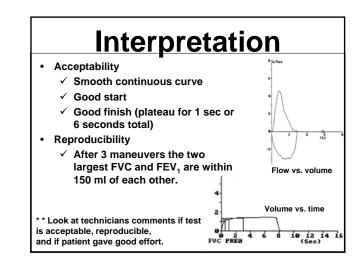
Pulmonary Function Testing – A Case Based Approach

Nitin Bhatt MD

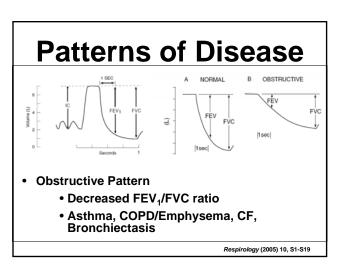
Karen Wood MD

Pulmonary/Critical Care Medicine



Interpretation

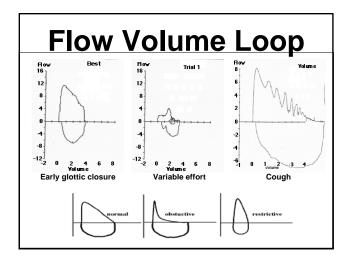
- · Is test acceptable and reproducible?
- · Look at flow volume loop
- Examine FEV₁/FVC ratio
- Look at FVC
- If obstruction is there a post-bronchodilator response
- · Classify severity
- Look at lung volumes (specifically TLC)
- Examine DLCO

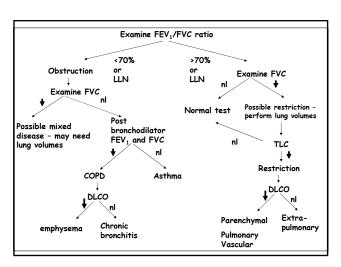


Patterns of Disease Restrictive Pattern FEV,/FVC ratio preserved but values decreased Parenchymal disease Idiopathic pulmonary fibrosis (IPF), Pneumoconiosis Interstital lung diseases Restrictive bellows Neuromuscular disease (ALS, MD) Chest wall abnormalities (obesity, kyphoscoliosis) Respirology (2005) 10, S1-S19

Bronchodilator Challenge

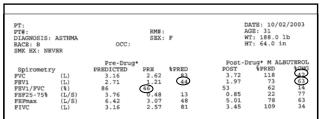
- · Assess lung function at baseline
- · Administer bronchodilator through a spacer
- Re-assess lung function after 15 min
- · Positive bronchodilator response
 - An increase in FEV1 and/or FVC by 12% of control and by > 200 mL
- In the lack of a bronchodilator response in the laboratory does not preclude a clinical response to bronchodilator therapy



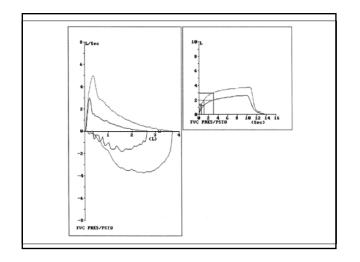


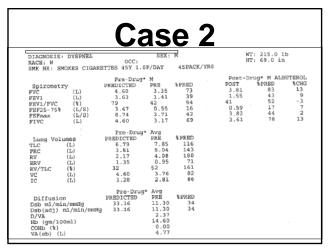
		C	as	e 1			
PT: PT#: DIAGNOSIS: RACE: B SMK HX: NE		occ:	RM#: SEX:	F	AC W	ATE: 10/02 GE: 31 F: 188.0 I	lb
		Pre-Drug	*		Post-D	rug* M AL	
Spirometry		PREDICTED	PRE	%PRED	POST	% PRED	*CHG
FVC	(L)	3.16	2.62	83	3.72	118	42
FEV1	(L)	2.71	1.21	44	1.97	73	63
FEV1/FVC	(%)	86	46		53	62	14
FEF25-75%	(L/S)	3.76	0.48	13	0.85	22	77
FEFmax	(L/S)	6.42	3.07	48	5.01	78	63
FIVC	(L)	3.16	2.57	81	3.45	109	34

