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Annalise CXR Edge

User Guide

English

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Fujifilm

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ANNALISE-AI PTY LTD
Level P
24 Campbell Street
Sydney NSW 2000
AUSTRALIA

QualRep Services B.V.
Utrechtseweg 310 - Bldg B42
NL-6812 AR Arnhem
THE NETHERLANDS

New Zealand Sponsor
AA-Med NZ Ltd.
Level 7, 54 Gill Street
New Plymouth, 4310
NEW ZEALAND

UK Responsible Person
Qserve Group UK Ltd.
282 Farnborough Road
Farnborough GU14 7NA
UNITED KINGDOM

India Authorised Representative
Asia Actual India (OPC) Pvt. Ltd.
523A, Tower A, Spaze-I-Tech Park
Sector 49, Gurgaon, Haryana, 122018
INDIA
Import License Number: IMP/MD/2023/000218

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Intended Purpose

Annalise CXR Edge is a medical device intended to assist clinicians with the interpretation of radiological imaging studies and provide notification of suspected findings. The device is not intended to provide direct diagnosis.

Indications For Use

The device identifies suspected findings in digitised (CR) and digital (DX) chest X-ray studies taken in the anterior-posterior (AP) or posterior-anterior (PA) position.

The device is intended to be used by clinicians who interpret chest X-rays as part of their scope of practice.

The device is used with the X-ray modality within hospitals, medical clinics and radiology providers. The device output is available on the modality and optionally in the PACS (Picture Archiving & Communication System) when forwarded by the modality.

Contraindications

The device is not intended to provide direct diagnosis.

The device is not to be used on patients under the age of 16 years.

The device does not enable an increase in the clinician's scope of practice.

WARNING Qualified clinicians who interpret chest X-rays as part of their scope of practice hold ultimate responsibility for interpreting the X-ray study. The clinician must review the Annalise output concurrently with the original X-ray images and all other relevant clinical information before making their clinical decisions.

About Annalise CXR Edge

Annalise CXR Edge interfaces with supported X-ray machines to obtain the chest X-ray images to process. The Artificial Intelligence (AI) algorithm within the device uses deep learning techniques to identify the presence of the radiological findings. Annalise CXR Edge also uses deep learning to localise the position of a subset of clinical findings, where possible.

Additionally, Annalise CXR Edge analyses the chest radiographs using deep learning techniques to identify the laterality or highlight the relevant areas of interest for a subset of findings as defined in the findings list.

Clinicians may view the AI findings within the x-ray machine, or within a Picture Archiving Computer System (PACS) image viewer.

Compatibility

Please refer to the administration guide for installation instructions and compatibility information.

Installation & System Requirements

Full details on installation and system requirements are available in the administration guide. Installation and configuration should only be performed by authorised technicians. Please contact support@annalise.ai for more information.

Performance Guide

For full details on the product performance please refer to the Performance guide available in annalise.ai/guides.

