Pulmonary Function Tests

**Summary and Practice Cases** 

# Learning Objectives

 Identify a likely category of lung disease from a PFT report (e.g. obstructive, restrictive, mixed, vascular)

Hypothesize a specific etiology of lung disease by synthesizing PFTs with a clinical history and chest radiograph.

### <u>ID</u>

56 y/o smoker presents with a progressive, productive cough and dyspnea over 3 months.

#### Exam

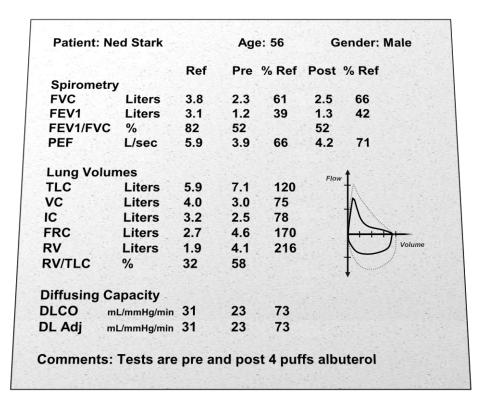
General: Thin, appears comfortable Vitals: T 37.6, HR 95, BP 125/80, RR

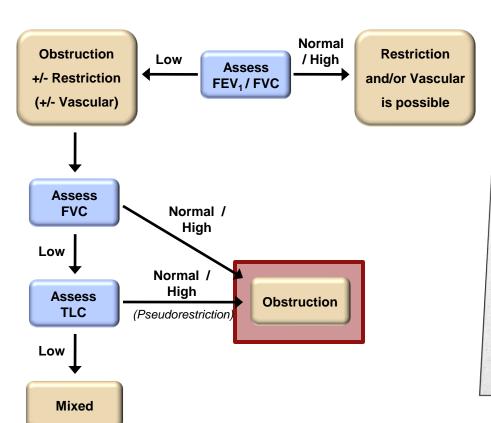
24, O<sub>2</sub> sat 95% on room air

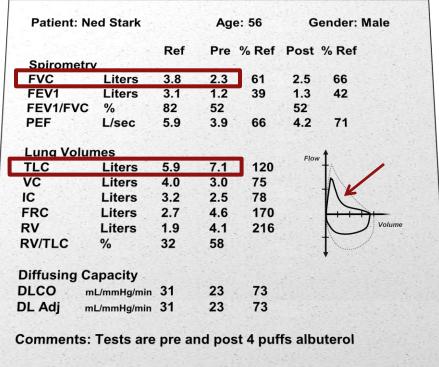
Chest: Diminished lung sounds throughout both lungs

Cardiac: Regular rhythm, no murmurs,

normal JVP







# Chronic Obstructive Pulmonary Disease



Patient: Ned Stark			Ag	e: 56	G	ender: Male
		Ref	Pre	% Ref	Post	% Ref
Spirome	try					
FVC	Liters	3.8	2.3	61	2.5	66
FEV1	Liters	3.1	1.2	39	1.3	42
FEV1/FV	C %	82	52		52	
PEF	L/sec	5.9	3.9	66	4.2	71
Lung Vo	lumes				Flov	. 1
TLC	Liters	5.9	7.1	120	710	1
VC	Liters	4.0	3.0	75		1
IC	Liters	3.2	2.5	78		11
FRC	Liters	2.7	4.6	170		
RV	Liters	1.9	4.1	216		J Volum
RV/TLC	%	32	58			
Diffusing	Capacity					
DLCO	mL/mmHg/min	31	23	73		
DL Adj	mL/mmHg/min		23	73	F 18	

### <u>ID</u>

32 y/o animal trainer, presents with progressive dry cough and dyspnea over the past month.

