

**Table 2  
2007**

**CLINICAL AND RADIOLOGICAL FEATURES OF CASES REPORTED AS TRALI**

TRALI case number	TRALI probability	Other risk factors	Symptoms/signs					Chest X ray
			Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of heart failure	Reduced pO2	
01	Probable	None	No	No	Yes	No	Yes	ARDS type picture +/- infection or haemorrhage
02	Highly likely	ITP Caesarean section	No	No	Yes	No	Yes	Bilateral infiltrates consistent with ARDS
03	Highly likely	Haemorrhagic shock	Yes	Yes (already hypotensive)	Yes	No	Yes	Bilateral non specific changes
04	Highly likely	None	No	Not known	Yes	No	Yes	Bilateral increase in lung markings
05	Possible	Haemorrhagic shock	NK	Yes	Yes	NK	Yes	Bilateral infiltrates +++
06	Unlikely	Haemorrhagic shock, sepsis, aspiration	Yes	No	Yes	No	Yes	Bilateral diffuse infiltrates
07	Probable	Sepsis, pre-existing bilateral pleural effusions	Yes	No	Yes	NK	Yes	Bilateral diffuse shadowing
08	Probable	Hypoalbuminaemia, e coli septicaemia	Yes	Yes	Yes	NK	Yes	Widespread interstitial infiltrates
09	Highly likely	Trauma	Yes	No	Yes	No	Yes	Demonstrated ARDS
10	Possible	None	No	No	Yes	No	Yes	Bilateral infiltrates
11	Unlikely	Sepsis and grossly abnormal LV function on Echo investigation	No	No	Yes	No	Yes	Generalised shadowing through both lungs field-not classical pulmonary oedema
12	Possible	Vasculitis. Recent pneumonia	Yes	No	Yes	No	Yes	Pulmonary oedema with bilateral effusions
13	Unlikely	Hypoalbuminaemia	No	No	Yes	No	Yes	Bilateral extensive air space shadowing with bat wing appearance in keeping with pulmonary oedema, Associated infection should also be considered.
14	Probable	Septicaemia, hypoalbuminaemia	Yes	No	Yes	No	Yes	Bilateral airspace shadowing predominantly both lower zones

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			Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of heart failure	Reduced pO2	Chest X ray
15	Highly likely	None	No	No	Yes	No	Yes	Bilateral extensive infiltrates
16	Highly likely	None	Yes	Yes	Yes	No	Yes	Consistent with ARDS picture
17	Unlikely	Impaired LV function, raised JVP	Yes	Yes	Yes	Yes	Yes	Bilateral infiltrates
18	Highly likely	None	NK	No	Yes	No	Yes	New pulmonary infiltrates suggestive of acute lung injury
19	Unlikely	Hypertension, reduced LVEF, anaemia	No	No	Yes	No	Yes	Confluent shadowing at right base, the picture would fit with heart failure or fluid overload.
20	Unlikely	Hypoalbuminaemia, oedematous, hepatorenal impairment	No	No	Yes	NK	Yes	Bilateral patchy pulmonary oedema suggestive of LVF, possible progression of left sided pleural effusion
21	Unlikely	Cardiopulmonary bypass, signs of heart failure	No	Yes	Yes	Yes	Yes	Severe pulmonary oedema
22	Highly likely	None	No	No	Yes	No	Yes	White-out
23	Unlikely	Sepsis	No	Yes	Yes	No	Yes	Appearances have deteriorated slightly since last exam. Shadowing in left mid to upper zone looks more confluent. Appearances may represent lymphomatous infiltrates or atypical infection
24	Unlikely	Staph aureus septicaemia,	Yes	No	Yes	No	Yes	Extensive bilateral patchy infiltrates? ARDS – no radiologist's report

NR= Not recorded