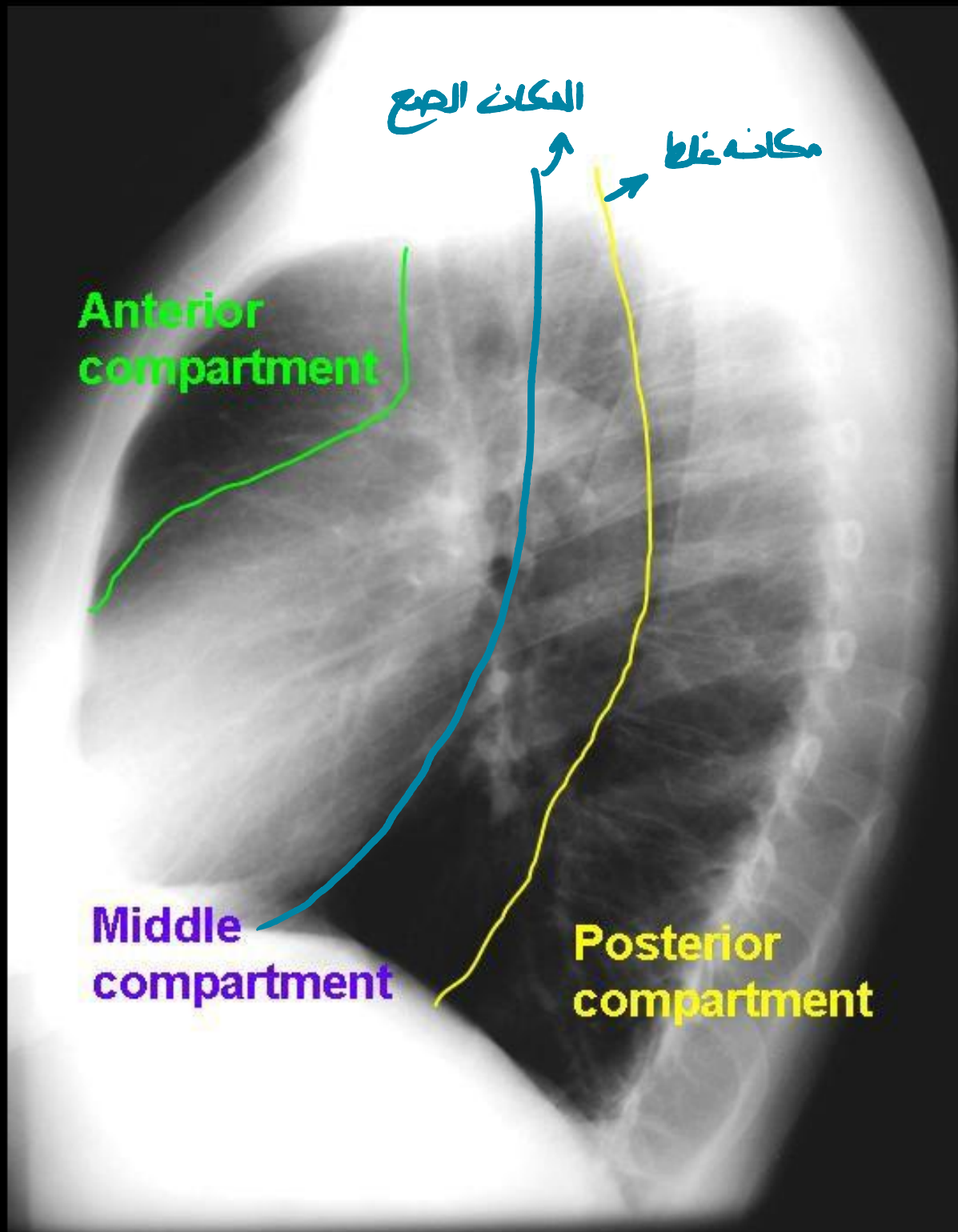




Round : Radiology

Group no : A4

Done By : Batool ALzubaidi



+ Lateral chest X-ray

➤ Ultrasound of gallbladder

- Multiple hyper-echoic structures with acoustic shadowing representing gallbladder stones
- Normal wall thickness



+ Lateral skull X-ray

+ Finding » multiple lytic lesions variable in size

+ DDX » multiple myeloma, metastasis



+ Lumbar spine ct saggital cut bone window

+ Hint » in saggital cuts or lateral view of spine always look at vertebral height and disc spaces

