



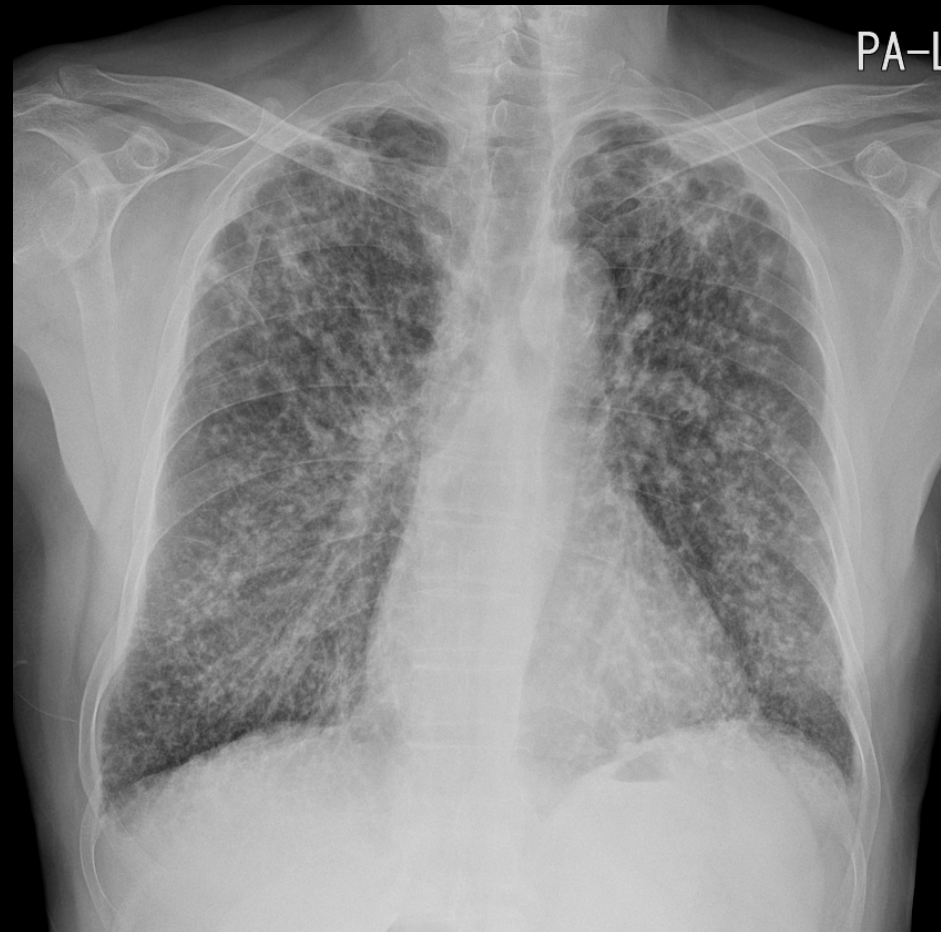
# 진폐증 판독 증례

대한흉부영상의학회 진폐증연구회

PA-L



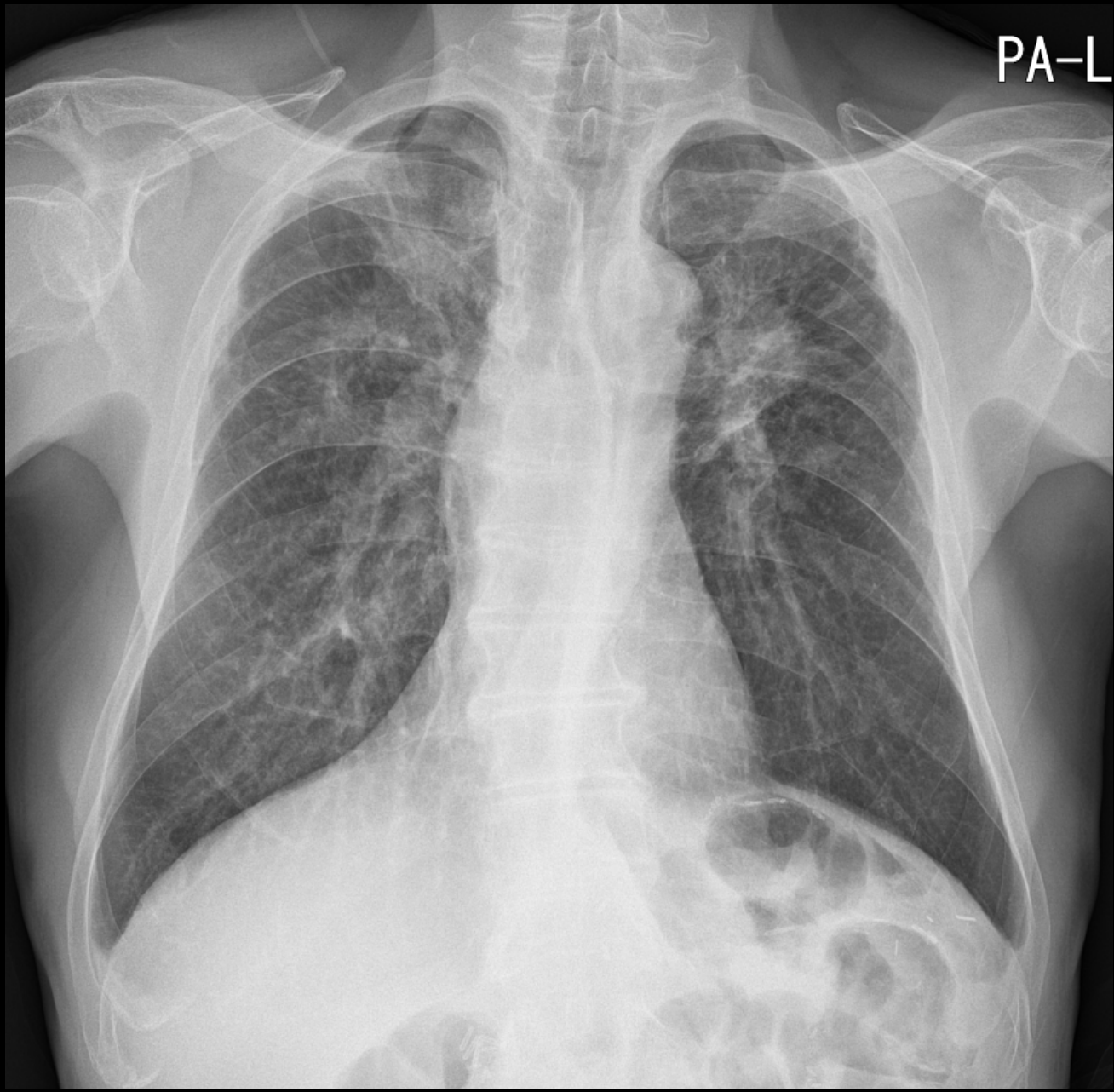
# 관 독 지(관독 평가용)



