

CHEST4

Dr.Anwar Al-Naimat



Round opacity seen in the upper lobe of right lung with air Bronchogram ☒

Round pneumonia(streptococcus)



2

【Recommend】 Convert this document
and share it as an image

[Share](#)

Round pneumonia(streptococcus)

3



. ☒

Right upper lobe opacification an elevated and
medially oriented horizontal fissure. ☒

Elevated right hilum. ☒

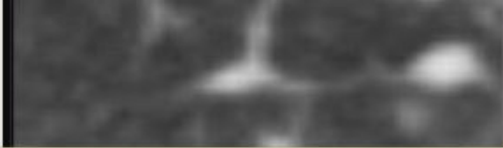
Loss of right lung volume ☒

Left lung clear ☒

4



17



High resolution ct scan ☒
Signet ring sign (broncheactasis)

18



Triangular shaped opacity medially in the right lower zone, with effacement of the right heart border silhouette. ☒
Middle lobe collapse

19



Bilateral calcified granuloma more right sided with apical fibrosis changes and lung volume loss more right sided ☒
Healed Tb

chest4

Loss of right lung volume ☒

Left lung clear ☒



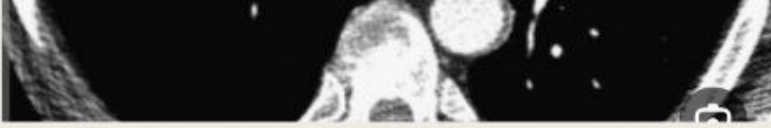
Lucent left diaphragm and left deep sulcus sign indicating left pneumothorax. Left clavicle fracture. ☒



Underexposure



13



Pulmonary Ct angiography ☒

Evidence of filling defect seen in both pulmonary arteries (Saddle pulmonary embolism)



14

Peripherally calcified ascending aortic aneurysm

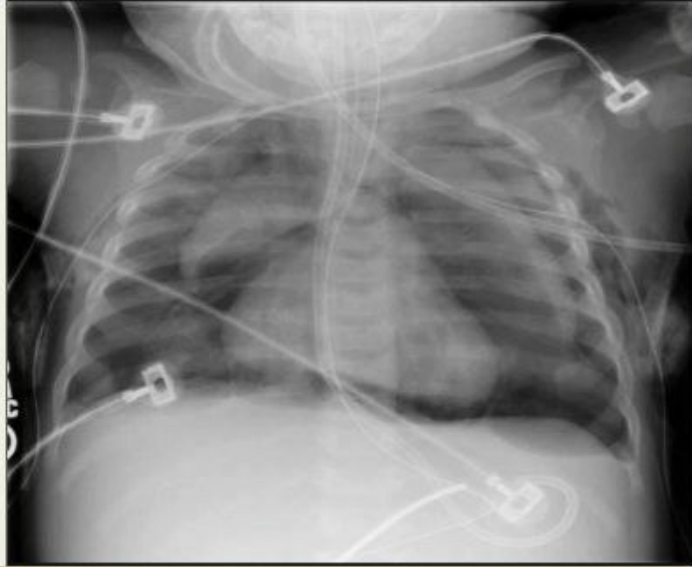
15



Overexposure



Underexposure



6

Large amount of air noted in the anterior and middle mediastinum especially in the left paracardiac region. There is mild subcutaneous emphysema noted along the left lateral chest wall underneath the axilla. Features are indicative of pneumomediastinum.



7

Central sub-diaphragmatic lucency (continuous diaphragm sign) in keeping with pneumoperitoneum.

