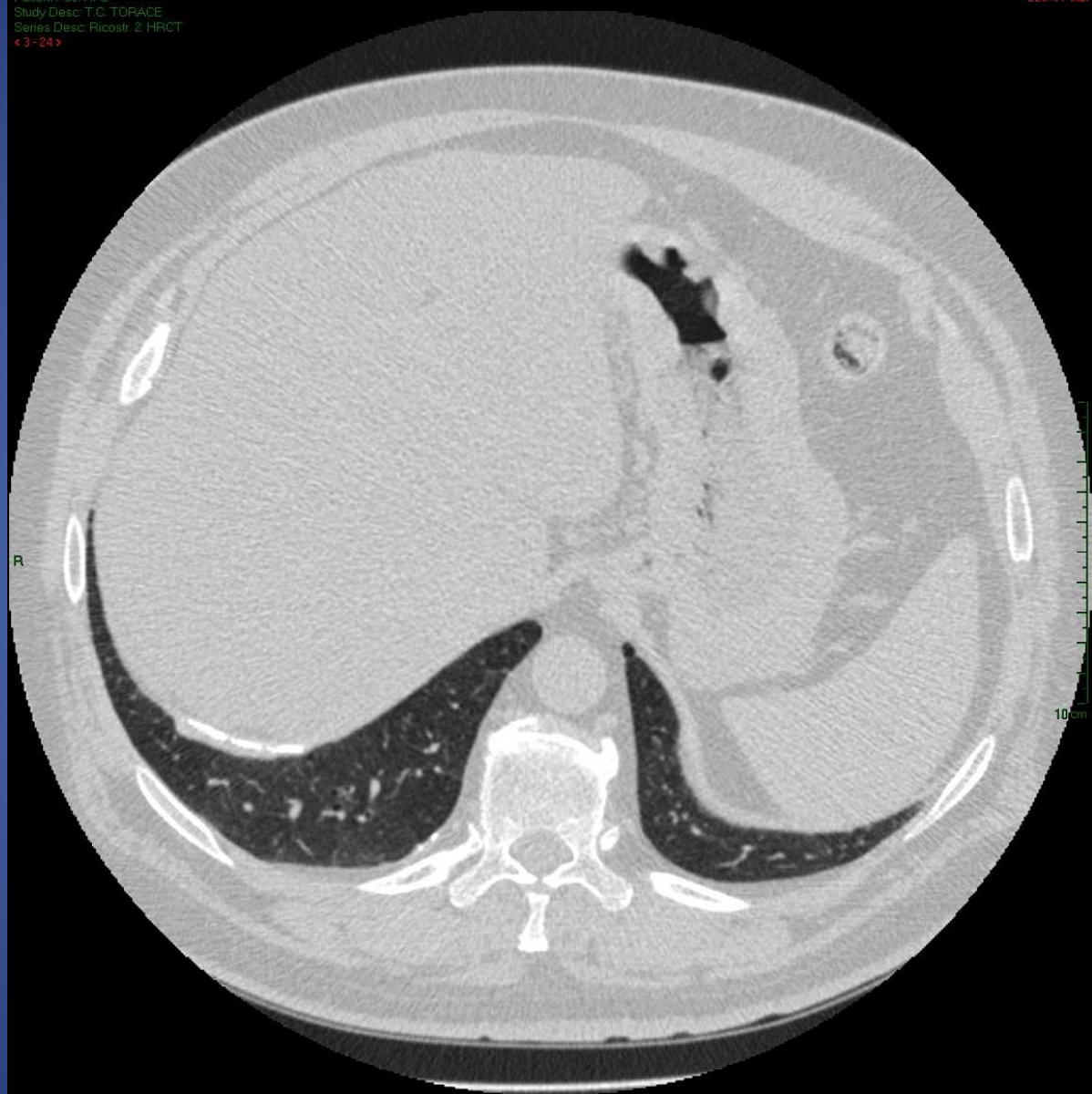


CGO 1-2



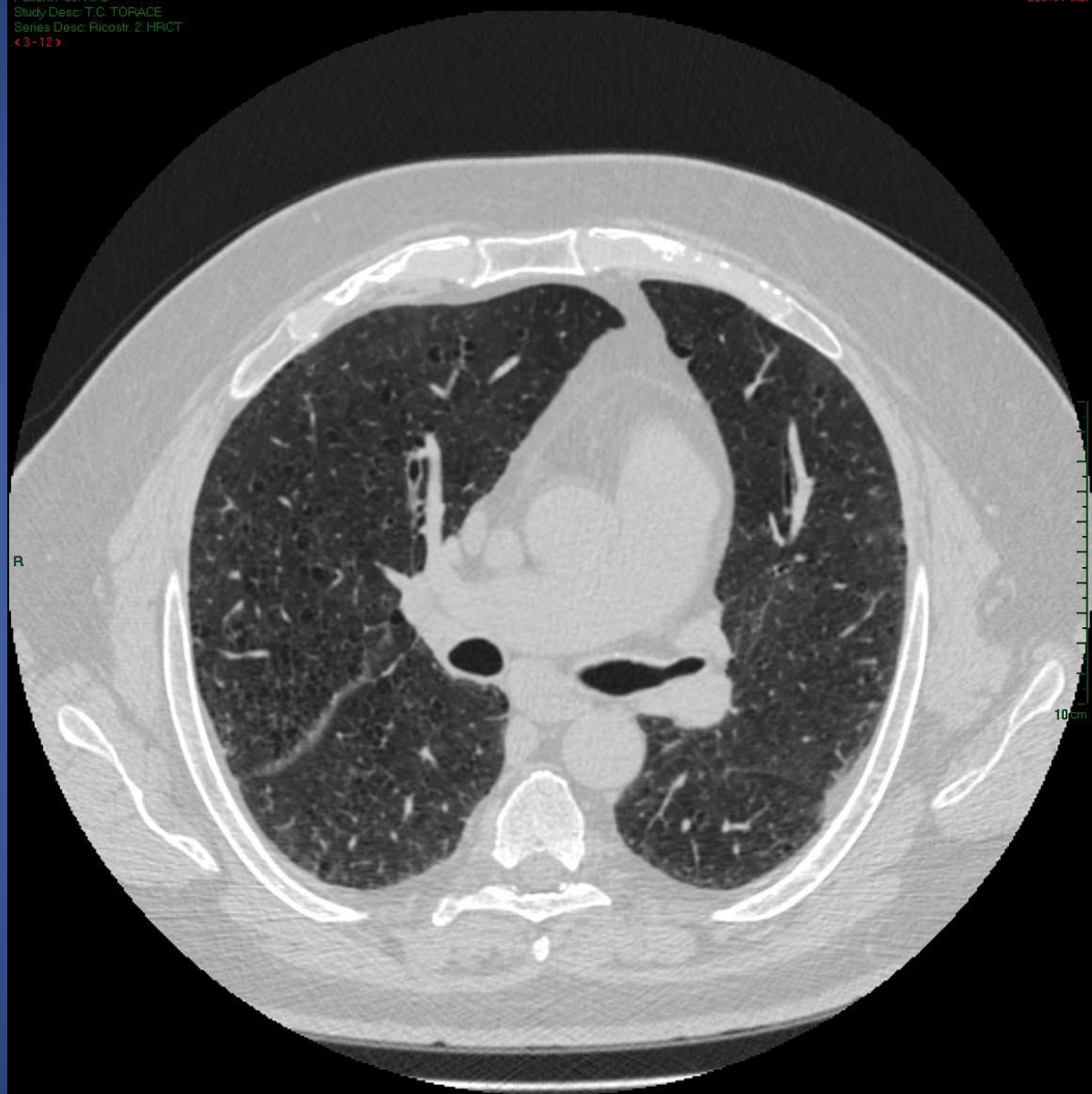
FRANCESCANGELI GIUSEPPE
58S 5M.M.31592595
31/08/1958
N. richiesta: RIS3707691
Pos: ~280,25 mm
SL: 24
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: Ricostr. 2: HRCT
◀ 3 - 24 ▶

ASL VT Osp. Civita Castellana
12/02/2015, 09.40.13
GE MEDICAL SYSTEMS HiSpeed QX/i
120kV, 140mAs
SC: 500,00 mm
LF: 1,25 mm
226% Pixel



FRANCESCANGELI GIUSEPPE
58S 5M.M.31592595
31/08/1958
N. richiesta: RIS3707691
Pos: -160,25 mm
SL12
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: Ricostr. 2: HRCT
◀ 3-12 ▶

ASL VT Osp. Civita Castellana
12/02/2015, 09:39:39
GE MEDICAL SYSTEMS HiSpeed QX/i
120kV, 140mAs
SC:500,00 mm
LF 1,25 mm
226% Pixel