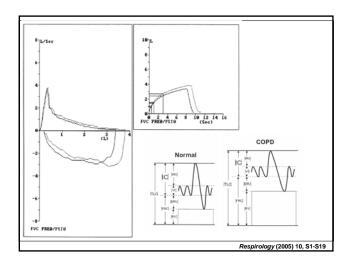
- 31 y/o female with 3 ½ month history of cough usually non-productive. Associated wheezing and mild dyspnea. Started after a viral illness.
- No PMH, ROS negative.
- Lungs scattered bilateral expiratory wheezes.
- CXR negative

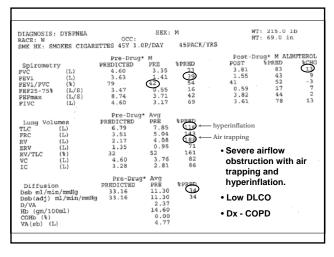


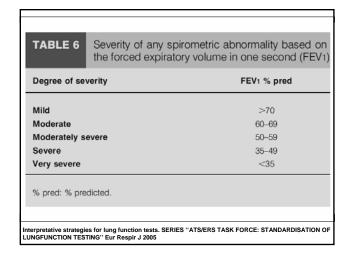
- · Obstruction with bronchodilator response
- Started on inhaled corticosteroid, as needed B2 agonist, and given peak flow meter.
- Return in 3 weeks revealed cough has almost totally resolved, peak flow has increased from 460 to 600.
- Dx asthma

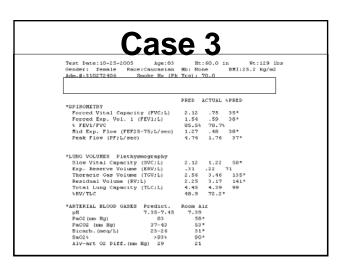


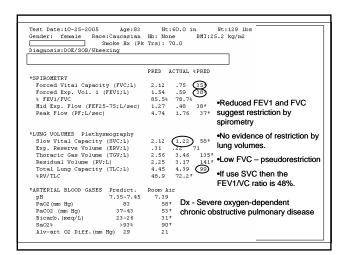






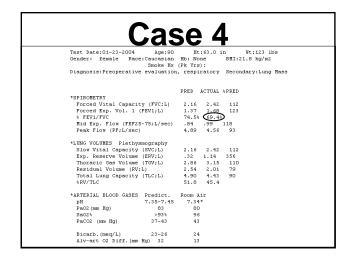


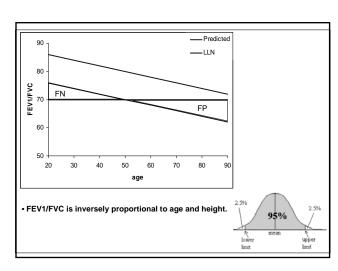


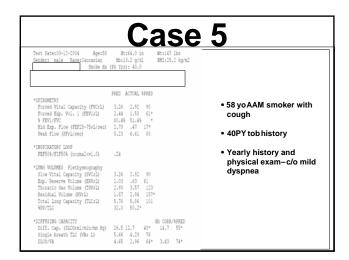


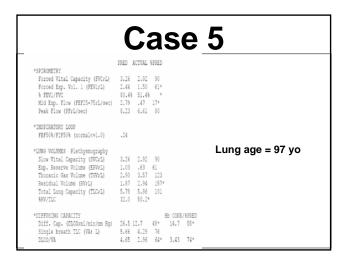
What's normal?

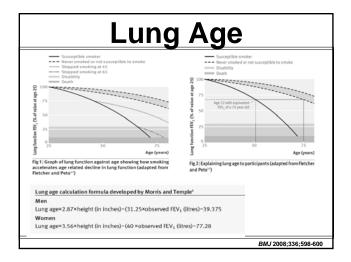
- · Reference Populations
 - . Comparable to the patient population with regards to:
 - » Age
 - » Height
 - » Gender
 - » Ethnicity
- · Spirometric reference values
 - Developed from National Health and Nutrition Examination Survey (NHANES III)
 - 7,429 asymptomatic, lifelong nonsmoking subjects
 - Included Caucasians, African-Americans, and Hispanic-Americans

