

NATIONAL ANALGESIC NEPHROPATHY STUDY

EVALUATION OF CT SCAN

**Slone Epidemiology Unit
Boston University School of Medicine**

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Note: The following is a printed version of the computerized forms that were used for recording the CT information. While it contains all of the key elements, it is not an exact representation of the screens or the computer program.

NATIONAL ANALGESIC NEPHROPATHY STUDY EVALUATION OF CT-SCAN

ENROLLMENT FORM FOR NORMAL SUBJECTS

Study ID number

Date of Evaluation
month day year

Subject's initials

Age

Sex 1. Male 2. Female

Height ft in or cm

Weight lb or kg

NATIONAL ANALGESIC NEPHROPATHY STUDY EVALUATION OF CT-SCAN

INITIAL INFORMATION

ESRD patient Normal subject

Date of CT Scan
month day year

Study ID number

Renal unit

Subject's initials

Age

Sex 1. Male 2. Female

Race 1. White 2. Black/African-American 3. Asian/Pacific Islander
4. Native American 5. Something else _____

Height ft in **or** cm

Current weight lb **or** kg

Body mass index .

SOFT TISSUE WINDOW

Window HU

Level HU

Field of view cm

STONE WINDOW

Window HU

Level HU

Field of view cm

RIGHT KIDNEY

Present Absent

LEFT KIDNEY

Present Absent

RENAL LENGTH and VOLUME

RIGHT KIDNEY

Total number of slices in which renal tissue is seen × 0.5 (slice thickness) = Length . cm

Width . cm (maximum diameter at level of renal artery entering hilum)

AP Dimension . cm (at level of renal artery entering hilum)

Renal volume (L × W × AP Dimension × 0.49) cm³

Renal diagram to be inserted. See Figure 12 in proposal.

LEFT KIDNEY

Total number of slices in which renal tissue is seen × 0.5 (slice thickness) = Length . cm

Width . cm (maximum diameter at level of renal artery entering hilum)

AP Dimension . cm (at level of renal artery entering hilum)

Renal volume (L × W × AP Dimension × 0.49) cm³

PARENCHYMAL THICKNESS

MEASUREMENT OF 3 CONTIGUOUS CENTRAL SLICES

RIGHT KIDNEY

	Anterior thickness		Posterior thickness		Lateral thickness		Parenchymal thickness
1.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
2.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
3.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
						Average	<input type="text"/> . <input type="text"/> cm

LEFT KIDNEY

	Anterior thickness		Posterior thickness		Lateral thickness		Parenchymal thickness
1.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
2.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
3.	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	+	<input type="text"/> . <input type="text"/> cm	÷ 3 =	<input type="text"/> . <input type="text"/> cm
						Average	<input type="text"/> . <input type="text"/> cm

Renal diagram to be inserted. See Figure 13 in proposal.

KIDNEY POSITION

RIGHT KIDNEY

	No	Yes
Normal kidney position/orientation	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
Malrotation	<input type="checkbox"/>	<input type="checkbox"/>
Ectopia	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>

If other, describe _____

LEFT KIDNEY

	No	Yes
Normal kidney position/orientation	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
Malrotation	<input type="checkbox"/>	<input type="checkbox"/>
Ectopia	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>

If other, describe _____

RENAL CONTOUR

RIGHT KIDNEY

<input type="checkbox"/>	<input type="checkbox"/>	Number of minor (<5 mm deep) indentations on renal surface (total from all slices).
<input type="checkbox"/>	<input type="checkbox"/>	Number of major (>5 mm deep) indentations on renal surface (total from all slices).
<input type="checkbox"/>	<input type="checkbox"/>	Number of major indentations > 1 cm wide.

LEFT KIDNEY

<input type="checkbox"/>	<input type="checkbox"/>	Number of minor (<5 mm deep) indentations on renal surface (total from all slices).
<input type="checkbox"/>	<input type="checkbox"/>	Number of major (>5 mm deep) indentations on renal surface (total from all slices).
<input type="checkbox"/>	<input type="checkbox"/>	Number of major indentations > 1 cm wide.