+ Decrease in vertebral body height » compression fracture



✚ If they're multiple, central, complete circles >> small bowel obstruction

✚ Abdominal X-ray, coronal view

✚ Finding » multiple air-fluid levels

✚ If they're few, peripheral, haustration (incomplete circle) >> large bowel obstruction

✚ Causes of intestinal obstruction » intussusception, hernia, masses, adhesions



✚ Brain ct, axial cut

✚ Area of hypodensity in left cerebral hemisphere » infarction



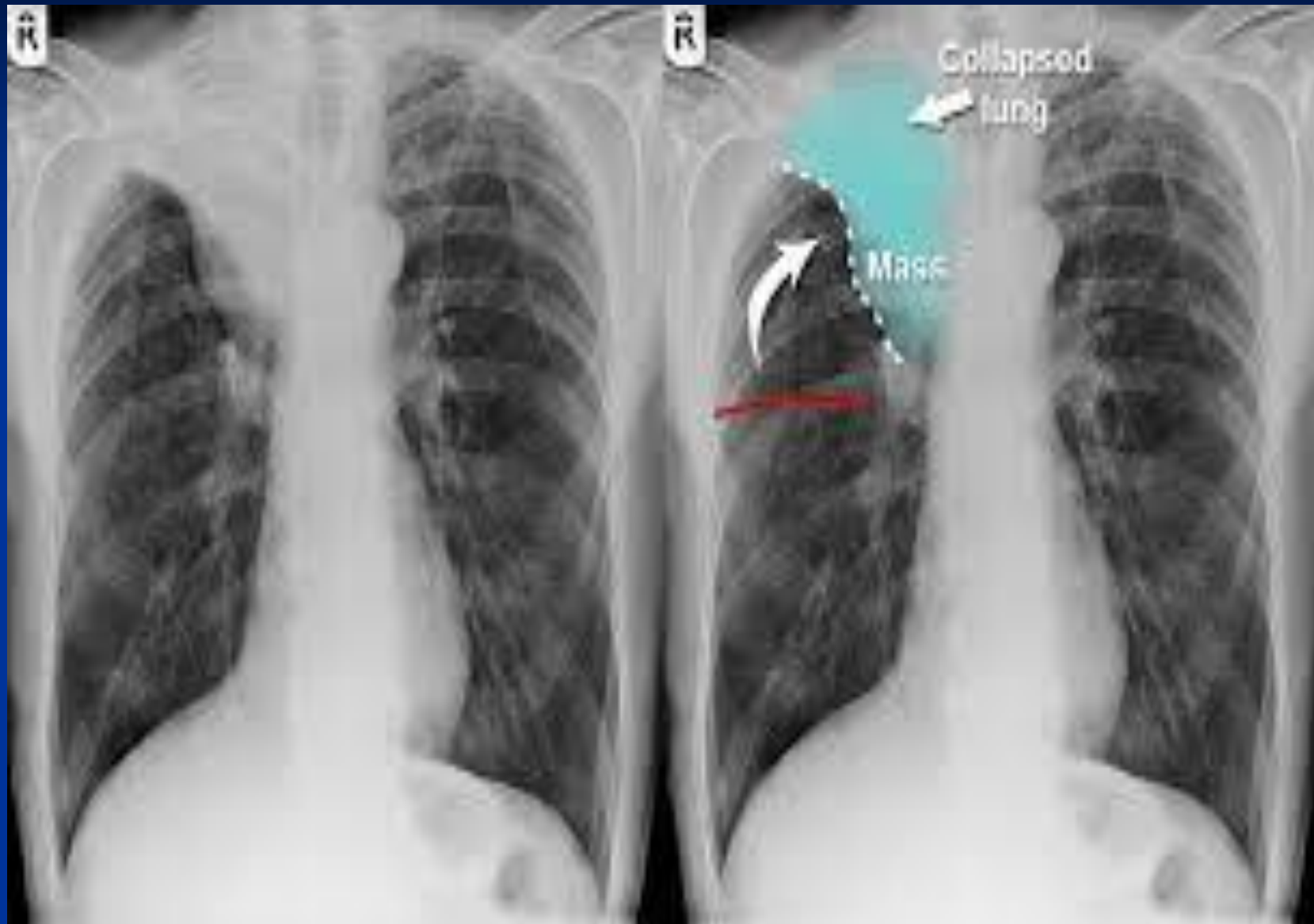
✚ Abdominal X-ray, coronal cut

