

Attachment 1: Screen shots of the BViewer© computer software used for the B Reader Examination

This software tool collects data in an electronic format as Attachment 2: CDC/NIOSH (M) 2.8: Radiograph interpretation form would when using the paper-based system.

Screen 1: Entry of examinee's personal information establishes a link to their exam responses.

BViewer 1.2k Control Panel

Exit BViewer BRetriever is Awake

Select Subject Study Enter Interpretation Produce Report View Log Set Up BViewer View User Manual

Image Placement

Select Reference Image Monitor:

Auto Select Primary Monitor 2

Select Study Image Monitor:

Auto Select Primary Monitor 2

Image Full Size Display Adjustment

	Measured Screen Width (Millimeters)	Measured Screen Height (Millimeters)
Primary (Desktop) Monitor:	487	274
Monitor 2 (Image):	335	424

Display Grayscale Resolution

Display Monitor Grayscale Bit Depth Capability (8, 10 or 12 bits per pixel)
8
8

Study Selection List

Emphasize Information Related To:

Summary Study Series Image

Reader Identification

Last Name (Family Name) Doe Login Name NIOSH

Initials JAD Login Password

Name (Last, First, Middle) Doe, John A Local Dicom Name (AE_TITLE) BViewer

Street Address

City

State Zip Code

Select Country United States of America

You can see helpful tips for a button or label by moving the mouse over the lower right corner of it.

Clear Physician Name and Address

Install I.L.O. Standard Reference Images

About BViewer

Technical Requirements

Control BRetriever

Set Local Network Address

Clear Image Folders

Screen 2 through 5 electronically capture an ILO Classification for each image in the exam.

BViewer 1.2k Control Panel

AAPM, Test

Exit BViewer BRetriever is Awake

Select Subject Study Enter Interpretation Produce Report View Log Set Up BViewer View User Manual

Subject: AAPM, Test

Indicate Image Quality

Image Quality:

1 2 3 U/R

Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis.

Normal Study
No pneumoconiosis or significant abnormality

- OR -

Parenchymal Abnormalities

Pleural Abnormalities

Other Abnormalities

Produce Report

Cancel and Reset

Overexposed (dark) ✓

Underexposed (light)

Artifacts

Improper Position

Excessive Edge Enhancement

Poor Contrast

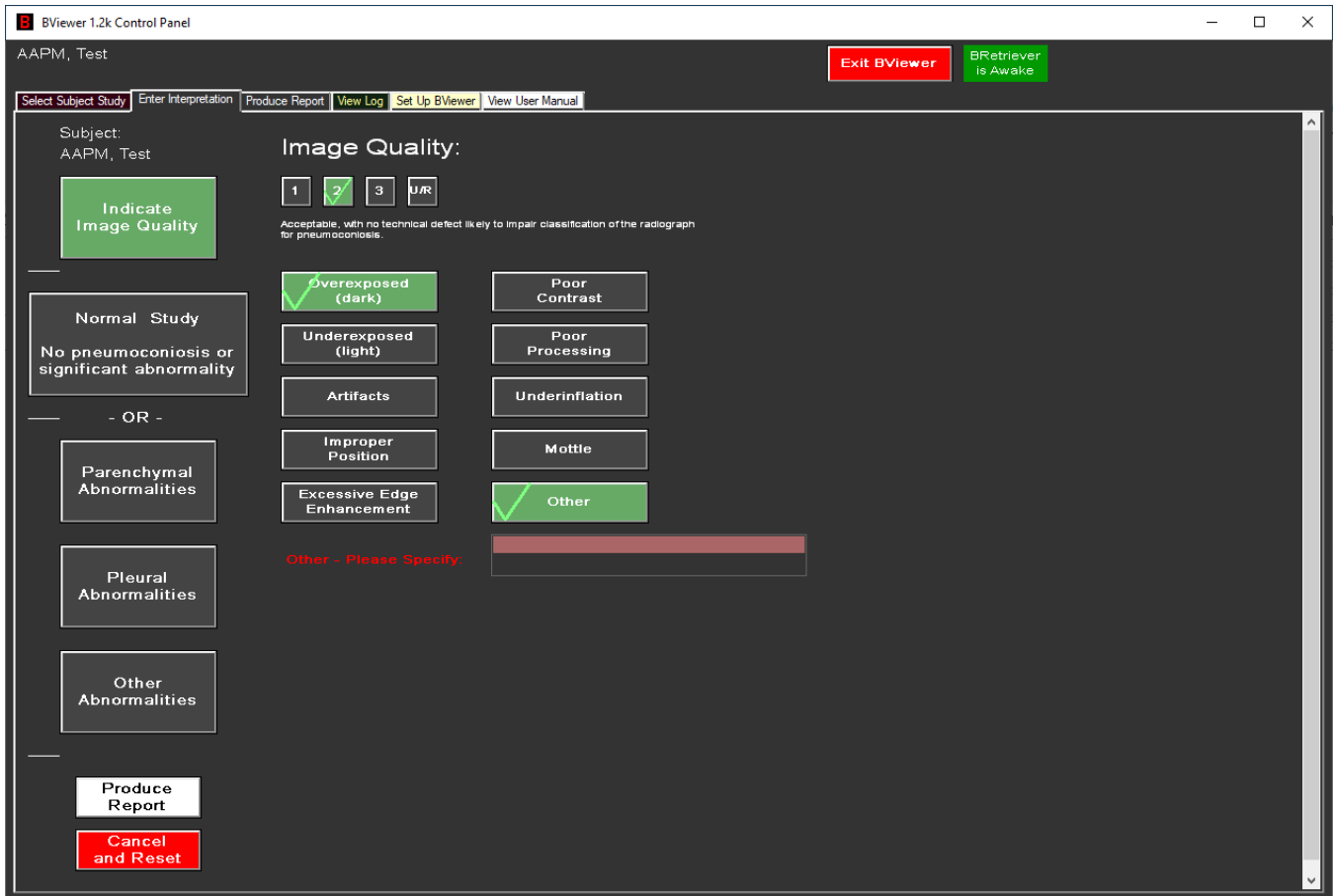
Poor Processing

Underinflation

Mottle

Other ✓

Other - Please Specify:



Subject:
AAPM, Test

Parenchymal Abnormalities:

ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?