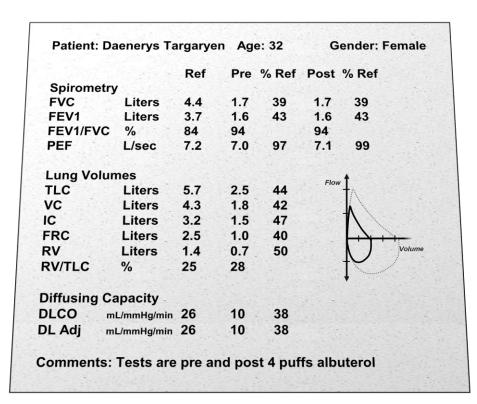
#### **Exam**

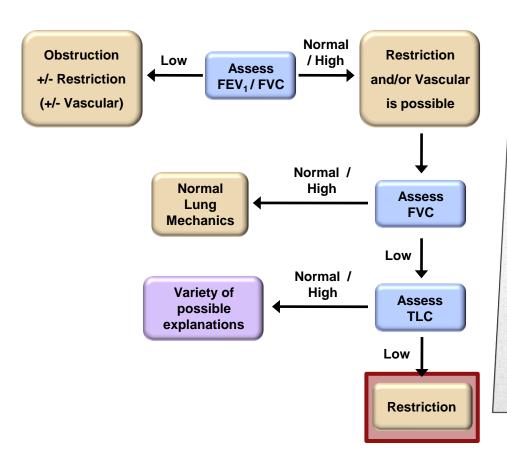
General: Appears in mild respiratory discomfort

Vitals: T 37.2, HR 104, BP 135/80, RR 28, O<sub>2</sub> sat 88% on room air

Chest: Fine crackles throughout both lungs

Cardiac: Regular rhythm, no murmurs, normal JVP





. utiont.	Daenerys Ta	gai y 511	7.9	110	400	ender: Female
		Ref	Pre	% Ref	Post	% Ref
Spiromet	try					
FVC	Liters	4.4	1.7	39	1.7	39
FEV1	Liters	3.7	1.6	43	1.6	43
FEV1/FV	C %	84	94		94	
PEF	L/sec	7.2	7.0	97	7.1	99
Lung Vol	umes				Flov	<b>A</b>
TLC	Liters	5.7	2.5	44	FIOV	′+ <sub>∧</sub>
VC	Liters	4.3	1.8	42		
IC	Liters	3.2	1.5	47		1/ /
FRC	Liters	2.5	1.0	40		
RV	Liters	1.4	0.7	50		Volume
RV/TLC	%	25	28			<b>!</b>
Diffusing	Capacity					
DLCO	mL/mmHg/min	26	10	38		
DL Adj	mL/mmHg/min		10	38		

# Interstitial Lung Disease: Most Likely Hypersensitivity Pneumonitis



		Ref	Pre	% Ref	Post	% Ref
Spirome	try					
FVC	Liters	4.4	1.7	39	1.7	39
FEV1	Liters	3.7	1.6	43	1.6	43
FEV1/FV	C %	84	94		94	
PEF	L/sec	7.2	7.0	97	7.1	99
Lung Vol	lumes				Flov	•
TLC	Liters	5.7	2.5	44	Flov	′+∧
VC	Liters	4.3	1.8	42		
IC	Liters	3.2	1.5	47		1/ /
FRC	Liters	2.5	1.0	40		
RV	Liters	1.4	0.7	50		Volume
RV/TLC	%	25	28			$\mathbb{N}$
Diffusing	Capacity					
DLCO	mL/mmHg/min	26	10	38		
DL Adi	mL/mmHg/min	26	10	38		

# <u>ID</u>

15 y/o boy with history of spinal cord injury, presents with dyspnea for 2 months.

#### **Exam**

General: Appears in mild respiratory

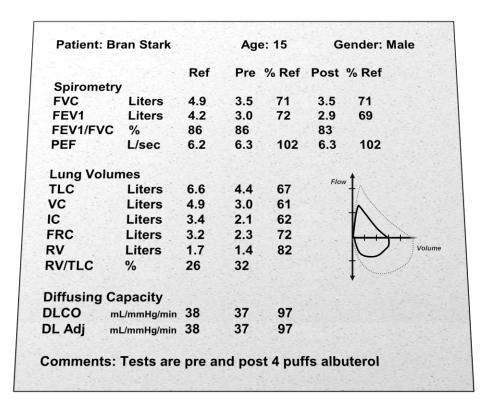
discomfort

Vitals: T 37.4, HR 94, BP 114/74, RR

26, O<sub>2</sub> sat 92% on room air

Chest: Clear to auscultation

Cardiac: Regular rhythm, no murmurs



# Extrapulmonary Restrictive Lung Disease: Most Likely Spinal Cord Injury

# <u>ID</u>

15 y/o boy with history of spinal cord injury, presents with dyspnea for 2 months.