✚ Sport diagnosis » left renal stone



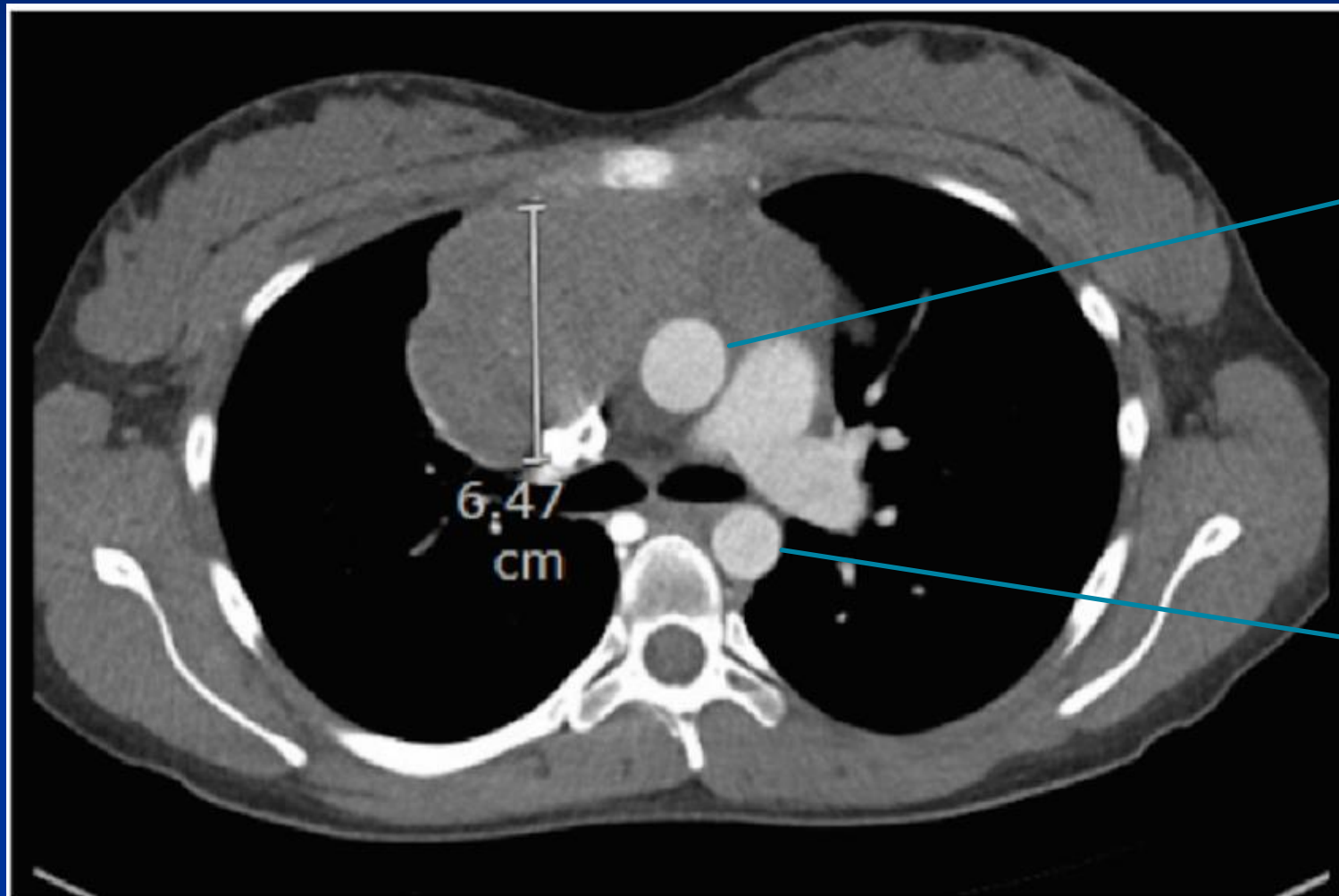
♣ Chest X-ray

♣ Triangular opacity in upper come of right lung » lung collapse



✚ Chest CT, axial cut, with contrast

✚ Interior and middle mediastinal mass



Ascending
aorta

Descending
aorta

IVU No catheter » not MCUG



Left renal pelvis » not dilated

Proximal part of ureter

Urinary bladder

كيف اميز بينهم ممكن احرك المريض
نشوف اذا ال defect تغير مكانه او
من ال edges اذا كانت smooth على
الاعلى انها stone و اذا rough and
irregular فبالغالب mass