Product Variants

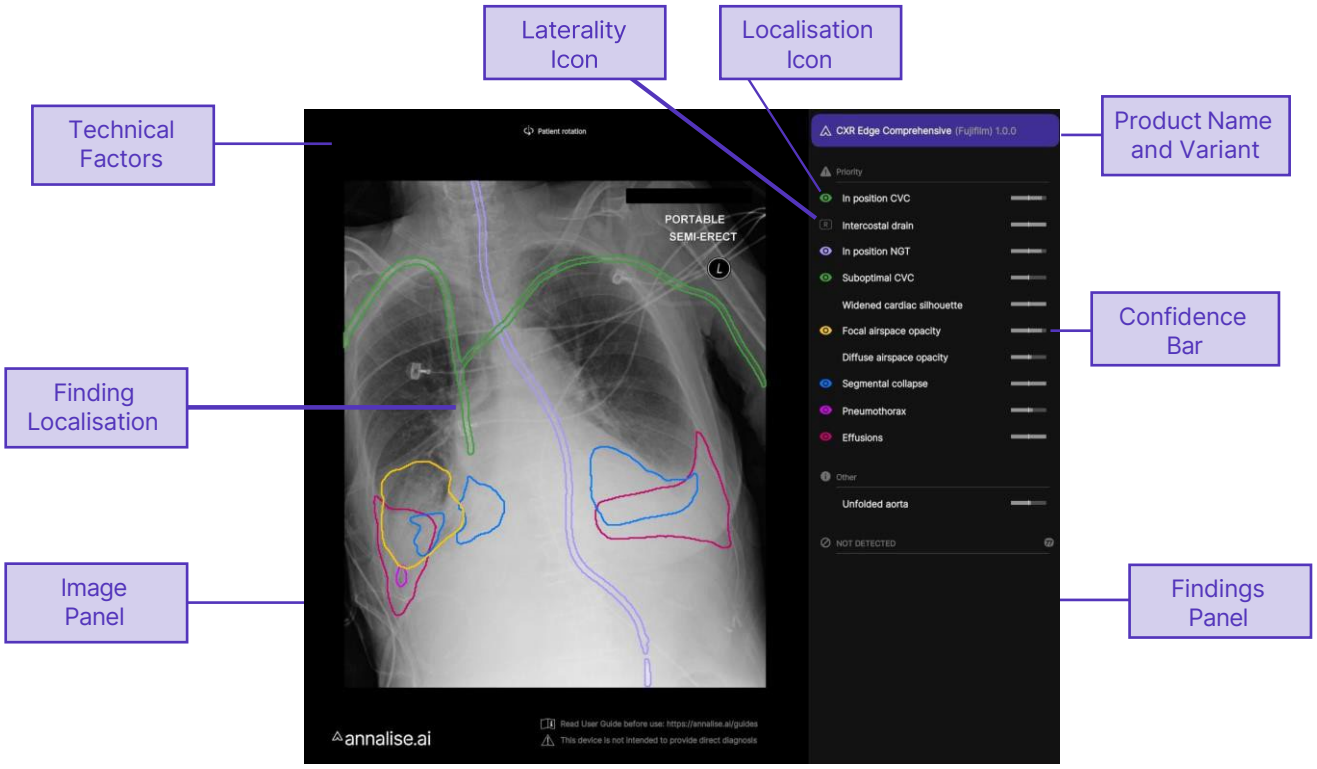
There are two variants of Annalise CXR Edge, Critical Care and Comprehensive. To identify which variant is in use, check the purple product variant bar.

Variants are defined by the number of available findings. The Critical Care Package contains a subset of findings available in the Comprehensive Package. Refer to the findings list below for further information.

Note that when viewing the findings as a secondary capture in a PACS, the product name and software version can also be accessed in a custom DICOM tag within the secondary capture DICOM file.

User Instructions

Overview



View AI Findings

Annalise CXR Edge will display the detected Findings in the Findings Panel. Results can only be displayed for 15 of the highest priority clinical findings. The Findings Panel shows grouped findings, their associated confidence bar and where applicable a localisation icon or laterality icon. The localisation icon highlights where a finding contains detailed segmentation. Localisation is shown in the image panel and is designed to provide visual indication of finding location. Finding localisation and the localisation icon are colour matched to assist with identification.

For a subset of Findings without localisation there will be an indication which side of the patient the finding has been detected (i.e. laterality), where this is the case the finding name will be preceded by the laterality Icon indicating Left (L), Right (R) or bilateral (L+R)

Where no localisation or laterality is available, present finding names are displayed without any icons.

Users should note where image technical factors are detected, they will be shown above the Image Panel.

Product Configuration

The findings displayed will depend on how the product is configured and the product variant.

Your organisation can configure findings by:

- Changing group names
- Moving findings between two different groups
- Changing the order of the findings within groups
- Disabling certain findings altogether

For any changes to the product configuration please consult with your support representative.

Interpreting the Confidence Bar

The confidence bar gives a visual indication of the likelihood a finding reported by Annalise CXR Edge is present. As with all detection systems, there is the possibility of incorrectly determining a finding is present in a study (i.e. a false positive).

Each finding is scored by the Annalise CXR Edge AI algorithms. Only findings with a score above the decision threshold are deemed to be present in the study.

Confidence Bar Example	Interpretation
	Higher Confidence • The score is well above the decision threshold. • The finding is most likely present in the study.
	Lower Confidence • The score is above, but close to, the decision threshold. • The finding may be present in the study.

Troubleshooting

If you are experiencing problems with the Annalise CXR Edge product, try the following suggestions. If you are not able to fix the problem, please contact technical support.

