

**Miller, Diane M. (CDC/NIOSH/EID)**

---

**From:**  
**Sent:** Wednesday, November 01, 2006 12:11 PM  
**To:** NIOSH Docket Office (CDC)  
**Cc:** Doyle, Glenn (CDC/NIOSH/EID); Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR)  
**Subject:** 085 - Radiography Comments

Name

Organization  
Law Firm

Email

Address

Comments

Why are B-readers called B-readers?

Please help me understand something - when a report comes back by a radiologist that reads:

"Findings" No focal infiltrates, effusions, or pneumothoraces are identified. The cardiac and mediastinal silhouettes are normal" - is there a chance that a B-reader will find something on that film that the other physician has not seen?

Another film reads "Findings: there is no evidence of pneumonia or edema.

Heart size is normal. There is no pneumothorax or pleural effusion.

There is some mild anterior wedging of a lower thoracic vertebral body" - does the last sentence mean something - is it possible that a B-reader might conclude that the person was exposed to silica or some other hazardous dust?

Finally, the last film reads: "Comparison is made to a two view chest radiograph dated.... Overall, no significant interval change is seen.

There is no confluent pulmonary infiltrates or pleural effusions. No pneumothorax is indentified. The heart size is within normal limits.

There is no pulmonary edema".

If only a B-reader is able to see problems deeper than what the average radiologist sees why would anyone ever go to a physician who isn't a specialist? Are radiologists not trained to see egg shell calcifications or other indications of various dust exposures? If not, how many people go undiagnosed year after year because they have unknowingly put their confidence in a doctor who doesn't have special training or certifications? How or why would the average person know that this person who is taking care of them is really not qualified to do so?

I am just trying to understand and appreciate any help you can provide me.