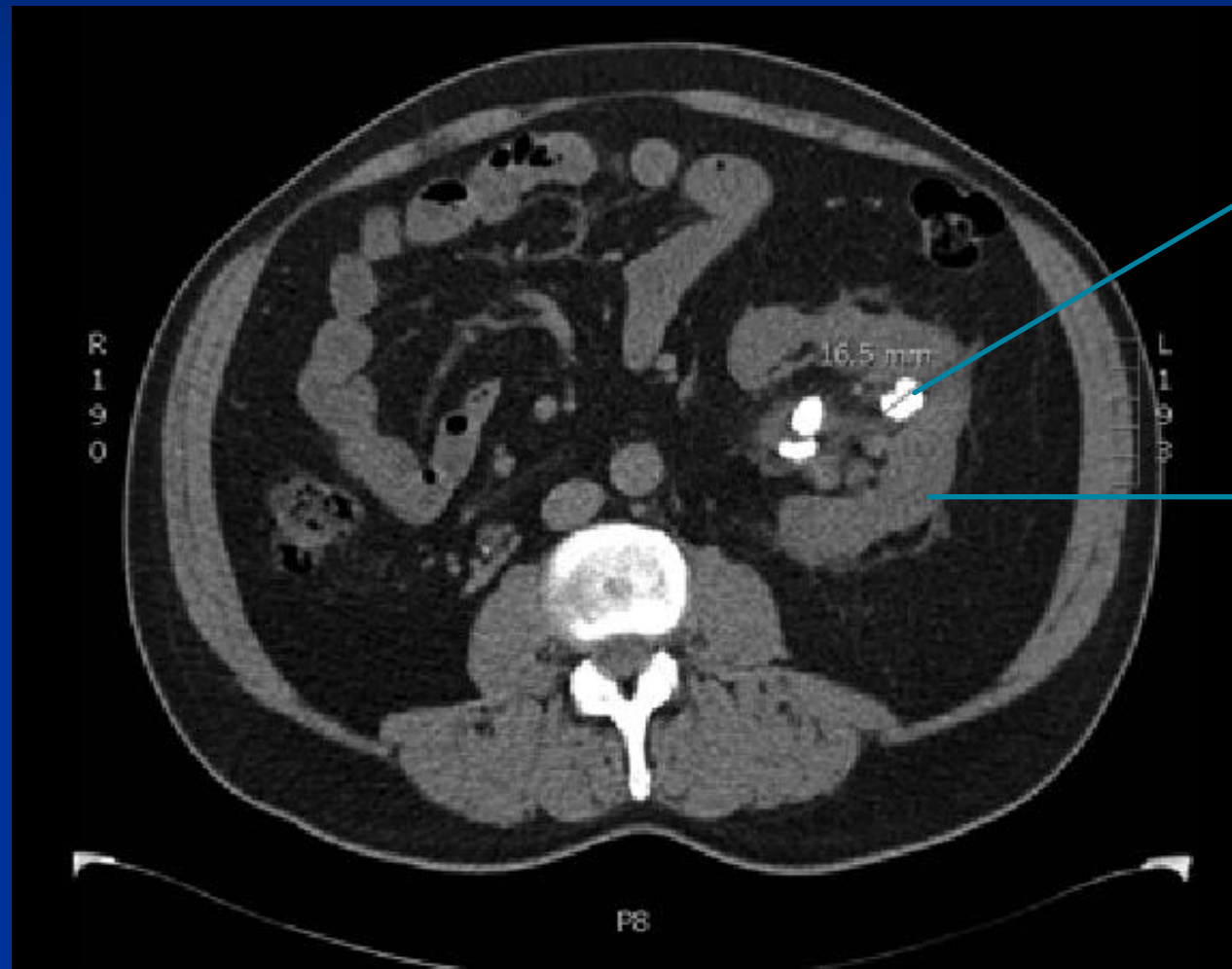
Filling defect » could be a mass
or stone

✦ Leg X-ray

- ✦ Comminuted fracture in tibia, displaced horizontal fracture in fibula



Abdominal ct, axial, without contrast



Multiple stones

Left kidney

✚ Left knee X-ray

✚ Narrowing of joint space from lateral aspect, osteophyte formation, sclerosis » osteoarthritis