Problem	Solution
The product incorrectly identifies findings.	AI models have some error margin which means on occasion Annalise CXR Edge may flag a finding which is not present. This is referred to as overcalling. The sensitivity of the product may be adjusted by Annalise.ai when an organisation experiences frequent overcalling. Contact support for more information.
There appears to be some overlapping of findings with the same appearance identified against more than one clinical finding.	The imaging appearances of some findings are on a spectrum and can appear similar to each other. To reflect this uncertainty, Annalise CXR may offer multiple radiological findings to explain the same imaging appearance, just as doctors create a differential diagnosis for each patient.
The product displays contradictory findings (E.g. In Position CVC and Suboptimal CVC)	For each finding, Annalise CXR Edge decides if a finding is absent or present by comparing the predicted score to a threshold. At times the AI might present conflicting findings for a given study. Please refer to each findings confidence bar to better understand the strength of each findings.
The product does not identify a finding	Annalise CXR Edge only identifies findings available under the Findings list provided in this guide. Ensure that the finding is available in this list. Findings differ between the two product variants (Critical Care and Comprehensive packages). Ensure that the finding is available in your product package. The finding may be disabled by your organisation settings. Contact support to check if the finding is not disabled, and request support to enable it if required. AI models have some error margin which means on occasion Annalise CXR Edge may not identify a finding. The sensitivity of the product may be adjusted by Annalise.ai.

Problem	Solution
The 'Execute external image processing' button is not available or unresponsive.	Annalise CXR Edge only supports digitised (CR) or digital (DX) chest X-rays taken in the anterior-posterior (AP) or posterior-anterior (PA) position. If the problem persists, refer to X-ray console user guide.
Failed to execute the external image processing.	Re-attempt to execute external image processing. If the problem persists, contact Support.
Other errors	Refer to the X-ray console user guide.

Support and feedback

Refer to the following table for support and feedback details:

Support type	Details
Professional services, technical support, product feedback and complaints	Email *support@annalise.ai* Any serious incidents related to Annalise CXR Edge should be reported to Annalise.ai and the competent authority or regulatory authority in which the user and/or patient is established.
Product user, performance and administration guides	Check our website: *annalise.ai/guides*

Symbol glossary

Definitions of symbols that may appear on the Annalise CXR Edge product or in the related documentation are listed below.

Symbol	Information
CE	CE labelling in accordance with EC directive
	Manufacturer
EC REP	European Authorised Representative
	Indicates a warning or caution
	Read the instructions for use
MD	Medical Device

Findings list

Finding name	Definition	Localisation Available	Critical Care Package
Abdominal clips	Surgical clips in the abdomen.	N/A	N
Acute clavicle fracture	Cortical breach of a clavicle. May be difficult to see if nondisplaced. No callus formation for acute fractures.	Laterality	Y
Acute humerus fracture	Cortical breach of the humerus, usually at the surgical neck of humerus.	Laterality	Y
Acute rib fracture	Cortical breach of a rib without callus formation or union, does not include surgical rib resection or thoracotomy.	Localisation	Y
Airway stent	Stents within the trachea or bronchi.	N/A	N
Aortic arch calcification	Calcification of the aortic arch. Does not include mitral valve calcification, descending aortic or pericardial calcification. Only includes Grade 2 or 3 calcification i.e. thick calcification.	N/A	N
Aortic stent	Stent / graft in the aorta.	N/A	N
Atelectasis	Includes subsegmental collapse, linear and bibasal atelectasis. If the abnormality is not basal consider interstitial thickening instead of atelectasis.	Localisation	N
Axillary clips	Surgical clips in the axilla.	Laterality	N
Biliary stent	Stents within the biliary tree.	N/A	N
Breast implant	Breast prosthesis usually of gel like material implanted behind or in place of the female breast as cosmetic or reconstructive surgery.	N/A	N
Bronchiectasis	Dilation of the bronchi which can be localized or diffuse.	N/A	N

