Ultrasound :: COVID-19 Radiology Reporting And Data Standards (RADS) Ver 0.2 Rel. on 30 Mar. 2020 Name: Gender: POCUS: ☐ Yes □ No Age: Patient Id: Days since symptoms: Days in follow-up: Scan frequency: Probe type: □ Linear □ Curvilinear □ Phased array □ Other Pre-existing Conditions: Comorbidities: Lung sliding □ Present* □ Reduced □ Absent Tick one applicable Lung pulse □ Present* □ Reduced □ Absent Tick one applicable □ Increased A-Lines □ Present* □ Reduced □ Absent Tick one applicable Distribution* □ Focal **B-Lines** □ Multifocal Tick one applicable □ Confluent Tick one applicable □ B1* □ B2* □ Normal □ Absent Z-Lines/Comet tails Tick one applicable □ Present[%] □ Absent Lung point Tick one applicable □ Present □ Absent* Pleural line □ Thickening* □ Subpleural □ Irregularity* abnormalities consolidation* Tick one applicable □ Present* Lung consolidation □ Absent Distribution □ Nontranslobar* □ Translobar* Vascular Pattern Size Air bronchograms Tick one applicable □ Dynamic* □ Static Spine sign Tick one applicable □ Negative □ Positive[%] □ Absent[%] Curtain sign Tick one applicable □ Present

Tick one applicable

Pleural effusion

COVID-19 CT findings likely correlation to Ultrasound findings

□ Present[%]

CT findings	Ultrasound findings
Thickened pleura	Thickened, irregular pleural lines
Ground glass shadow and effusion	B lines (multifocal, discrete or confluent)
Pulmonary infiltrating shadow	Confluent B lines
Subpleural consolidation	Small consolidations
Translobar consolidation	Translobar consolidation +/- air bronchograms
More than two lobes affected	Multilobar distribution of abnormalities

□ Absent

^{*} More likely COVID-19 indicators

[%] Less likely COVID-19 indicators

X-Ray:: COVID-19 Radiology Reporting And Data Standards (RADS) Ver 0.2, Rel. on 30 Mar. 2020

Name:	Age:	Gender:	View: □ AP □ PA □ LL
Patient Id:	ient Id: Days since symptoms:		Days in follow-up:
Pre-existing Conditio	ns:		
Comorbidities:			
Ground Glass Opacities (GGO)	Side Tick one applicable	□ Bilateral	□ Unilateral
opaonios (CCC)	Lobe	□ Lower	□ Upper
	Tick all applicable Location	☐ Middle ☐ Anterior	□ NAD
Other Opacities	Tick all applicable, only in LL view Type Tick and applicable	□ Posterior □ Patchy □ Diffuse	□ Multifocal
	Tick one applicable Side	□ Diffuse □ Bilateral	□ Unilateral
	Tick one applicable Lobe Tick all applicable	□ Lower □ Middle	□ Upper
	Location Tick all applicable, only in LL view	□ Anterior □ Posterior	□ NAD
Consolidation	Type Tick one applicable	□ Lobar □ Patchy	□ Diffuse □ Multifocal
	Side Tick one applicable	□ Bilateral	□ Unilateral
	Lobe Tick all applicable	□ Lower □ Middle	□ Upper
	Location Tick all applicable, only in LL view	□ Anterior□ Posterior	□ NAD
	Air bronchogram Tick one applicable	□ Present	□ Absent
Associated features	Nodules Tick all applicable	□ Pulmonary	□ Centrilobular
	Fibrosis ¹ Tick one applicable	□ Present	□ Absent
	Bronchiectasis Tick one applicable	□ Present	□ Absent
Atypical features ² Tick all applicable	 ☐ Mediastinal Lymphadenopathy 	□ Pleural effusion□ Cavitation	□ Pneumothorax □ Pericardial effusion

Early stage (0-4 days)	GGO only
Progressive stage (5-8 days)	Increased GGO and crazy paving appearance
Peak stage (9-13 days)	Consolidation
Absorption stage (>14 days)	With improvement, fibrous stripes appear and resolution occurs at 1 (one) month and beyond

¹ Fibrosis changes are seen in the absorption stage (>14 days)

² Atypical features should raise concern for super-added bacterial pneumonia

CT:: COVID-19 Radiology Reporting And Data Standards (RADS) Ver 0.2 Rel. on 30 Mar. 2020 Name: Gender: HRCT: □ Yes □ No Age: Patient Id: Days since symptoms: Days in follow-up: **Pre-existing Conditions:** Comorbidities: **Ground Glass** Location □ Peripheral □ Central Opacities (GGO) Tick all applicable □ Subpleural Spread □ Lobular □ Lobar Tick all applicable □ Segmental □ Bilateral Side □ Unilateral Tick one applicable Lobe □ Upper □ Lower Tick all applicable □ Middle Thickening Septal thickening³ □ Inter-lobular □ Intra-lobular Tick one applicable Bronchovascular □ Present □ Absent thickening Pleural thickening □ Present □ Absent Subpleural thickening □ Present □ Absent Air Space □ Peripheral □ Central Location Consolidation Tick all applicable □ Subpleural □ Bilateral Side □ Unilateral Tick one applicable Lobe □ Lower □ Upper Tick all applicable □ Middle Air bronchogram □ Present □ Absent □ Centrilobular Associated features **Nodules** □ Pulmonary Tick all applicable Fibrosis⁴ □ Bronchus deformation □ Fibrous Tick all applicable stripes/streaks/bands □ Subpleural bands

COVID-19 Temporal Staging Indicators

□ Present

□ Present

□ Tree-in-bud

nodules

□ Multiple tiny pulmonary

Early stage (0-4 days)	Normal CT or GGO only
Progressive stage (5-8 days)	Increased GGO and crazy paving appearance
Peak stage (9-13 days)	Consolidation
Absorption stage (>14 days)	With improvement, fibrous stripes appear and resolution occurs at 1 month
	and beyond

Atvpical⁵

Tick all applicable

Widening of vessels

Lymphadenopathy

□ Pleural effusion

□ CT halo sign

□ Mediastinal

Traction bronchiectasis

□ Absent

□ Absent

□ Cavitation

□ Pneumothorax

□ Pericardial effusion

³ Crazy paving appearance = GGO + Septal thickening

⁴ Fibrous changes are generally seen in absorption stage after 14 days

⁵ Atypical features raise concern for super-added bacterial pneumonia