#### <u>Exam</u>

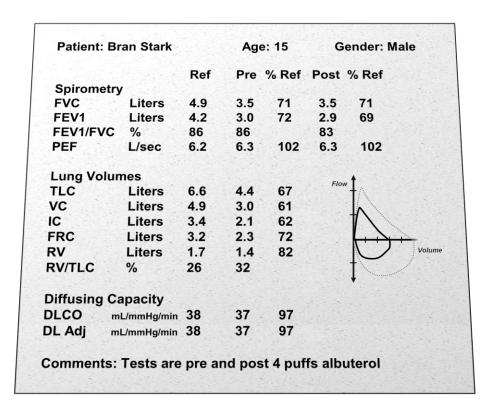
General: Appears in mild respiratory

discomfort

Vitals: T 37.4, HR 94, BP 114/74, RR 26, O<sub>2</sub> sat 92% on room air

Chest: Clear to auscultation

Cardiac: Regular rhythm, no murmurs



# <u>ID</u>

41 y/o woman with no significant PMH, presents with dyspnea for 2 months.

#### **Exam**

General: Appears comfortable

Vitals: T 37.6, HR 104, BP 110/76,

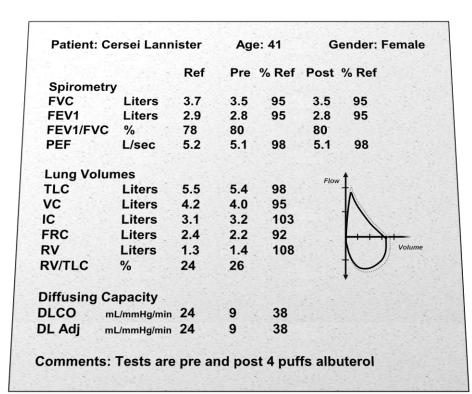
RR 26, O<sub>2</sub> sat 87% on room air

Chest: Clear to auscultation

Cardiac: Regular tachycardia, 2/6

systolic murmur at LLSB,

elevated JVP



# Pulmonary Hypertension



		Ref	Pre	% Ref	Post	% Ref	
Spirome	try						
FVC	Liters	3.7	3.5	95	3.5	95	
FEV1	Liters	2.9	2.8	95	2.8	95	
FEV1/FV	C %	78	80		80		
PEF	L/sec	5.2	5.1	98	5.1	98	
Lung Vol	lumes				Flov	<b>†</b>	
TLC	Liters	5.5	5.4	98	Flov	1	
VC	Liters	4.2	4.0	95			
IC	Liters	3.1	3.2	103		1	
FRC	Liters	2.4	2.2	92			
RV	Liters	1.3	1.4	108		Volu	ıme
RV/TLC	%	24	26				
Diffusing	Capacity						
DLCO	mL/mmHg/min	24	9	38			
DL Adj	mL/mmHg/min		9	38			

### <u>ID</u>

48 y/o man, with history of smoking, presents with chronic progressive dyspnea and leg swelling.

### **Exam**

General: Obese, but o/w appears well

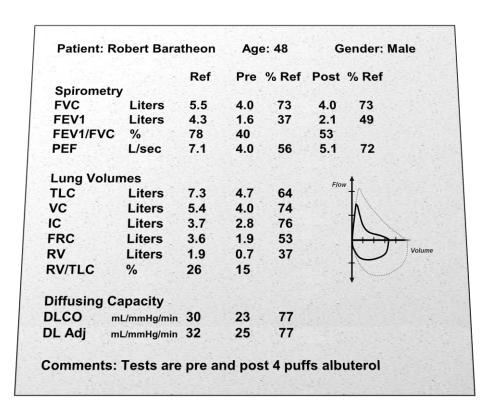
Vitals: T 37.6, HR 82, BP 155/82, RR 24,

 $O_2$  sat 87% on room air, BMI 35

Chest: Diminished sounds throughout both lungs.

Cardiac: Regular rhythm, no murmurs, JVP=12cm H<sub>2</sub>O

Ext: Mod pitting edema to upper shins bilaterally



# COPD + Restrictive Lung Disease Secondary to Obesity



Patient: Robert Barat		theon Age: 48		Gender: Male		
		Ref	Pre	% Ref	Post	% Ref
Spirome	try					
FVC	Liters	5.5	4.0	73	4.0	73
FEV1	Liters	4.3	1.6	37	2.1	49
FEV1/FV	C %	78	40		53	
PEF	L/sec	7.1	4.0	56	5.1	72
Lung Vol	umes				Flo	
TLC	Liters	7.3	4.7	64	7700	<b>'</b> †^
VC	Liters	5.4	4.0	74		<b>\</b>
IC	Liters	3.7	2.8	76		11
FRC	Liters	3.6	1.9	53		
RV	Liters	1.9	0.7	37		Volume
RV/TLC	%	26	15			
Diffusing	Capacity					
DLCO	mL/mmHg/min	30	23	77		
DL Adj	mL/mmHg/min		25	77		



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