Finding name	Definition	Localisation Available	Critical Care Package
Emphysema	Includes upper zone bullae, lower zone bullae, diffuse bullae and reduced lung markings. Diffuse bullae: Multiple large lucencies due to emphysema in the upper and lower zones of one or both lungs. Lower zone bullae: Multiple large lucencies due to emphysema in the lower zones of one or both lungs. Upper zone bullae: Multiple large lucencies due to emphysema in the upper zones of one or both lungs. Reduced lung markings: Reduced lung markings. Distinguished from bullae as bullae will have a thin wall.	N/A	N
Calcified axillary nodes	Calcified soft tissue density in the axillar.	N/A	N
Calcified mass (> 5mm)	Calcified mass (> 5mm): One or more intraparenchymal lesions (>5mm) which may be partially or completely calcified.	Localisation	N
Calcified granuloma (< 5mm)	Calcified granuloma (< 5mm): Calcified intraparenchymal lesion or lesions which are smaller than 5mm.	N/A	N
Calcified hilar lymphadenopathy	Calcified lymph nodes in hilum.	N/A	N
Calcified neck nodes	Calcified soft tissue density in the neck.	N/A	N
Calcified pleural plaques	Calcified thickening along the pleura at the diaphragm, lateral thoracic wall, or apex.	N/A	N
Cardiac valve prosthesis	Replacement of native cardiac valve. Includes transcatheter aortic valve implantation.	N/A	N

Finding name	Definition	Localisation Available	Critical Care Package
Soft Tissue Lung Nodule	Includes Cavitating mass with content, Cavitating mass without content, Multiple masses or nodules, Solitary lung mass, and Solitary lung nodule. Cavitating mass with content: Collection of air with air fluid level or in crescent shape that separates the wall of a cavity from an inner mass. Cavitating mass without content: Lucent walled lesion which arises from a solid lesion that then develops gas within it. As a result the wall is typically thickened. Multiple masses or nodules: More than one pulmonary mass / nodule. Solitary lung mass: Single rounded well-defined opacity. Measures 3cm or larger. Solitary lung nodule: Single rounded well-defined opacity. Measures less than 3cm.	Localisation	N
Cervical flexion	The chin is visible and obscuring the apex of the lung or superior mediastinum. Only the primary AP or PA view is assessed, not the Lateral view or any other view / postprocessed image.	N/A	Y
Chest Incompletely Imaged	Part of the lungs not included in the image. Label if you cannot see both costophrenic angles or if both the lung apices have not been imaged. This finding may be predicted if any image in the series is incomplete. If the lungs are obscured by an object, there is a separate finding for this (obscured by object)	N/A	Y
Chronic clavicle fracture	Corticated clavicle fractures with surrounding callus formation or union.	N/A	N
Chronic rib fracture	Cortical breach of a rib with surrounding callus formation or union.	N/A	N
Chronic humerus fracture	United, malunited or non-united humerus fracture.	N/A	N
Clavicle fixation	Internal fixation of clavicle fractures. When a fracture has been fixed, the acute clavicle fracture may not be predicted.	Laterality	N

Finding name	Definition	Localisation Available	Critical Care Package
Clavicle lesion	Sclerotic or lytic, malignant or benign lesion within the clavicle with or without pathological fracture. This includes lesions due to systemic conditions such as myeloma, osteogenesis imperfecta, renal osteodystrophy etc.	Localisation	N
Coronary stent	Stents within the coronary arteries.	N/A	N
Diaphragmatic elevation	Left hemidiaphragm is higher than the right or if the right is more than 3cm higher than the left. This finding should only apply to the inspiratory view, not the lateral or expiratory views.	N/A	N
Diaphragmatic eventration	Abnormal contour of the diaphragm affecting only a segment of the hemidiaphragm. Contrast this with diaphragmatic elevation which affects the entire hemidiaphragm.	N/A	N
Diffuse airspace opacity	Includes diffuse airspace opacity, diffuse lower airspace opacity, perihilar airspace opacity, diffuse upper airspace opacity and pulmonary congestion. Diffuse Airspace Opacity: Diffuse ill-defined airspace / ground glass opacity or consolidation throughout one or both lungs. Diffuse lower airspace opacity: Diffuse ill-defined airspace / ground glass opacity or consolidation in predominantly the lower zones of one or both lungs. Diffuse upper airspace opacity: Diffuse ill-defined airspace / ground glass opacity or consolidation in predominantly the upper zones of one or both lungs. Perihilar airspace opacity: Diffuse perihilar airspace / ground glass opacity of one or both lungs. Pulmonary congestion: Upper lobe diversion with loss of tapering of vessels towards the apices with upper zone vessels having similar or larger diameter compared to lower zone.	N/A	Y

