

# Imaging CT/MRI

Patient Identification Information <input style="width: 300px;" type="text"/>			
Date of imaging:		(CTMRI.CTMRIDate) <input style="width: 100px;" type="text"/>	
Time of imaging		(CTMRI.CTMRITime) <input style="width: 50px;" type="text"/>	
Icometrix data below will be automatically updated			
Date/Time of image upload to Icometrix		(CTMRI.IcometrixUploadDateTime) <input style="width: 150px;" type="text"/>	
Passed QA in Icometrix		(CTMRI.IcometrixPassedQA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Icometrix QA Date/Time		(CTMRI.IcometrixQADateTime) <input style="width: 100px;" type="text"/>	
Icometrix Image Id		(CTMRI.IcometrixImageId) <input style="width: 150px;" type="text"/>	
Data initially loaded from Icometrix		(CTMRI.InitialDataIcometrix) <input type="checkbox"/>	
<b>Imaging Modality</b>	(CTMRI.CTDone) <input type="checkbox"/> CT	(CTMRI.MRIDone) <input type="checkbox"/> MRI	(CTMRI.XRayDone) <input type="checkbox"/> X-Ray Angiography (CTMRI.Timepoint) <u>Timepoint</u> <input type="radio"/> CT Early <input type="radio"/> CT Followup <input type="radio"/> CT Post-Op <input type="radio"/> MR Early
<b>CT</b>		<b>MRI</b>	
Specify CT Type:	(CTMRI.CTType) <input type="checkbox"/> Non-contrast CT <input type="checkbox"/> Contrast CT <input type="checkbox"/> CT Angiography <input type="checkbox"/> Perfusion CT	Specify MRI Type	(CTMRI.MRIType) <input type="checkbox"/> MRI <input type="checkbox"/> MRA
Patient location at time of CT	(CTMRI.CTPatientLocation) <input type="checkbox"/> ER <input type="checkbox"/> Ward/Admission <input type="checkbox"/> ICU	Patient location at time of MRI	(CTMRI.MRIPatientLocation) <input type="checkbox"/> ER <input type="checkbox"/> Ward/Admission <input type="checkbox"/> ICU
Imaging scanner manufacturer	(CTMRI.CTManuf) <input type="checkbox"/> Agfa <input type="checkbox"/> Carestream <input type="checkbox"/> GE <input type="checkbox"/> Hitachi <input type="checkbox"/> Konica Minolta <input type="checkbox"/> Philips <input type="checkbox"/> Siemens <input type="checkbox"/> Toshiba <input type="checkbox"/> Other	Imaging scanner manufacturer	(CTMRI.MRIManuf) <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> GE <input type="checkbox"/> Toshiba <input type="checkbox"/> Other
Type of scanner	(CTMRI.CTScannerType) <input type="checkbox"/> 320-slice <input type="checkbox"/> 256-slice <input type="checkbox"/> 128-slice <input type="checkbox"/> 64-slice <input type="checkbox"/> 32-slice <input type="checkbox"/> 16-slice <input type="checkbox"/> Other	Scanner strength	(CTMRI.MRIScannerStrength) <input style="width: 50px;" type="text"/>
Angulation	(CTMRI.CTAngulation) <input type="checkbox"/> No angulation (volume scan)	Sequence(s)	(CTMRI.MRISequences) <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> FLAIR <input type="checkbox"/> DWI <input type="checkbox"/> GRE <input type="checkbox"/> SWI <input type="checkbox"/> DTI <input type="checkbox"/> MRSI <input type="checkbox"/> PWI <input type="checkbox"/> Other

- Orbital-meatal line
- Other

(CTMRI.CTReason) Main reason for CT

- Standard follow-up
- Post-operative control
- Clinical deterioration
- (Suspicion of) Increasing ICP
- Lack of improvement
- Unknown
- Other

(CTMRI.CTReasonOther) Specify Other

(CTMRI.MRIReason) Main reason for MRI

- Discrepancy between CT and clinical condition
- Standard Care
- Detection of brainstem lesions
- Study protocol
- Unknown
- Other

(CTMRI.MRIReasonOther) Specify other:

### Reason for CT

(CTMRI.CTERReason)

- GCS <= 14
- GCS = 15 + risk factors
- Head wound
- Exclusion of abnormalities prior to discharge
- Suspicion of maxillofacial injury
- Other
- Unknown

(CTMRI.CTERReasonOther) Specify other

### Reason for MRI

(CTMRI.MRIERReason)

- ER only: Discrepancy between clinical symptomatology and (lack of) CT abnormalities
- ER only: Suspicion non-metal foreign object
- ER only: Instead of CT (limiting radiation exposure)
- ER only: Suspicion spinal cord lesion
- Unknown
- Other

(CTMRI.MRIERReasonOther) Specify other:

### Risk factors

- (CTMRI.CTRiskFactorsERLOC)  Loss of consciousness
- (CTMRI.CTRiskFactorsERHeadache)  Headache
- (CTMRI.CTRiskFactorsERVomit)  Vomiting
- (CTMRI.CTRiskFactorsERAgeGreatrThanEqual60)  Age >= 60
- (CTMRI.CTRiskFactorsERSeizure)  Seizure
- (CTMRI.CTRiskFactorsERAnticoagTx)  Anticoagulant Tx
- (CTMRI.CTRiskFactorsERIntoxication)  Intoxication
- (CTMRI.CTRiskFactorsERVulnRoadUser)  Vulnerable road user (pedestrian or cyclist)
- (CTMRI.CTRiskFactorsERFallFromAnyElev)  Fall from any elevation
- (CTMRI.CTRiskFactorsERPTAGreatrThanEqual4hrs)  PTA >= 4 hours
- (CTMRI.CTRiskFactorsERAAlterationOfConsc)  Alteration of consciousness
- (CTMRI.CTRiskFactorsERAnyNeuroDef)  Any neurological deficit
- (CTMRI.CTRiskFactorsERClinSignsOfFractSkullBaseVault)  Clinical signs of fracture skull base or vault
- (CTMRI.CTRiskFactorsERPhysEvidTraumaHeadSkull)  Physical evidence of trauma to head/skull
- (CTMRI.CTRiskFactorsERSignsFacialFract)  Signs of facial fracture
- (CTMRI.CTRiskFactorsERContusionFace)  Contusion of the face
- (CTMRI.CTRiskFactorsEROther)  Other
- (CTMRI.CTRiskFactorsEROtherTxt) Specify other