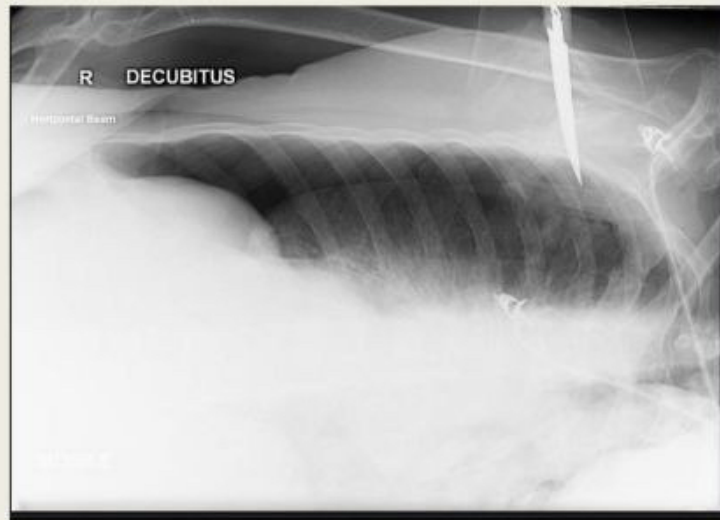


to thoracic inlet ☒

The mass continuous with neck ☒

(Cervico thoracic sign ☒

Retrosternal goiter



12

Large right sided pneumothorax with knife seen in lateral chest wall



13

Pulmonary Ct angiography ☒

Evidence of filling defect seen in both pulmonary arteries (Saddle pulmonary embolism)



10



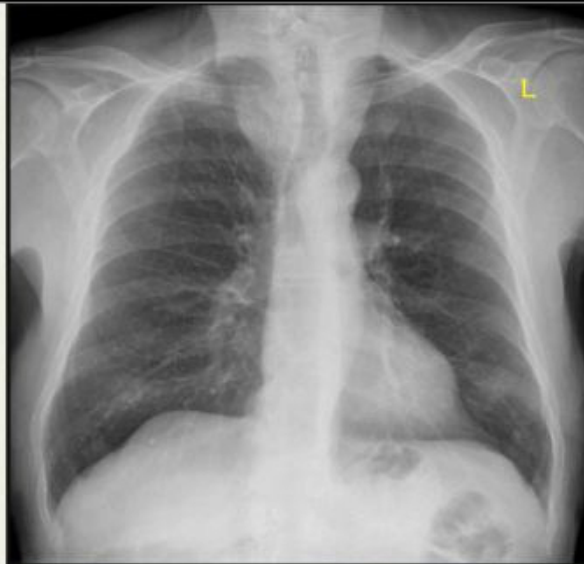
Well defined opacity seen in the superior aspect of chest adjacent to right paratracheal line extended above the clavicle with well defined superior and lateral wall

posterior mediastinum

Anterior mediastinum doesn't extend above the clavicle



11



Widening of mediastinal structures extending superior to thoracic inlet

The mass continuous with neck

(Cervico thoracic sign)