Finding name	Definition	Localisation Available	Critical Care Package
Diffuse nodular / miliary lesions	Multiple tiny lung opacities of one or both lungs. Usually innumerable and too small to measure. May be calcified.	Laterality	Y
Diffuse pleural thickening	Pleural masses / opacities in multiple locations. Pleural mass is distinguished from intraparenchymal mass by having an obtuse angle with the pleura. Diffuse nodular pleural thickening must affect more than half the lung height or be bilateral and must be greater than 1cm in maximal thickness.	N/A	N
Distended bowel	Pathologically distended small or large bowel loops or stomach. Small bowel loops should measure > 3cm and large bowel loops > 6cm, or if the stomach causes mass effect upon the diaphragm. Air fluid levels may be present on erect view.	N/A	Y
Electronic cardiac devices	Pacemakers, pacing wires (internal or external), internal defibrillators and loop recorders. ECG leads do not count as electronic cardiac devices.	N/A	N
Focal airspace opacity	Includes focal airspace opacity and multifocal airspace opacity. Focal airspace opacity: Single area of consolidation or air space / ground glass opacity in the lung. Air bronchograms may be present. Multifocal airspace opacity: Multiple areas of ill defined airspace / ground glass opacity or consolidation.	Localisation	Y
Gallstones	Calcified RUQ stones projected over the gallbladder.	N/A	N
Gastric band	Band around the gastro-oesophageal junction.	N/A	N
Hilar lymphadenopathy	Increase in size and density of the hila with loss of normal hilar angle. Different from calcified hilar lymph nodes which has its own label. Different from mediastinal lymphadenopathy which is labelled as ‘mediastinal mass / nodes.’	N/A	N

Finding name	Definition	Localisation Available	Critical Care Package
Humeral lesion	Sclerotic or lytic, malignant or benign lesion within the humerus with or without pathological fracture. This includes lesions due to systemic conditions such as myeloma, osteogenesis imperfecta, renal osteodystrophy etc.	Localisation	N
Hyperinflation	Increased total lung volumes as evidenced by flattening of the diaphragm.	N/A	N
Image obscured	Image obscured by object.	N/A	Y
In position central line (CVC)	Internal jugular lines, subclavian lines and peripheral inserted catheters (PICC). Central venous lines should be placed with the tip in the SVC / cavoatrial junction. The line should not be in the brachiocephalic, subclavian veins, or right atrium.	Localisation	Y
In position endotracheal tube (ETT)	Endotracheal or tracheostomy tube within the trachea for ventilation. Needs to be 3 to 7cm above the carina. If Suboptimal ETT is predicted, this finding will not be displayed.	N/A	Y
In position nasogastric tube (NGT)	Enteric tube from the mouth / nose into the stomach for feeding or drainage. If Suboptimal NGT is predicted, this finding will not be displayed.	Localisation	Y
In position pulmonary arterial catheter (PAC)	Pulmonary artery catheter with tip within the pulmonary artery or main pulmonary trunk. If Suboptimal PAC is predicted, this finding will not be displayed.	N/A	Y
Intercostal drain	This finding could mean either of the following: 1. malpositioned intercostal drain: ICC with tip or side holes not within the pleural cavity, typically migrates out into the soft tissue. 2. in position intercostal drain: Catheter within the pleural space to drain fluid and / or gas.	Laterality	Y
Internal foreign body	Non-surgical internal foreign bodies such as inhaled foreign bodies, gunshot shrapnel that is internal to the patient. This must be inside the patient and not a medical device. Do not include ECG leads or other objects that are external to the patient.	Localisation	Y

Finding name	Definition	Localisation Available	Critical Care Package
Effusions	Includes loculated effusion and simple effusion. Loculated effusion: Fluid within the pleural cavity that is trapped within a fissure or at the apex or lateral wall on an erect view. Simple effusion: Fluid within the pleural cavity. In an erect radiograph this accumulates at the base. May form a meniscus.	Localisation	Y
Lung collapse	Collapse of the entire lung, or most of the lung.	Laterality	Y
Lung sutures	Suture material within the lung parenchyma which is typically post lung resection.	N/A	N
Mastectomy	Absence or asymmetry of breast shadows suggesting mastectomy or partial mastectomy.	N/A	N
Mediastinal clips	Surgical clips in the mediastinum or hilum. Typically small clips from coronary artery bypass grafts. Hilar clips from lung surgery also fall under this category.	N/A	N
Neck clips	Any surgical clips in the neck.	Laterality	N
Nipple shadow	Rounded well defined density projected over the expected locations of the nipple, sometimes bilateral. Must be prominent enough to be confused for a lesion (i.e. would be included in the report)	N/A	N
Oesophageal stent	Stents within the oesophagus.	N/A	N
Overexposed	Severe reduced apparent bone density of the vertebrae such that there is difficulty distinguishing between bone and adjacent soft tissues even when windowing appropriately. Usually predicted off the lateral view.	N/A	Y