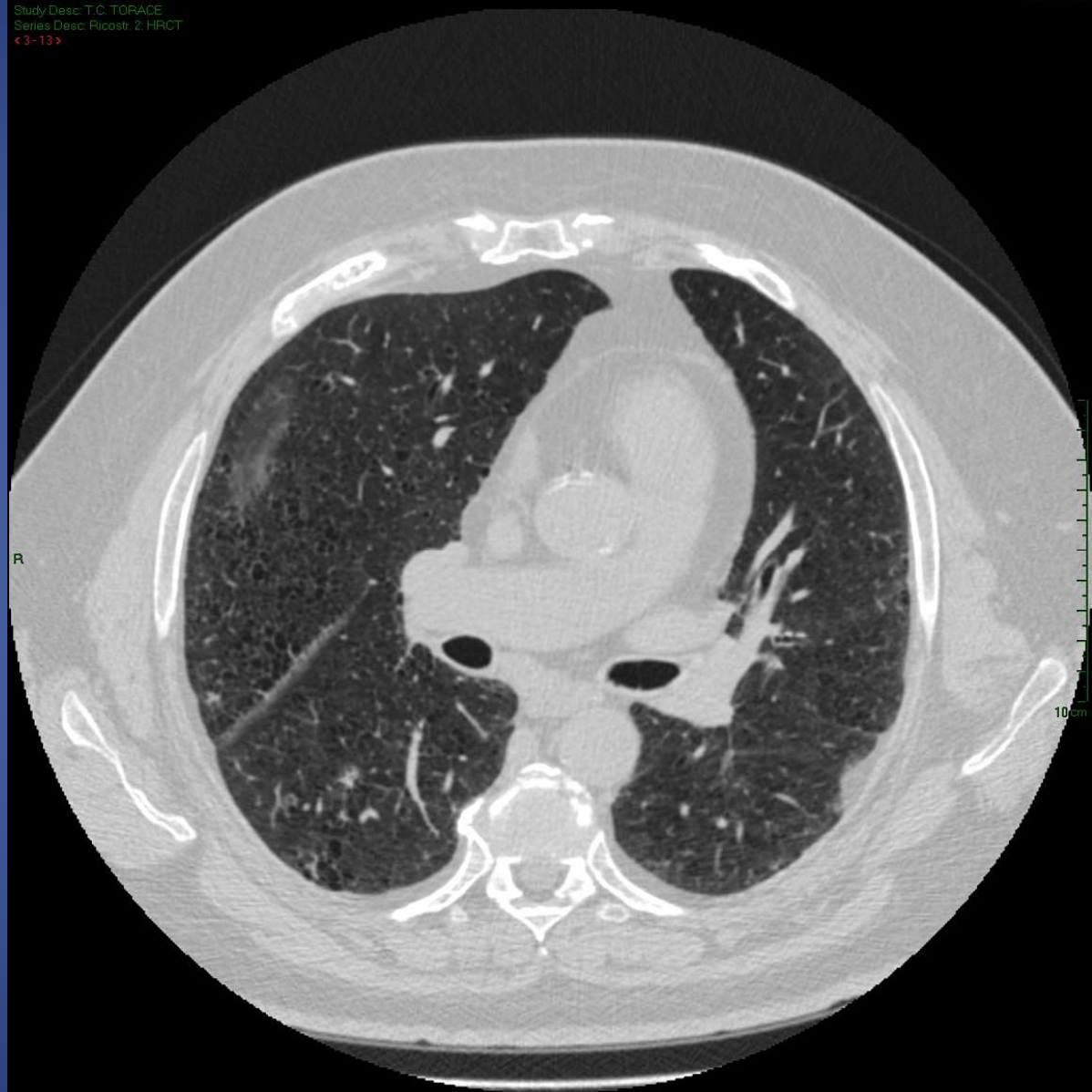
Collega 1

P

C -403
W 1610

FRANCESCANGELI GIUSEPPE
58S 5M.M.31592595
31/08/1958
N. richiesta: RIS3707691
Pos:-170,25 mm
SL13
Patient Pos: HFS
Study Desc: T.C. TORACE
Series Desc: Ricostr. 2: HRCT
◀ 3 - 13 ▶

ASL VT Osp. Civita Castellana
12/02/2015, 09:39:42
GE MEDICAL SYSTEMS HiSpeed QX/i
120kV, 140mAs
SC:500,00 mm
LF 1,25 mm
226% Pixel





Grazie per l'attenzione