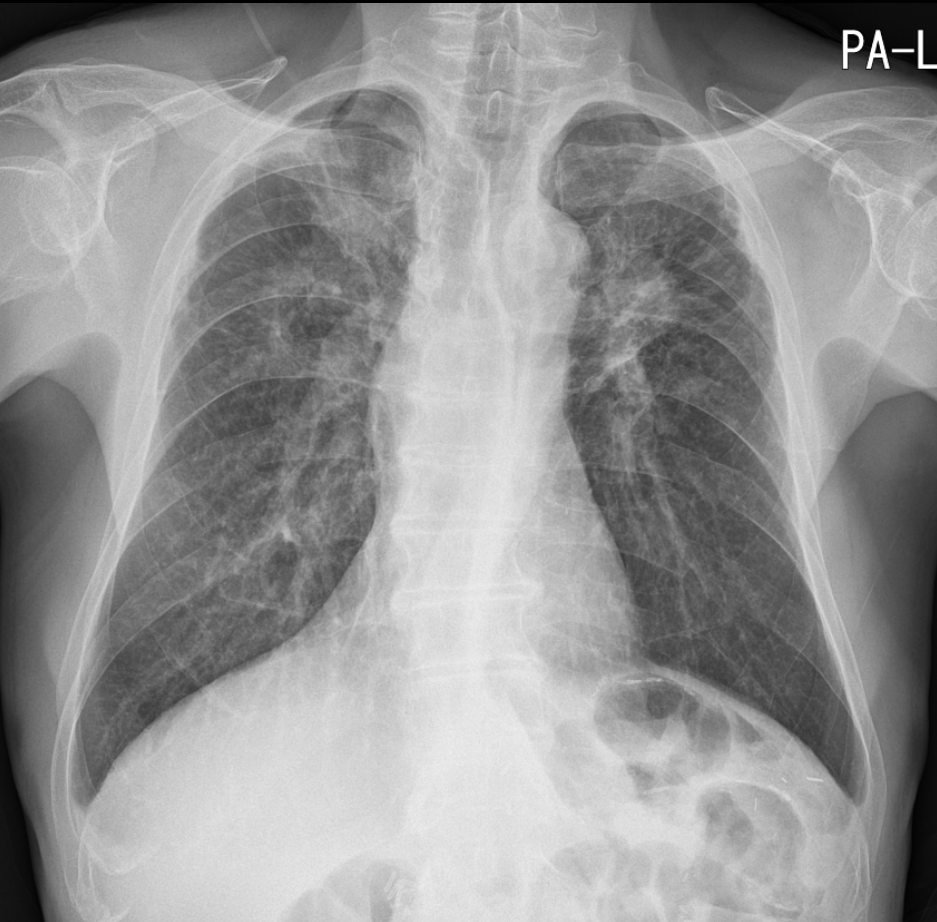
PA-1

1. 사진의 질	<input checked="" type="checkbox"/> 우수	<input type="checkbox"/> 보통	<input type="checkbox"/> 다소 결함	<input type="checkbox"/> 관독불가능
2. 정상, 비정상 소견	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무		
3. 폐실질 진폐소견	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무		
3-1. 소음영				
a. size and shape	<input checked="" type="checkbox"/> r / <input checked="" type="checkbox"/> t	b. zone	Rt <input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/>	c. profusion
				<input checked="" type="checkbox"/> 3 / <input checked="" type="checkbox"/> 3
3-2. 대음영				
a.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	b. zone	Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
4. 흉막소견				
		<input type="checkbox"/> 유	<input checked="" type="checkbox"/> 무	
4-1. Diaphragm pleural thickening				
		<input type="checkbox"/> 유 (zone : <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> )	<input type="checkbox"/> 무	
4-2. C-P angle pleural thickening				
		<input type="checkbox"/> 유 (zone : <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> )	<input type="checkbox"/> 무	
4-3. Chest wall pleural thickening				
		<input type="checkbox"/> 유	<input type="checkbox"/> 무	
a. circumscribed(plaque)				
		Rt	Lt	b. diffuse
				Rt
				Lt
		in profile width	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
		extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		face on extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4-4. pleural calcification				
		<input type="checkbox"/> 유	<input type="checkbox"/> 무	
		Rt	Lt	
		a. Diaphragm calcification	extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		b. Chest wall calcification	extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		c. Other sites	extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. Symbols				
		<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무	
(ax, bu, ca, cn, co, cp, cv, di, ef, em, es, fr, hi, ho, id, ih, <u>kl</u> , od, pi, px, rp, tb, <u>tbi</u> , tba)				
6. 기타 진단명 또는 참고, 권고사항				

원독일자	2011. . . .	소속 병원(기관)명			
원독자 성명		(서명)	영상의학 전문의번호	계	호



# 관 독 지(관독 평가용)



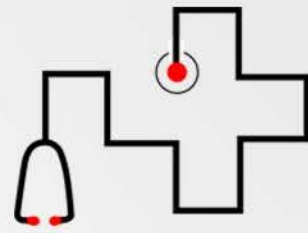
1. 사진의 질	<input checked="" type="checkbox"/> 우수	<input type="checkbox"/> 보통	<input type="checkbox"/> 다소 결함	<input type="checkbox"/> 관독불가능	
2. 정상, 비정상 소견	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무			