Finding name	Definition	Localisation Available	Critical Care Package
Patient rotation	The spinous process is laterally displaced by more than a quarter of the interclavicular distance. Only the primary AP or PA view is assessed, not the Lateral view or any other view / postprocessed image. If the patient is severely scoliotic, this finding may be unreliable.	N/A	Y
Peribronchial cuffing	Thickening of the bronchial wall without dilation of the bronchial lumen.	N/A	N
Pericardial fat pad	Fat pad adjacent to the heart border. Can be mistaken for consolidation by referrers.	N/A	N
Pleural mass	Pleural mass / opacity in one location. Pleural mass is distinguished from intraparenchymal mass by having an obtuse angle with the pleura. A pleural mass is either nodular thickening of the pleura or pleural thickening greater than 1cm. The pleural mass should affect less than half the lung height and unilateral. Local pleural thickening less than 1cm is usually ignored.	Localisation	N
Pneumomediastinum	Gas within the mediastinum, typically outlining the pericardium and mediastinal margin.	N/A	Y
Post resection volume loss	Volume loss due to resection of lung e.g. pneumonectomy, lobectomy or segmentectomy, usually with staples / clips visible.	Laterality	N
Pulmonary artery enlargement	Enlargement of the pulmonary artery typically with loss of the aortopulmonary window. Width of the right descending pulmonary artery > 17mm on the PA film.	N/A	N
Rib fixation	Internal fixation of rib fractures. May not be predicted if the fracture has been fixated	Laterality	N

Finding name	Definition	Localisation Available	Critical Care Package
Rib lesion	Sclerotic or lytic, malignant or benign lesion within the rib with or without pathological fracture. This includes lesions due to systemic conditions such as myeloma, osteogenesis imperfecta, renal osteodystrophy etc. Congenital rib anomalies such as bifid or fused ribs are not included.	Localisation	N
Rib resection	Surgical removal of ribs, may be multiple. Typically thoracotomies are performed for lung resection.	N/A	N
Rotator cuff anchor	Bone anchors within the humeral heads.	Laterality	N
Scapular fracture	Cortical breach of the scapula. This includes both acute and chronic fractures.	Laterality	Y
Scapular lesion	Sclerotic or lytic, malignant or benign lesion within the scapula with or without pathological fracture. This includes lesions due to systemic conditions such as myeloma, osteogenesis imperfecta, renal osteodystrophy etc.	Localisation	N
Scoliosis	Increased lateral curvature of the thoracic spine with Cobb angle greater than 10 degrees on frontal view.	N/A	N
Segmental collapse	Collapse of entire segment or lobe of the lung, or compressive collapse from adjacent pleural effusion.	Localisation	Y
Shoulder arthritis	Loss of joint space, osteophyte formation, sclerosis and degenerative changes of the glenohumeral joint. Usually only predicted if there are significant changes – i.e. near complete loss of joint space.	N/A	N
Shoulder dislocation	Humeral head not articulating with glenoid fossa. Typically anterior and inferior dislocation.	Laterality	Y
Shoulder fixation	Internal fixation of humerus or scapula fractures. May not be predicted if the fracture has been fixated.	Laterality	N
Shoulder replacement	Total, partial or reverse total shoulder replacement.	Laterality	N