### Intracranial Lesions

Small hyper dense lesions (DAI) (CTMRI.CTICLesionDAI)

- No
- Yes
- Unknown

Extradural haematoma (CTMRI.CTExtraduralHema)

- No
- Small
- Large (mass)
- Unknown

Acute subdural haematoma (CTMRI.CTAcuteSubdurHema)

### Results

Pre-existing abnormalities (CTMRI.MRIResultPreExistAbnorm)

- No
- Yes
- Unknown

Traumatic abnormalitites (CTMRI.MRIResultTraumaticAbnorm)

- No
- Yes
- Unknown

Contusion	<input type="checkbox"/> No <input type="checkbox"/> Small <input type="checkbox"/> Large (mass) <input type="checkbox"/> Unknown (CTMRI.CTContusion) <input type="checkbox"/> No <input type="checkbox"/> Small <input type="checkbox"/> Large (mass) <input type="checkbox"/> Unknown
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<b>Scheduled for operation*</b> (CTMRI.CTSchedForOp) <input type="radio"/> No <input type="radio"/> Yes	<b>DAI</b> (CTMRI.MRITraumAbnormDAI) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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(CTMRI.CTNoOpMotiv) Motivation for not scheduling operation <input type="checkbox"/> No surgical lesion <input type="checkbox"/> Lesion present, but Acceptable/good neurologic condition <input type="checkbox"/> Lesion present, but Guideline adherence <input type="checkbox"/> Lesion present, but Little/no mass effect <input type="checkbox"/> Lesion present, but Not hospital policy <input type="checkbox"/> Lesion present, but Extremely poor prognosis <input type="checkbox"/> Lesion present, but Brain Death <input type="checkbox"/> Lesion present, but Old age <input type="checkbox"/> Lesion present, but Wish family, relative or Legal representative <input type="checkbox"/> Lesion present, but Other <input type="checkbox"/> Unknown (CTMRI.CTNoOpMotivOther) Specify other: <input style="width: 100%;" type="text"/>	<table border="0"> <tr> <td style="vertical-align: top;">           Number of lesions (CTMRI.MRITraumAbnormDAI_NumLesions)  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> &gt;= 5         </td> <td style="vertical-align: top;">           Location            Corpus Callosum (CTMRI.MRITraumAbnormDAI_LesionLocCorpusCallosum)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown            Brainstem (CTMRI.MRITraumAbnormDAI_LesionLocBrainstem)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown            Diffuse white matter (CTMRI.MRITraumAbnormDAI_LesionLocDiffuseWhiteMatter)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown         </td> </tr> </table>	Number of lesions (CTMRI.MRITraumAbnormDAI_NumLesions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> >= 5	Location Corpus Callosum (CTMRI.MRITraumAbnormDAI_LesionLocCorpusCallosum) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Brainstem (CTMRI.MRITraumAbnormDAI_LesionLocBrainstem) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Diffuse white matter (CTMRI.MRITraumAbnormDAI_LesionLocDiffuseWhiteMatter) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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(CTMRI.CTYesOpMotiv) Motivation for scheduling operation <input type="checkbox"/> Emergency/life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> (Suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration <input type="checkbox"/> Depressed skull fracture <input type="checkbox"/> Other (CTMRI.CTYesOpMotivOther) Specify other: <input style="width: 100%;" type="text"/>	<table border="0"> <tr> <td style="vertical-align: top;">           Contusions (CTMRI.MRITraumAbnormContusion)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown         </td> <td style="vertical-align: top;">           EDH (CTMRI.MRITraumAbnormEDH)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown         </td> </tr> <tr> <td style="vertical-align: top;">           ASDH (CTMRI.MRITraumAbnormASDH)  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unknown         </td> <td></td> </tr> </table>	Contusions (CTMRI.MRITraumAbnormContusion) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	EDH (CTMRI.MRITraumAbnormEDH) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	ASDH (CTMRI.MRITraumAbnormASDH) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
Contusions (CTMRI.MRITraumAbnormContusion) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	EDH (CTMRI.MRITraumAbnormEDH) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown				
ASDH (CTMRI.MRITraumAbnormASDH) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown					

Depressed skull fracture	(CTMRI.CTDeprSkullFract) <input type="checkbox"/> No <input type="checkbox"/> Closed <input type="checkbox"/> Open (compound)
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Subarachnoid hemorrhage	(CTMRI.CTSubarachnoidHem) <input type="checkbox"/> No <input type="checkbox"/> Basal <input type="checkbox"/> Cortical <input type="checkbox"/> Basal and Cortical
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Midline Shift

(CTMRI.CTMidlineShift) (CTMRI.CTMidlineShiftMeasure) Shift (mm)

No

Yes

Basal cisterns absent compressed (CTMRI.CTBasalCisternsAbsentCompressed)

No

Yes

Ischemia

(CTMRI.CTIschemia)

No

Single arterial territory

Multiple territories

Hemisphere