Appendix 1 (as supplied by authors): Various radiographic features of amiodarone-induced pulmonary toxicity

Chest X-ray		
Lung parenchyma	• Patchy/diffuse consolidations	Common, bilateral, ground-glass appearance Nonspecific, may mimic other conditions
Pleura	• Pleural thickening • Pleural effusion	Nonspecific, may mimic other conditions
High-resolution computed tomography (HRCT)		
Lung parenchyma	• Ground-glass opacities[1-4]	
	• Interstitial infiltrates[1-4]	Common, appreciated more often than on chest X-ray[1]
	• Alveolar infiltrates[1-4]	Bilateral, asymmetric distribution
	• Mixed (interstitial/alveolar) infiltrates[1-4]	
	• Scattered or localized haze with or without segmental distribution	
	• High attenuation infiltrates[3]	Common, 80-180 HU, associated with high iodine content[5]
	• Pulmonary nodules or mass-like opacities[6-8]	Less common, due to drug accumulation in areas of previous inflammation (peripheral location)
	• Inter- or intralobular septal thickening[3]	
	• Reticular, reticulonodular opacities[2]	Suggest pulmonary fibrosis
	• Traction bronchiectases and honeycombing pattern[2]	Less common, suggest lung fibrosis with alveolar destruction[2]
	• Alveolar hemorrhage[9]	Uncommon
Bronchi	• Bronchial dilatations[10]	Less common
	• Bronchial wall thickening[10]	Less common
Pleura	• Pleural thickening[4]	Very common
	• Pleural effusion[3]	Uncommon

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