

## Reference of reporting chest CT for covid

Chen, Dr. Yingming Amy (Radiologist)

Tue 2020-03-31 10:43 AM

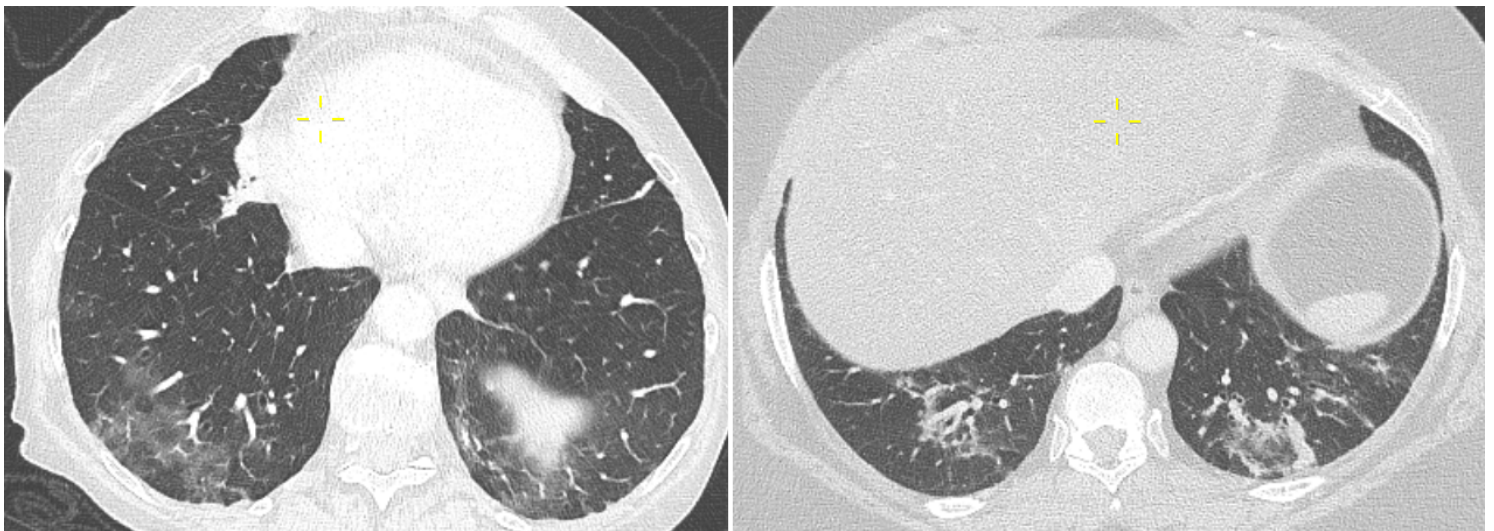
To: DI All Radiologists <DIAllRadiologists@thp.ca>;

Hi all,

I thought I'd share RSNA's recently published Expert Consensus Statement on Reporting Chest CT Findings.

<https://pubs.rsna.org/doi/pdf/10.1148/ryct.2020200152>

The most relevant Table 1 is screen-capped below for easy reference. I found the reporting language quite useful, and provides hopefully some clinical utility rather than us calling everything nonspecific. I myself saw two back to back OP staging cases yesterday that had new imaging findings that may fit with covid - in presumably asymptomatic patients.



<b>Proposed Reporting Language for CT Findings Related to COVID-19</b>			
Routine screening CT for diagnosis or exclusion of COVID-19 is currently not recommended by most professional organizations or the US Centers for Disease Control and Prevention			
<b>COVID-19 pneumonia imaging classification</b>	<b>Rationale (6-11)</b>	<b>CT Findings*</b>	<b>Suggested Reporting Language</b>
<b>Typical appearance</b>	Commonly reported imaging features of greater specificity for COVID-19 pneumonia.	Peripheral, bilateral , GGO* with or without consolidation or visible intralobular lines ("crazy-paving")  Multifocal GGO of rounded morphology with or without consolidation or visible intralobular lines ("crazy-paving")  Reverse halo sign or other findings of organizing pneumonia (seen later in the disease)	"Commonly reported imaging features of (COVID-19) pneumonia are present. Other processes such as influenza pneumonia and organizing pneumonia, as can be seen with drug toxicity and connective tissue disease, can cause a similar imaging pattern." [Cov19Typ]^
<b>Indeterminate appearance</b>	Nonspecific imaging features of COVID-19 pneumonia.	<b>Absence of typical features AND</b>  <b>Presence of:</b> Multifocal, diffuse, perihilar, or unilateral GGO with or without consolidation lacking a specific distribution and are non-rounded or non-peripheral.  Few very small GGO with a non-rounded and non-peripheral distribution	"Imaging features can be seen with (COVID-19) pneumonia, though are nonspecific and can occur with a variety of infectious and noninfectious processes." [Cov19Ind]^

<b>Atypical appearance</b>	Uncommonly or not reported features of COVID-19 pneumonia.	<b>Absence of typical or indeterminate features AND</b>  <b>Presence of:</b> Isolated lobar or segmental consolidation without GGO Discrete small nodules (centrilobular, "tree-in-bud") Lung cavitation Smooth interlobular septal thickening with pleural effusion	"Imaging features are atypical or uncommonly reported for (COVID-19) pneumonia. Alternative diagnoses should be considered." [Cov19Aty]^
<b>Negative for pneumonia</b>	No features of pneumonia	No CT features to suggest pneumonia.	"No CT findings present to indicate pneumonia. (Note: CT may be negative in the early stages of COVID-19.) [Cov19Neg]^
<p>Notes:</p> <ol style="list-style-type: none"> <li>1. Inclusion in a report of items noted in parenthesis in the Suggested Reporting Language column may depend upon clinical suspicion, local prevalence, patient status as a PUI, and local procedures regarding reporting.</li> <li>2. CT is not a substitute for RT-PCR, consider testing according to local recommendations and procedures for and availability of RT-PCR</li> </ol> <p>*Please see (36) for specific definitions of CT findings  *GGO = ground glass opacity.  ^Suggested coding for future data mining</p>			

Table 1: Proposed reporting language for CT findings related to COVID-19, including rationale, CT findings and suggested reporting language for each category. Suggested reporting language includes coding of CT findings for data mining. Associated CT findings for each category are based upon available literature at the time of writing in March 2020, noting the retrospective nature of many reports, including biases related to patient selection in cohort studies, examination timing, and other potential confounders.

--

Y. Amy Chen  
Diagnostic Neuroradiologist  
Trillium Health Partners  
Adjunct Assistant Professor  
University of Toronto

**CONFIDENTIALITY NOTICE:** This information is intended only for the use of the individual named in this email. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this email in error, please notify the sender immediately. Before printing this document, please consider the environment.