YES

NO

Indicate
Image Quality

Normal Study
No pneumoconiosis or
significant abnormality

- OR -

Parenchymal
Abnormalities

Pleural
Abnormalities

Other
Abnormalities

Produce
Report

Cancel
and Reset

SMALL OPACITIES

Shape / Size

Primary

p	<input checked="" type="checkbox"/> s
q	t
r	u

Secondary

p	<input checked="" type="checkbox"/> s
q	t
r	u

Zones

Upper Right	Upper Left
<input checked="" type="checkbox"/> Middle Right	<input checked="" type="checkbox"/> Middle Left
Lower Right	Lower Left

Check All Zones

Profusion

0/-	0/0	0/1
1/0	<input checked="" type="checkbox"/> 1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

LARGE OPACITIES

Size 0 A B C

Exit BViewer

BRetriever is Awake

Select Subject Study | Enter Interpretation | Produce Report | View Log | Set Up BViewer | View User Manual

Subject:
AAPM, Test

Pleural Abnormalities:

ANY CLASSIFIABLE PLEURAL ABNORMALITIES?

YES

NO

Indicate Image Quality

Normal Study
No pneumoconiosis or significant abnormality

- OR -

Parenchymal Abnormalities

Pleural Abnormalities

Other Abnormalities

Produce Report

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PLEURAL PLAQUES

	Site			Calcification			Extent (chest wall; combined for in profile and face on)				Width (in profile only) (3mm minimum width required)			
Chest wall in profile	0	R	L	0	R	L	0	R	0	L	0	R	0	L
Chest wall Face on	0	R	L	0	R	L	(1) Up to 1/4 of Lateral Chest Wall	(1) Up to 1/4 of Lateral Chest Wall	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm
Diaphragm	0	R	L	0	R	L	(2) 1/4 to 1/2 of Lateral Chest Wall	(2) 1/4 to 1/2 of Lateral Chest Wall	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm
Other Site(s)	0	R	L	0	R	L	(3) > 1/2 of Lateral Chest Wall	(3) > 1/2 of Lateral Chest Wall	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm

COSTOPHRENIC ANGLE OBLITERATION R L NO

DIFFUSE PLEURAL THICKENING

	Site			Calcification			Extent (chest wall; combined for in profile and face on)				Width (in profile only) (3mm minimum width required)			
Chest wall in profile	0	R	L	0	R	L	0	R	0	L	0	R	0	L
Chest wall Face on	0	R	L	0	R	L	(1) Up to 1/4 of Lateral Chest Wall	(1) Up to 1/4 of Lateral Chest Wall	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm	(a) 3 to 5 mm
							(2) 1/4 to 1/2 of Lateral Chest Wall	(2) 1/4 to 1/2 of Lateral Chest Wall	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	(b) 5 to 10 mm	
							(3) > 1/2 of Lateral Chest Wall	(3) > 1/2 of Lateral Chest Wall	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	(c) > 10 mm	

BViewer 1.2k Control Panel
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Other
Abnormalities

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Report

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and Reset

Any Other Abnormalities?

YES
NO

OTHER_SYMBOLS (OBLIGATORY):

aa atherosclerotic aorta	co abnormality of cardiac size or shape	fr fractured rib(s)(acute or healed)	pa plate atelectasis
at significant apical pleural thickening	cp oor pulmonale	hi enlargement of non-calcified hilar or mediastinal lymph nodes	pb parenchymal bands
ax coalescence of small opacities	cv cavity	ho honeycomb lung	pl pleural thickening of an interlobar fissure
bu bulla(e)	di marked distortion of an intrathoracic structure	id ill-defined diaphragm border	px pneumothorax
ca cancer: thoracic malignancies excluding mesothelioma	ef pleural effusion	ih ill-defined heart border	ra rounded atelectasis
cg calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	em emphysema	kl septal (Kerley) lines	rp rheumatoid pneumoconiosis
cn calcification in small pneumoconiotic opacities	es eggshell calcification of hilar or mediastinal lymph nodes	me mesothelioma	tb tuberculosis
			od other disease or significant abnormality

CHECK ALL ITEMS THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

<p>Abnormalities of the Diaphragm</p> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Eventration</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Hiatal hernia</div> <p>Airway Disorders</p> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Bronchovascular Markings heavy or increased</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Hyperinflation</div>	<p>Bony Abnormalities</p> <div style="background-color: green; color: white; padding: 2px; margin-bottom: 5px;">✓ Bony Chest Cage Abnormality</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Fracture, healed (non-rib)</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Fracture, not healed (non-rib)</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Scoliosis</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Vertebral Column Abnormality</div>	<p>Lung Parenchymal Abnormalities</p> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Azygos Lobe</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Density, lung</div> <div style="background-color: green; color: white; padding: 2px; margin-bottom: 5px;">✓ Infiltrate</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Nodule, Nodular Lesion</div>	<p>Miscellaneous Abnormalities</p> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Foreign Body</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Post-surgical changes/ sternal wire</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Cyst</div> <p>Vascular Disorders</p> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Aorta, Anomaly of</div> <div style="background-color: gray; padding: 2px; margin-bottom: 5px;">Vascular Abnormality</div>
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Other Comments:

Comments