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

ECHO ID: ILDECHO-070

☒ New Case☐ Follow-up Case

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Current or suspected ILD diagnosis (if known): Cryptogenic organizing pneumonia

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

☒ Radiology☒ Pathology☐ Multidisciplinary discussion

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**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):

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**Patient Demographic Information:**☒ Male ☐ Female ☐ Transgender

Age (years): 76

State of primary residence: Massachusetts

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

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**Case Summary:**

76 M who spends considerable time in AZ where Valley Fever is common. Diagnosed with "PNA" in April and received two rounds of Abx and a short course of prednisone. Fatigue, severe dry cough, wheezing and SOB progressed. CXR, CT chest were performed and he was referred to pulmonary. BAL 6/2025: Airways unremarkable. Cytology demonstrated increased, small lymphocytes, rare giant

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cells. Fungus and Coccidiomycosis stains negative. Initiated prednisone 40 mg daily (6/2025). Cough somewhat improved; dyspnea 25% improved. However, significant side effects from the prednisone. MMF 500 bid started with plans to titrate to 1000 bid, though in 7/2025 reported LE and hand cramping; intra-ocular pressures increasing per ophtho. MMF stopped, as patient felt this was the cause of side effects. Evaluated by Rheum, who suggested starting AZA. Couldn't tolerate AZA (stomatitis). Prednisone now down to 20 mg daily, and added Clarithromycin 500 mg twice daily. He continues to struggle with insomnia, elevated intra-ocular pressures, headaches, weight loss. Started on Ambien for insomnia, and only getting 2-4 hrs of sleep leading to increased fatigue.

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**Exposure History:**

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

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**Past Medical History:**

PE (2007)

Chronic cough

GERD

Gout

Hand spasms

L eye corneal transplant

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**Medications:**

NTG prn

Fenofibrate

Claritin

MVI

Albuterol prn

Prednisone (now 20 mg daily)

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Clarithromycin 500 bid

## 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 smoker
- ☐ Current smoker (          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):

Retired, worked as a social worker and clinical director for program for at risk youth

## Travel and Residential History:

Arizona, Azores

## 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

Comments:

## Physical Exam:

### *Vital signs:*

BP: 120/60    Height:                      Wt:                      BMI:

Oxygen saturation: 90%    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:

	06/2025
FVC	3.51 (97%)
FEV1	2.76 (101%)
FEV1/FVC	
DsbHb	14.7 (64%)
TLC	
VA	

☒ 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:

6/2025: VATS

## Relevant Labs:

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

Date of last labs (month/year): 4/2025

CBC/differential: WBC 7.7, 8% Eos

ANA: ☐ Neg ☒ Titer 80 Pattern Cytoplasmic

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 25

P155/140 (TIF1y): ☒ Neg ☐ Titer

NXP-2: ☒ Neg ☐ Titer

SRP: ☐ Neg ☐ Titer

SAE-1: ☐ Neg ☐ Titer

HP panel: ☐ Neg ☒ Pos Cladosporium herbarium (22.6)

C3/C4: ☐ WNL ☐ Low

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ESR:

CRP: 65

CK:

Aldolase:

ACE:

Urinalysis:

*Additional Comments:*

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**Questions:**

- 1) Is the current diagnosis of OP correct?
- 2) Are additional diagnostic tests required?
- 3) What other treatment options are available/recommended?