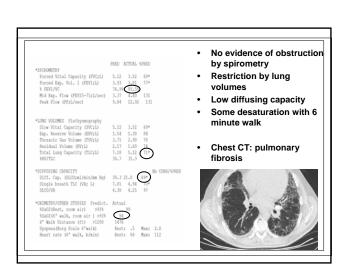


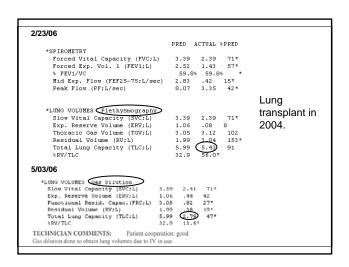


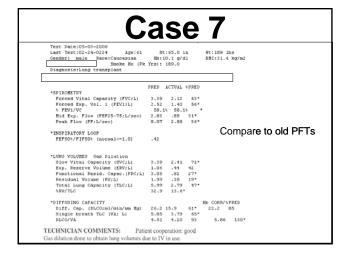


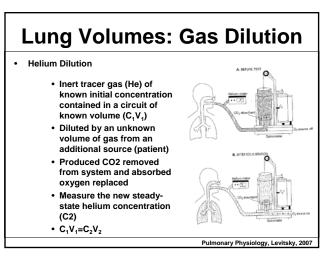












Lung Volumes

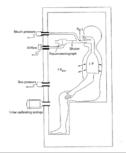
- · Limitation of gas dilution
 - Assumes all areas of lung equally ventilated
 - Underestimates lung volumes in obstructive disease
 - Communicating gas volumes
 - Leaks



	se 8
Test Date:04-01-2008 Lest Test:05-29-207 Gender: male Race:Caucasian English Smoke Hx (P)	fo: None BMI:18.1 kg/m2
SPIROMETRY Forced Vital Capacity (FVC;L)	PRED ACTUAL %PRED 3.49 .54 15
Forced Exp. Vol. 1 (FEV1;L) % FEV1/VC Mid Exp. Flow (FEF2S-75;L/sec) Peak Flow (PF;L/sec)	2.58 .45 17* 74.2% 66.2% 2.05 .52 25* 7.25 2.15 30*
*INSPIRATORY LOOP FEFSO%/FIFSO% (normal<=1.0)	.56
*LUNG VOLUMES Flethysmography Slow Vatal Capacity (SVC.L) Exp. Reserve Volume (EMV.L) Thoracic Gas Volume (TGV;L) Residual Volume (BV).L) Total Lung Capacity (TLC:L) *RW/TLC	.90 .10 11 2.93 1.39 47* 2.03 1.29 64*
*DIFFUSING CAPACITY Diff. Cap. (DLCO:ml/min/mm Mg) Single breath TLC (VA; L) DLCO/VA	Hb CORP/4PPID 24.2 6.8 28** 5.57 1.33 24* 9.91 5.11 116

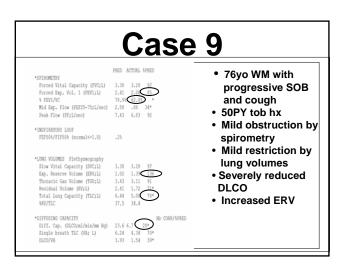
Lung Volumes: Body Plethysmography

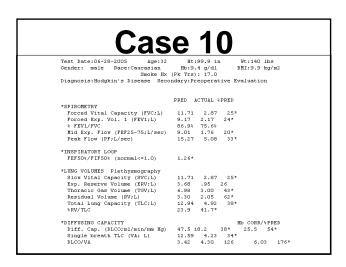
- Based on Boyle's Law: $P_1V_1=P_2V_2$
- Patient seated within a body box and breathes through a mouthpiece to outside atmosphere via a shutter
- Body box is a closed system and with inspiratory and expiratory efforts
- Pressure changes within the lung, measured at the mouth
- Resulting changes in the lung volume (thoracic gas volume)
- Changes in the lung volume result in opposite changes in the body box system pressure

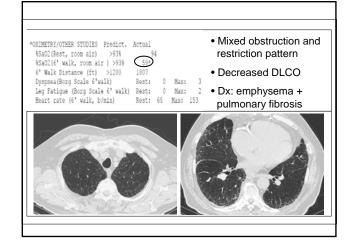


Pulmonary Physiology, Levitsky, 2007

	Flow (FEF25-75;L/sec)	74.2% 2.05 7.25	.52	25*	
*INSPIRATO FEF50%/F	ORY LOOP FIF50% (normal<=1.0)				
Slow Vit	UMES Plethysmography al Capacity (SVC;L) serve Volume (ERV;L)	3.49	.66		
Thoracio	Gas Volume (TGV;L)		1.39	47*	
	ing Capacity (TLC;L)		1.95	34*	
	G CAPACITY Ap. (DLCO;m1/min/mm Hq)	24.2	6.8	28*)	The same of
	oreath TLC (VA; L)	5.57		24*	