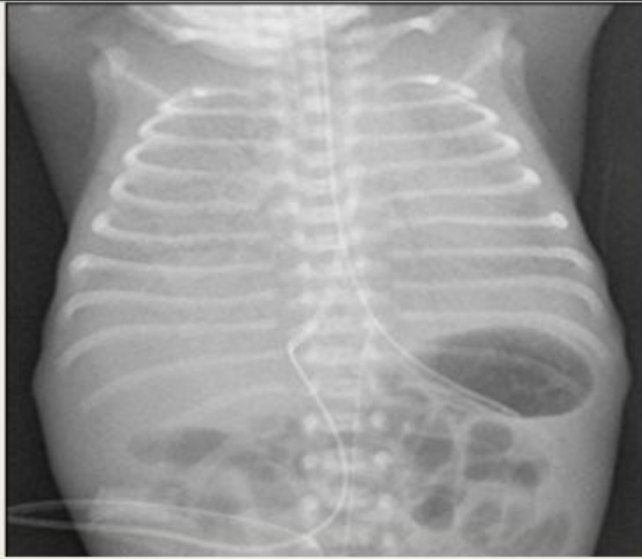
Retrosternal goiter

15



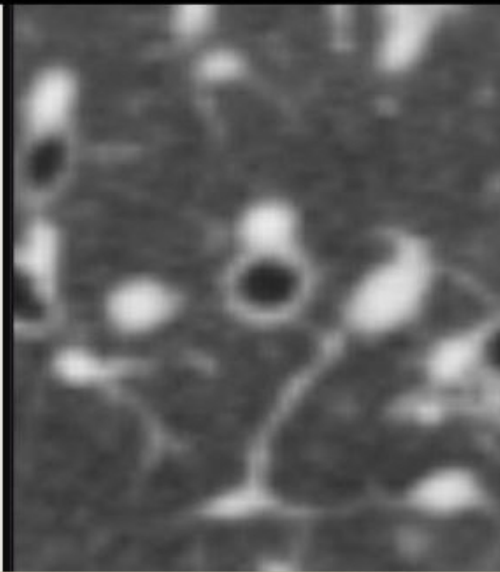
Overexposure

16



Bilateral granular opacity with air bronchogram ☒
RDs

17



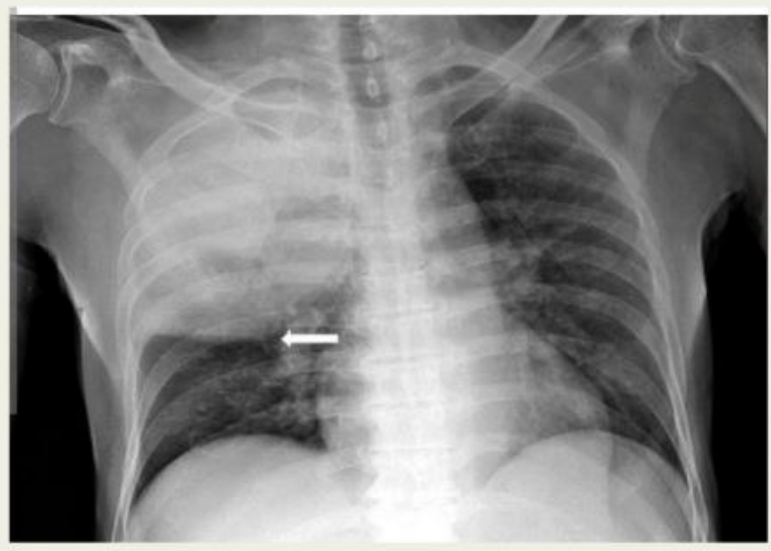
High resolution ct scan ☒
Signet ring sign (broncheactasis)



Central sub-diaphragmatic lucency (continuous diaphragm sign) in keeping with pneumoperitoneum.



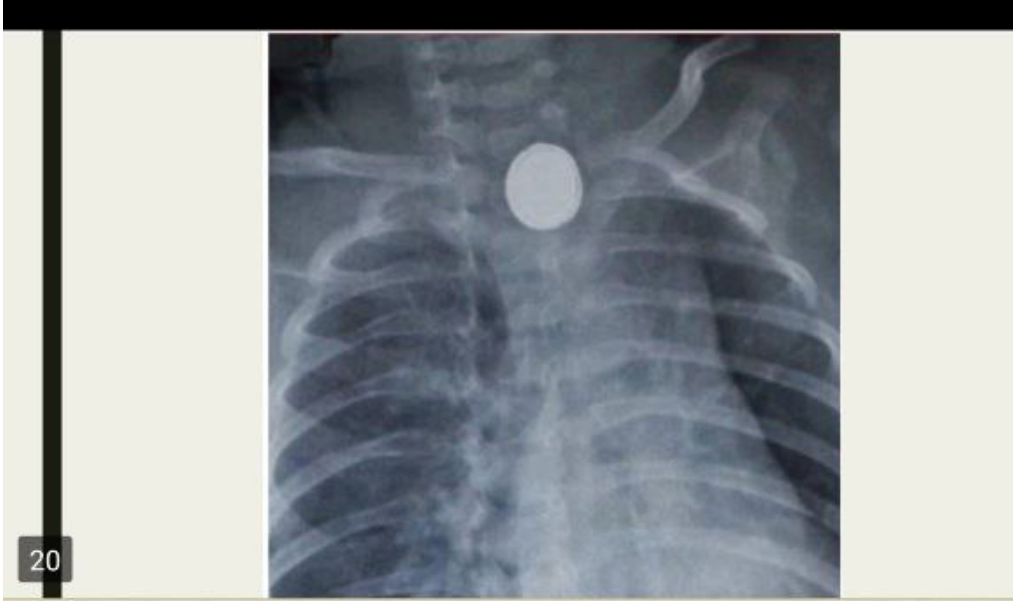
There is a moderate bilateral hilar lymphadenopathy. There are diffused, multiple small nodular opacities predominantly located in the upper lung lobes