CALCIFICATIONS

PAPILLARY CALCIFICATIONS

RIGHT KIDNEY

No Yes Quantum Mottle

Total number of papillae with calcifications from all slices (enter class)

- 1. Class 1: 1-3 papillae
- 2. Class 2: 4-10 papillae
- 3. Class 3: >10 papillae

Size of papillary calcifications (enter grade)

- 1. Grade 1: Majority of papillary calcifications are < 2 mm
- 2. Grade 2: Majority of papillary calcifications are 2-4 mm
- 3. Grade 3: Majority of papillary calcifications are > 5 mm

OTHER CALCIFICATIONS

No Yes

Specify location of additional calcifications

	Number		
<input type="checkbox"/> Cortex	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Calyces/Collecting system	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Outer medulla	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> In renal mass or cyst	<input type="text"/>	<input type="text"/>	Number curvilinear <input type="text"/> <input type="text"/>
<input type="checkbox"/> In vessels	<input type="text"/>	<input type="text"/>	

PAPILLARY CALCIFICATIONS

LEFT KIDNEY

No Yes Quantum Mottle

Total number of papillae with calcifications from all slices (enter class)

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Size of papillary calcifications (enter grade)

- 1. Grade 1: Majority of papillary calcifications are < 2 mm
- 2. Grade 2: Majority of papillary calcifications are 2-4 mm
- 3. Grade 3: Majority of papillary calcifications are > 5 mm

OTHER CALCIFICATIONS

No Yes

Specify location of additional calcifications

	Number		
<input type="checkbox"/> Cortex	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Calyces/Collecting system	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Outer medulla	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> In renal mass or cyst	<input type="text"/>	<input type="text"/>	Number curvilinear <input type="text"/> <input type="text"/>
<input type="checkbox"/> In vessels	<input type="text"/>	<input type="text"/>	

MASSES

RIGHT KIDNEY

Masses No Yes If yes, number: For each, specify size and density below:

- 1. . cm Low density High density Isodense Mixed density Other
- 2. . cm Low density High density Isodense Mixed density Other
- 3. . cm Low density High density Isodense Mixed density Other
- 4. . cm Low density High density Isodense Mixed density Other
- 5. . cm Low density High density Isodense Mixed density Other

LEFT KIDNEY

Masses No Yes If yes, number: For each, specify size and density below:

- 1. . cm Low density High density Isodense Mixed density Other
- 2. . cm Low density High density Isodense Mixed density Other
- 3. . cm Low density High density Isodense Mixed density Other
- 4. . cm Low density High density Isodense Mixed density Other
- 5. . cm Low density High density Isodense Mixed density Other

EXTRA-RENAL FINDINGS

No Yes

Describe: _____

CRITERIA OF DEBROE AND ELSEVIERS*

KIDNEY DIMENSIONS: at level of renal vessels		horizontal		vertical		total dimensions		Kidney absent
	Right kidney	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="checkbox"/>
	Left kidney	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="text"/> <input type="text"/> <input type="text"/>	mm	<input type="checkbox"/>

CONTOUR:	Number of indentations:					Kidney absent	
		0	1-2	3-5	>5		
	Right kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CALCIFICATIONS:	No	Yes				
	<input type="checkbox"/>	<input type="checkbox"/>	if yes:	<input type="checkbox"/>	cortical	<input type="checkbox"/>
				<input type="checkbox"/>	papillary	<input type="checkbox"/>
				<input type="checkbox"/>	central	<input type="checkbox"/>
				<input type="checkbox"/>	other	<input type="checkbox"/>

1. DECREASED RENAL MASS BOTH SIDES (sum of both dimensions less than 103mm (male) / 96mm (female))	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>
2. BUMPY CONTOURS BOTH SIDES (3 or more indentations)	<input type="checkbox"/>	<input type="checkbox"/>
3. SIGNS OF RENAL PAPILLARY NECROSIS (calcifications on the papillary line)	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes
ANALGESIC NEPHROPATHY	<input type="checkbox"/>	<input type="checkbox"/>

<u>ANALGESIC NEPHROPATHY ACCORDING TO NEW PARAMETERS**</u>	Definite	Probable	Possible	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures of reviewers: _____

* Adapted from the ANNE Study

** Criteria for new parameters will be developed during Phase I of the study

Date of review	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	month day year