
**Project ECHO for Interstitial Lung Disease
Case Form**

ECHO ID: ILDECHO-066

☒ New Case☐ Follow-up Case

Current or suspected ILD diagnosis (if known):

How was this diagnosis made (select all that apply)?

☒ Radiology☐ Pathology☐ Multidisciplinary discussion

Main Question:

By presenting this case, I hope to obtain:

☐ Help making a diagnosis☐ Help with lab/test interpretation☒ Help with clinical management☐ Other (please specify):

Patient Demographic Information:☒ Male ☐ Female ☐ Transgender

Age (years): 60

State of primary residence: MA

Ethnicity: ☐ Hispanic or Latino ☒ Not Hispanic or LatinoRace (check all that apply): ☐ American Indian or Alaskan Native ☐ Asian☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☒ White☐ Other ☐ Unknown

Case Summary:

60 M with a family history of ILD who was having routine CT imaging performed to monitor pulmonary nodules. He was ultimately referred to the ILD clinic when he was discovered to have interstitial changes in light of his family history. He has an occasional cough in the cold air but otherwise has not noted much in the way of dyspnea.

Exposure History:

- ☒ Previous or current bird ownership ☐ Down products in the home
- ☐ Woodworking ☐ Well water ☐ Hay exposure ☐ Hot tub/jacuzzi/sauna
- ☐ Humidifiers ☐ Dusty environments ☐ Water damage or mold at work or home
- ☐ Farmland/barns ☐ Amiodarone ☐ Chemotherapy past/present
- ☐ Chest radiation past/present ☐ Asbestos

Past Medical History:

T2DM, OSA (untreated), PUD, obesity, Afib on AC, depression, psoriasis

Medications:

Eliquis, Prozac, Metformin, Metoprolol, Morphine, Omeprazole, Rosuvastatin, Mounjaro, Topical tacrolimus

Focused ROS:

- ☐ Rashes ☐ Skin thickening ☒ Arthralgias ☐ Myalgias ☐ Muscle weakness
- ☐ Dry mouth ☒ Dry eyes ☐ Red or painful eyes ☐ Raynaud's ☐ Oral ulcers
- ☐ Alopecia ☐ Dysphagia ☐ Heartburn/reflux ☐ Fevers ☐ Night sweats
- ☐ Palpitations ☐ Weight loss

Smoking History:

- ☐ Never smoked
- ☒ Current smoker (Intermittent cigar use packs per day)

Pack years: Quit date (if applicable):

- ☐ Cocaine use (route)
 - ☐ Vaping/e-cigarettes (frequency)
 - ☐ Inhaled marijuana (quantity)
-

Occupations, current and previous (if industrial or factory work, please provide specific details):

Custodian

Travel and Residential History:

None

Family History:

- ☒ Pulmonary fibrosis or interstitial lung disease
 - ☐ RA, Lupus, or other autoimmune diseases
 - ☐ Premature gray hair ☐ Cirrhosis of the liver ☐ Bone marrow disorders
 - ☐ Leukemias
-

Physical Exam:*Vital signs:*

BP: 127/80 Height (cm): 165.1 Wt (kg): 123.8 BMI: 45.43

Oxygen saturation: 97% Ambulatory saturation:

HEENT:

- ☐ Scleral injection ☐ Dry mucous membranes ☐ Poor dentition ☐ Ptosis

Pulmonary:

- ☐ Wheezes ☐ Rhonchi ☐ Crackles
- ☐ Squeaks ☐ Stridor ☐ Dullness to percussion ☐ Pleural Rub
- ☐ Bronchial breath sounds
- ☐ Other:

Cardiac:

- ☐ Murmur ☐ Gallop
- ☐ RV heave ☐ Pulmonary tap ☐ JVD ☐ Irregular
- ☐ Edema ☐ Other:

Abdomen:

- ☐ Distended ☐ Tender ☐ Tympanitic ☐ Pulsatile liver ☐ Fluid wave
-

☐ Other:

Skin/Nails:

- ☐ Rash (location, description)
- ☐ Clubbing ☐ Ragged cuticles ☐ Telangiectasias
- ☐ Abnormal nailfold capillaroscopy
- ☐ Digital swelling / Sclerodactyly ☐ Ulcerations
- ☐ Mechanic's hands

Joints:

- ☐ Synovitis ☐ Deformity ☐ Tenderness ☐ Erythema

Neuro:

- ☐ Proximal muscle weakness
- ☐ Other:

Other pertinent findings:

Relevant Studies (please list key findings):

☒ PFTs:

	03/2025
FVC	3.28 (92%)
FEV1	2.96 (105%)
FEV1/FVC	90 (114%)
DsbHb	20.90 (88%)
TLC	5.30 (87%)
VA	4.30 (79%)

- ☐ CXR Uploaded to Ambra: ☐ Yes ☐ No
- ☒ CT chest Uploaded to Ambra: ☒ Yes ☐ No
- ☒ Echocardiogram Uploaded to Ambra: ☐ Yes ☒ No
-

☐ Right heart catheterization:

☐ Other relevant testing:

Relevant Labs:

Has the patient been evaluated by a Rheumatologist? ☐ Yes ☒ No

Date of last labs (month/year): 03/2025

CBC/differential:

ANA: ☒ Neg ☐ Titer Pattern

ANA #2: ☐ Titer Pattern

ANA #3: ☐ Titer Pattern

Smith: ☒ Neg ☐ Titer

SSA/Ro60: ☒ Neg ☐ Titer

SSB/La: ☒ Neg ☐ Titer

dsDNA: ☒ Neg ☐ Titer

Scl-70: ☒ Neg ☐ Titer

Centromere: ☐ Neg ☐ Titer

RNA polymerase III: ☒ Neg ☐ Titer

RNP: ☒ Neg ☐ Titer

RF: ☒ Neg ☐ Titer

CCP: ☒ Neg ☐ Titer

ANCA: ☒ Neg ☐ Titer Pattern

MPO: ☒ Neg ☐ Titer

PR3: ☒ Neg ☐ Titer

PM1-Scl: ☒ Neg ☐ Titer

Ro52: ☒ Neg ☐ Titer

Jo-1: ☒ Neg ☐ Titer

EJ: ☒ Neg ☐ Titer

OJ: ☒ Neg ☐ Titer

PL-7: ☒ Neg ☐ Titer

PL-12: ☒ Neg ☐ Titer

MDA5: ☒ Neg ☐ Titer

KU: ☒ Neg ☐ Titer

MI-2: ☒ Neg ☐ Titer

P155/140 (TIF1y): ☒ Neg ☐ Titer

NXP-2: ☒ Neg ☐ Titer

SRP: ☒ Neg ☐ Titer

SAE-1: ☒ Neg ☐ Titer

HP panel: ☒ Neg ☐ Pos

C3/C4: ☐ WNL ☐ Low

ESR:

CRP:

CK: 53

Aldolase: 5.5

ACE:

Urinalysis:

Additional Comments:

Telomere length: Very Low (<1%) for lymphocytes; Low (< 10%) for granulocytes

Questions:

- 1) Given the family history, imaging pattern, bird exposure and known telomeropathy, is a surgical biopsy indicated?
 - 2) If we see something other than UIP, what is our threshold for starting immunosuppression given the telomeropathy?
-