Opacity in the upper lobe of right lung with bulging of minor fissure ☒
(Bulging fissure sign)☒
Klebsiella pneumonia

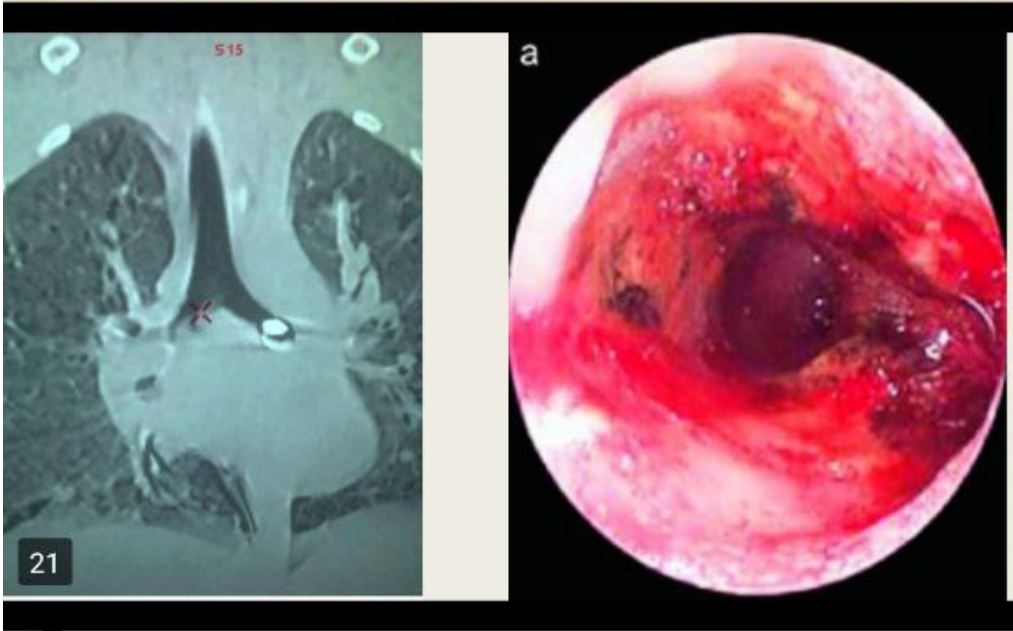


apical fibrosis changes and lung volume loss more
right sided ☒
Healed Tb

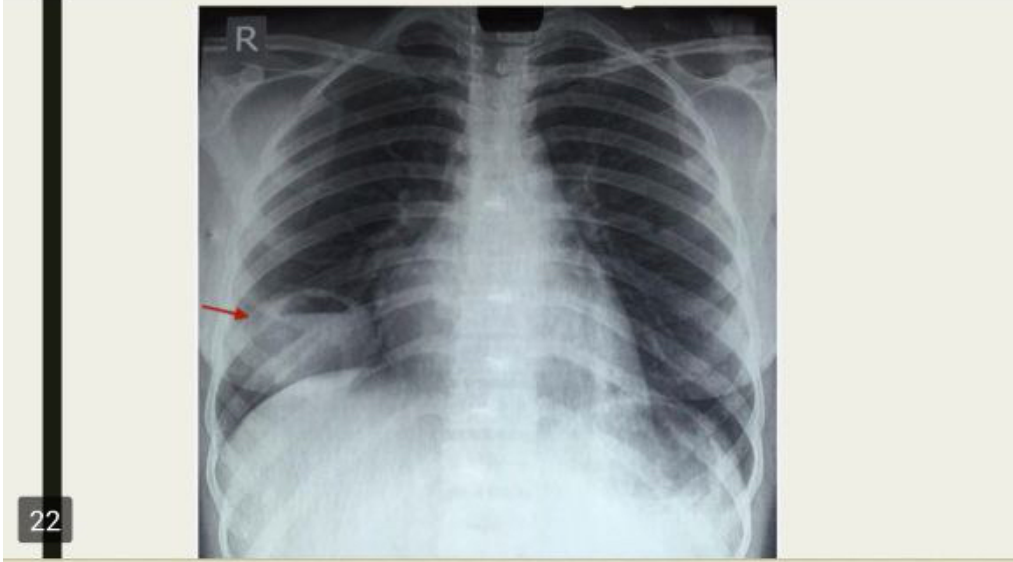


20

Radiopaque foreign body)battery(seen in the trachea



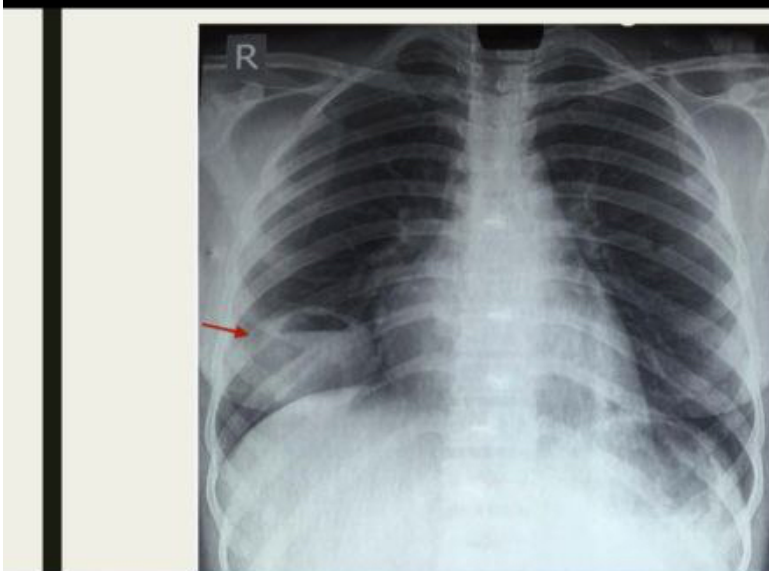
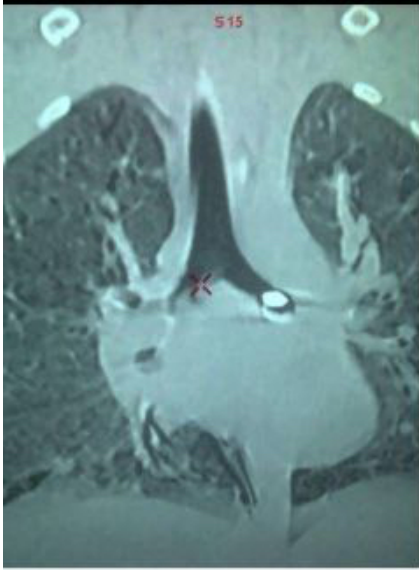
21



22

Well defined opacity in the lower zone of right lung with
air fluid level ☒

Radiopaque foreign body)battery(seen in the trachea



Well defined opacity in the lower zone of right lung with air fluid level ☒

Pathology proved it as a hydatid cyst

Dear all
I wish you best of luck in your examination
Be focus, be calm and everything will be just fine(Good luck)

