Introduction to thoracic imaging
33y/o with chest pain
What can go wrong (categories)?

- congenital/developmental
- metabolic/nutritional
- traumatic/degenerative
- infectious/inflammatory/infiltrative
- vascular/autoimmune
- neoplastic
67 y/o c/o pain
Always ask:

What’s wrong?

What is it?

What else could it be?

What else is wrong?
61 y/o; “pre-op”
28 y/o c/o R chest pain
Fleas & tics, too
Remember:

Silhouette sign

Air bronchogram

Airspace disease (preferred over “infiltrate”)
24 y/o with cough, fever
* “spine sign”
79 y/o c/o CP, SOB
56 y/o with cough
Patchy, peri-bronchial
Remember:

Acinar (preferred over alveolar)

Boyden’s classification (lobar anatomy)
54 y/o c/o cough
Mass & LUL atelectasis
24 y/o c/o SOB
48 y/o with cough
Beware satisfaction of search
Df dx multiple pulmonary cavities

TB
Fungal disease
Necrotizing pneumonia
Septic emboli
Vasculitides/Collagen vascular disease
Neoplasm
50 y/o with CP
22 y/o struck by train
Df dx life threatening CP (courtesy of Dr. Sanders):
45 y/o c/o CP, SOB
*38 y/o in MVC: ICH
50 y/o with SOB
Hx rheumatic valvular disease
54 y/o c/o CP
Heart v. cardiac silhouette
53 y/o with CP
48 y/o smoker
What is COPD?
49 y/o c/o SOB
No sx myasthenia gravis
34 y/o with c/o SOB
Stage II
49 y/o with ptosis & RUE pain
Then?
s/p chemo and rad tx
*Possible test question:

With reference to the non-medical literature, a radiologist should emulate:

a. Miss Havisham
b. Scout Finch
c. Sherlock Holmes
d. Holden Caulfield
e. c & d
Notice the hats.