

## AMUSE Lung Reporting Sheet

### Patient & Scan Details

Patient's Clinical Details: \_\_\_\_\_

Date of Scan: \_\_\_\_\_

Hospital / Unit: \_\_\_\_\_

Operator: \_\_\_\_\_

Supervisor / Reviewer: \_\_\_\_\_

Indication for Scan: \_\_\_\_\_

### Clinical Context

Respiratory Rate: \_\_\_\_\_ /min

Oxygen Requirement: \_\_\_\_\_

Ventilatory Support (if any): \_\_\_\_\_

Clinical Question: \_\_\_\_\_

### Lung Zones Assessed (6-zone model)

Right Anterior:  Assessed Image quality: Good / Acceptable / Poor

Right Lateral:  Assessed Image quality: Good / Acceptable / Poor

Right Posterior:  Assessed Image quality: Good / Acceptable / Poor

Left Anterior:  Assessed Image quality: Good / Acceptable / Poor

Left Lateral:  Assessed Image quality: Good / Acceptable / Poor

Left Posterior:  Assessed Image quality: Good / Acceptable / Poor

### Tabulation of Findings:

Zone	Lung Sliding?	A lines	B lines	Collapse/C onsolidati on	Pleural Effusion	Other Findings
Right Upper anterior						
Left Upper Anterior						
Right Lower Anterior						
Left Lower Anterior						
Right Lower zone (Right PLAPS)						
Left Lower Zone Left PLAPS)						

**Any site for Pleural Effusion Sampling Found? (If so, please mention where):**

### **Summary & Interpretation**

Overall Impression:

Likely Diagnosis:

## Limitations

## Actions / Recommendations

## Signatures

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_