3. 폐실결 진폐소견	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무			
3-1. 소음영	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무			
a. size and shape	<input checked="" type="checkbox"/> P / <input checked="" type="checkbox"/> S	b. zone	Rt <input checked="" type="checkbox"/> <input type="checkbox"/> Lt <input checked="" type="checkbox"/> <input type="checkbox"/>	c. profusion	<input checked="" type="checkbox"/> 1 / <input checked="" type="checkbox"/> 1
3-2. 대음영	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무			
a. A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	b. zone		Rt <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lt <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. 흉막소견	<input type="checkbox"/> 유	<input checked="" type="checkbox"/> 무			
4-1. Diaphragm pleural thickening	<input type="checkbox"/> 유 (zone : <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> )	<input type="checkbox"/> 무			
4-2. C-P angle pleural thickening	<input type="checkbox"/> 유 (zone : <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> )	<input type="checkbox"/> 무			
4-3. Chest wall pleural thickening	<input type="checkbox"/> 유	<input type="checkbox"/> 무			
a. circumscribed (plaque)	b. diffuse				
	Rt	Lt	Rt	Lt	
in profile width	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	in profile width	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
face on extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	face on extent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
4-4. pleural calcification	<input type="checkbox"/> 유	<input checked="" type="checkbox"/> 무			
	Rt	Lt			
a. Diaphragm calcification	extent <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
b. Chest wall calcification	extent <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
c. Other sites	extent <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
5. Symbols	<input checked="" type="checkbox"/> 유	<input type="checkbox"/> 무			
(ax, bu, ca, cn, co, cp, cv, di, ef, em, es, fr, hi, ho, id, ih, kl, od, pi, px, rp, tb, tbi, tba)					
6. 기타 진단명 또는 참고, 권고사항					

관독일자	2011. . . .	소속 병원(기관)명			
관독자 성명		(서명)	영상의학 전문의번호	계	호





**KSTR,**  
따뜻한 가슴입니다.



***Thank you!***

***Special thanks to the KSTR and the members***

Bo Da Nam, Jung Hwa Hwang, Sun Yeong Jung,  
Hwan-Seok Yong, Jai Soung Park, Dong-Wook Sung, Yun-Hyeon Kim