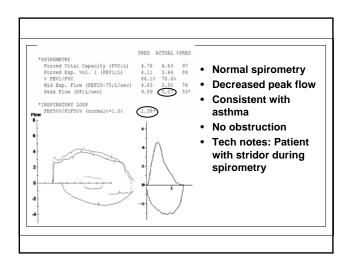


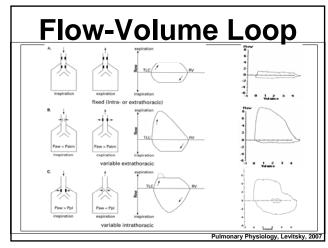


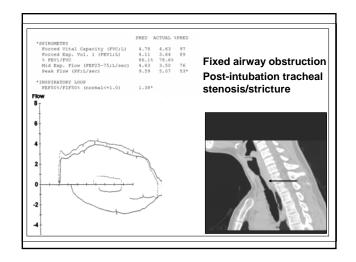
Case 11

*SPIROMETRY
Forced Vital Capacity (FVC;L) 4.78 4.63 97
Forced Exp. Vol. 1 (FEVI;L) 4.11 3.64 99
F FEVI/FVC 86.18 78.69
Mid Exp. Flow (FEF25-75;L/sec) 4.63 3.50 76
Feak Flow (FF;L/sec) 9.39 5.07 53*

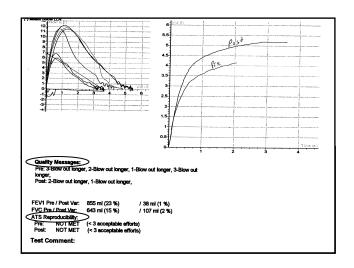
- 24yo WM admitted with SOB/DOE, wheezing, inspiratory stridor
- No PMHx, medications
- PSHx sig for exp lap 6 months prior after MVA
- 2 PY Tob hx, occ EtOH
- Dx with asthma but no improvement with meds





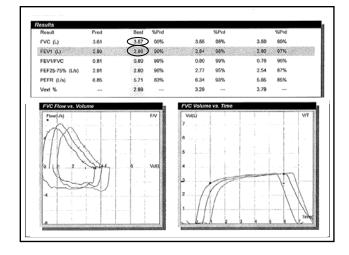


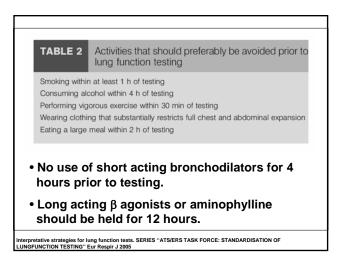
Parameter U			ffort			
	nits Pre			1. Post	%Pred	%Change
FVC (L				5.46	152	128% (1.20
FEVI (L		3.69		4.68	163	127% (0.99
FEV1/FVC (%		31 87		86	106	99% (-1
FEV6 (L)		50 4.26				128% (1.20
	/s) 6.8	2 11.49				100% (-0.03)
FEF25-75 (L/ ATS	/6) 2.9		154	5.48	189	123% (1.01)
A 18 Post Medicat	Hoo. Albud	- No		No	-	-

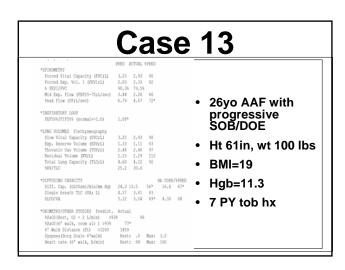


Calibrate Machine

- · Frequent checks with 3 liter syringe
- Biological control no more than 5% variation in FVC and FEV1 per week.







Echocardiogram:

- The right ventricular systolic pressure is calculated at 49 mmHg. There is evidence of moderate pulmonary
- Right Ventricle: The right ventricle is slightly dilated. The right ventricular global systolic function is mildly reduced.



