Table 4. High-Resolution Computed Tomography Scanning Patterns

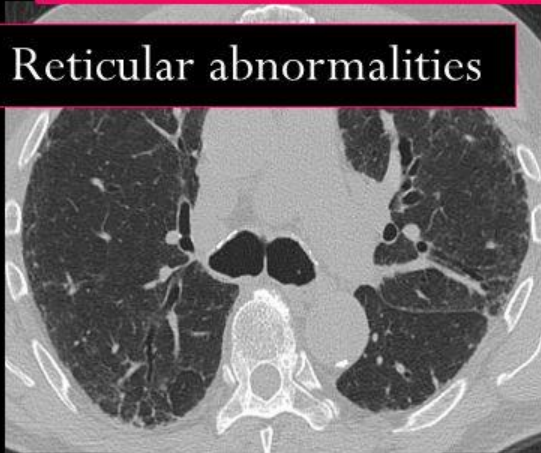| UIP	Probable UIP	Indeterminate for UIP	Alternative Diagnosis
Subpleural and basal predominant; distribution is often heterogeneous*	Subpleural and basal predominant; distribution is often heterogeneous	Subpleural and basal predominant	Findings suggestive of another diagnosis, including:
		Subtle reticulation; may have mild GGO or distortion ("early UIP pattern")	• CT features:
Honeycombing with or without peripheral traction bronchiectasis or bronchiolectasis†	Reticular pattern with peripheral traction bronchiectasis or bronchiolectasis		° Cysts
		CT features and/or distribution of lung fibrosis that do not suggest any specific etiology ("truly indeterminate for UIP")	° Marked mosaic attenuation
	May have mild GGO		° Predominant GGO
			° Profuse micronodules
			° Centrilobular nodules
			° Nodules
			° Consolidation
			• Predominant distribution:
			° Peribronchovascular
			° Perilymphatic
			° Upper or mid-lung
			• Other:
			° Pleural plaques (consider asbestosis)
			° Dilated esophagus (consider CTD)
			° Distal clavicular erosions (consider RA)
			° Extensive lymph node enlargement (consider other etiologies)
			° Pleural effusions, pleural thickening (consider CTD/drugs)

Definition of abbreviations: CT = computed tomography; CTD = connective tissue disease; GGO = ground-glass opacities; RA = rheumatoid arthritis; UIP = usual interstitial pneumonia.
*Variants of distribution: occasionally diffuse, may be asymmetrical.
†Superimposed CT features: mild GGO, reticular pattern, pulmonary ossification.

Accordingly to the 2011 ATS / ERS guidelines, UIP pattern is defined by four criteria:
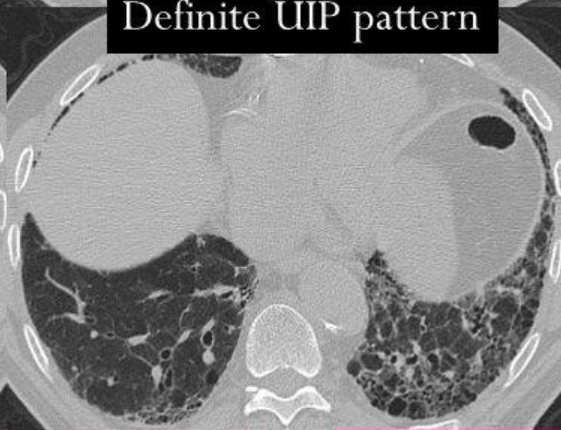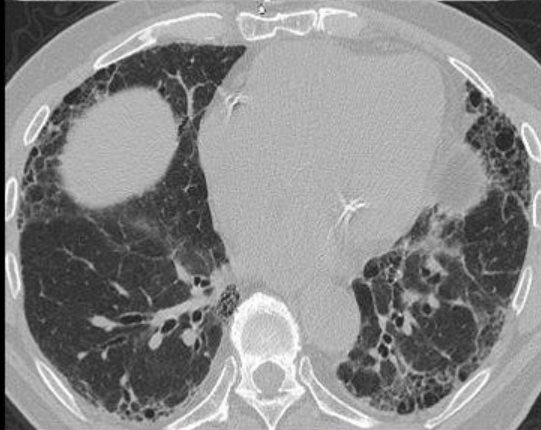
1. Reticular abnormalities

2. Subpleural and basal predominance

Definite UIP pattern

3. Honeycombing with traction bronchiectasis

4. Absence of features listed as «inconsistent with UIP»