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

ECHO ID: ILDECHO-060

☒ New Case☐ Follow-up Case

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Current or suspected ILD diagnosis (if known): Post-Covid ILD versus Fibrotic HP

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): 64

State of primary residence: FL

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:**

64 year old female with no known pre-existing ILD. There are questionable areas of reticulation versus atelectasis on CT-abdo from 2016 and suspected interstitial changes on chest x-ray Nov 2018. She was hospitalized in June 2022 with diffuse bilateral ground glass opacities in keeping with COVID-19 infection. Treated with prone positioning and dexamethasone. Subsequent CT Nov 2022 demonstrated

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coarsening reticulation and some traction bronchiectasis with improvement in ground glass opacification. She has had stable to mildly worsened fibrotic changes in all areas of previous disease and on recent imaging Dec 2024 there is evidence of mosaicism and persistent groundglass in all prior areas of involvement with GGO with and without fibrosis. She has had stable mild restriction with moderate impairment in diffusion capacity and has exertional hypoxemia on 6MWT most recently Nov 2024 (desaturation to 83%). Bronchoscopy June 2024 76% macrophages, 13% lymphocytes, 4% neutrophils, reactive appearing bronchial cells, histiocytes, granulocytes and lymphocytes. Given mosaicism and GGO trialed 3 months of prednisone for possible HP; no improvement in symptoms. Significant concern about subsequent worsening in the future; discussed in MDD and decided to trial mycophenolate. Patient used for 1 month and then had influenza. Recent ILD flare after influenza infection; currently on steroid taper.

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**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

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**Past Medical History:**

Fibromyalgia, degenerative disk disease, depression

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**Medications:**

Bupropion, ezetimibe, pantoprazole, gabapentin, clonazepam

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**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
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## Smoking History:

☐ Never smoker

☐ Current smoker (          packs per day)

Pack years: 1          Quit date (if applicable): 01/1981

☐ Cocaine use (route)

☐ Vaping/e-cigarettes (frequency)

☐ Inhaled marijuana (quantity)

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

Substitute teacher

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## Travel and Residential History:

NA

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## 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:*

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## Physical Exam:

*Vital signs:*

BP:          Height: 167 cm   Wt: 83 kg   BMI: 34

Oxygen saturation: 93%   Ambulatory saturation: 83%

*HEENT:*

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

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## *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
- ☐ Mechanics hands

## *Joints:*

- ☐ Synovitis                      ☐ Deformity   ☐ Tenderness   ☐ Erythema

## *Neuro:*

- ☐ Proximal muscle weakness
- ☐ Other:

## *Other pertinent findings:*

**Relevant Studies (please list key findings):**☒ PFTs:

	<b>10/2022</b>	<b>02/2023</b>	<b>05/2023</b>	<b>12/2023</b>	<b>05/2024</b>
FVC	1.84	1.86	1.88	1.92	1.99
FEV1	1.50	1.61	1.65	1.62	1.76
FEV1/FVC	81	87	88	85	89
DsbHb	9.1 (44%)	8.3 (40%)	9.9 (48%)	9.7 (53%)	9.65 (52%)
TLC	2.51				
VA	2.06	2.44	2.48	2.58	2.54
	<b>11/2024</b>				
FVC	1.83				
FEV1	1.60				
FEV1/FVC	87				
DsbHb	9.96 (54%)				
TLC					
VA	2.51				

☒ 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:

6MWT: Distance 400m, SpO2 83%.

All autoimmune serologic testing including myositis panel negative.

**Relevant Labs:**Has the patient been evaluated by a Rheumatologist? ☒ Yes ☐ No

Date of last labs (month/year): 05/2024

CBC/differential: Hgb 147

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: 3.58

CK: 34

Aldolase:

ACE: 51

Urinalysis:

*Additional Comments:*

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## Questions:

- 1) Should we proceed with additional immunosuppression?
- 2) There has not been any clear fibrotic progression since Nov 2022;  
Is there fibrotic progression?
- 3) Is there a role for anti-fibrotic in the absence of clear progression given her young age and how abnormal her baseline pulmonary function testing is?