Finding name	Definition	Localisation Available	Critical Care Package
Pneumothorax	Includes simple pneumothorax and tension pneumothorax. Simple pneumothorax: Air within the thoracic cavity outside of the lung. May be associated with lung edge. Tension pneumothorax: Air within the thoracic cavity outside of the lung. May be associated with lung edge. Resultant mediastinal shift	Localisation	Y
Spinal fixation	Internal fixation of the spine for fractures or degeneration.	N/A	N
Sternotomy wires	Metallic wires fixating a sternotomy	N/A	N
Subcutaneous emphysema	Air within the soft tissues outside the abdominal or thoracic cavity. May be associated with pneumothorax or pneumomediastinum.	Laterality	Y
Subdiaphragmatic gas	Gas below the diaphragm not contained within a lumen.	N/A	Y
Suboptimal central line (CVC)	CVC or PICC line where the tip of the catheter is not positioned at the cavoatrial junction or the distal SVC, or if the catheter is looped or kinked.	Localisation	Y
Suboptimal endotracheal tube (ETT)	Endotracheal or tracheostomy tube that is too close to the carina or too far from it (not within 3 to 7cm), or within a bronchus.	N/A	Y
Suboptimal gastric band	Band around the gastro-oesophageal junction with phi angle between the band and the spine not within 0 to 60 degrees. Malpositioned bands may be associated with oesophageal dilation.	N/A	N
Suboptimal nasogastric tube (NGT)	NGT where the tip and the sideholes are not projected within the stomach, or the tip of the NGT is not visible and the image is cut-off within 5cm of the gastro-oesophageal junction. May be within the oesophagus or bronchus.	Localisation	Y
Suboptimal pulmonary arterial catheter (PAC)	Pulmonary artery catheter with tip not in the main pulmonary trunk or pulmonary arterial branch e.g. in the right ventricle, or if the catheter is looped or kinked.	N/A	Y

Finding name	Definition	Localisation Available	Critical Care Package
Mediastinal mass	Includes Inferior mediastinal mass, superior mediastinal mass and hiatus hernia. Inferior mediastinal mass: Masses within the mediastinum with the center of the mass below the superior border of the aortic arch. Superior mediastinal mass: Masses within the mediastinum with the center of the mass above the superior border of the aortic arch / loss of paratracheal stripes. Hiatus hernia: Sliding or paraoesophageal hiatus hernia into the posterior mediastinum. Retrocardiac fluid level may be present.	N/A	N
Tracheal deviation	Moving of the trachea across to one side secondary to increased pressure on one side or decreased pressure on the other side. Consideration of the extent of patient rotation must be taken into account.	N/A	Y
Underexposed	Outline of any thoracic vertebral bodies not visible. Only the primary AP or PA view is assessed, not the Lateral view or any other view / postprocessed image.	N/A	Y
Underinflation	The diaphragm is projected above the 9th posterior rib in a PA view or above the 7th rib in an AP view.	N/A	Y
Unfolded aorta	Widening of the aortic curve while maintaining a normal aortic diameter.	N/A	N

Finding name	Definition	Localisation Available	Critical Care Package
Interstitial Thickening	Includes Upper zone fibrotic volume loss, Lower zone fibrotic volume loss, Diffuse fibrotic volume loss, Diffuse interstitial thickening, Upper interstitial thickening and Basal interstitial thickening. This also includes thickened chronic fibrotic changes from lung scarring. Basal interstitial thickening: Opacities within pulmonary lobules in a linear / branching fashion affecting predominantly lower zones of one or both lungs. Diffuse interstitial thickening: Opacities within pulmonary lobules in a linear / branching fashion affecting both upper and lower zones of one or both lungs. Upper interstitial thickening: Opacities within pulmonary lobules in a linear / branching fashion affecting predominantly upper zones of one or both lungs. Diffuse fibrotic volume loss: Opacities within pulmonary lobules in a linear / branching fashion affecting one or both lungs. Upper and lower zones affected. Associated with volume loss (hilar displacement, diaphragmatic elevation, tracheal displacement). Lower zone fibrotic volume loss: Opacities within pulmonary lobules in a linear / branching fashion affecting one or both lungs. Lower zone predominant. Associated with volume loss (diaphragmatic elevation). Upper zone fibrotic volume loss: Opacities within pulmonary lobules in a linear / branching fashion affecting one or both lungs. Upper zone predominant. Has associated volume loss (hilar elevation). Includes apical scarring eg from previous TB.	Laterality	N
Widened aortic contour	Widening of the aortic arch diameter to 4.5cm or greater or the descending aorta to 4cm or greater, typically due to aneurysm, dissection or rupture.	N/A	Y

Finding name	Definition	Localisation Available	Critical Care Package
Widened cardiac silhouette	Increased cardiothoracic ratio > 0.5 on PA view and > 0.6 on AP view. Includes cardiomegaly and enlarged cardiac silhouette due to pericardial effusion. This finding is unreliable if the lungs are underinflated.	N/A	N

ANNALISE-AI Pty Ltd
Level P
24 Campbell Street
Sydney NSW 2000
AUSTRALIA

support@annalise.ai

www.annalise.ai

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