➤ Hysterosalpingogram

➤ Bicornuate uterus



Figure 3: Adenomyosis



Figure 4: Bicornuate unicornuate uterine cavity

✚ Normal



✚ Ct abdomen, axial cut



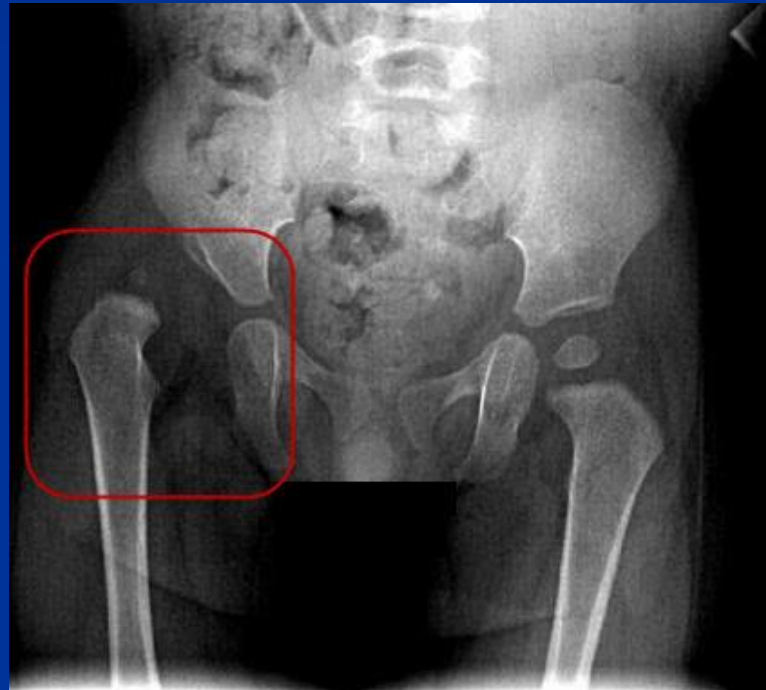
✚ Defect in right anterior abdominal wall muscles

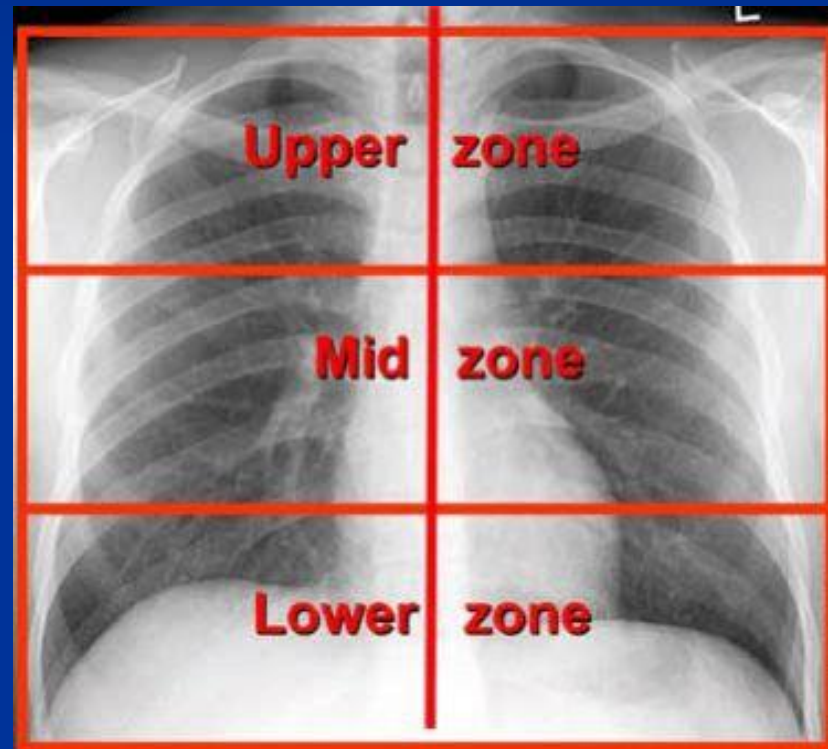
✚ 2 assessments for hernia ✚ —

1) neck » narrower neck more probability for strangulation

2) content » is it fat (omentum content) or bowel content

+ Spot diagnosis » DDH





↗ Chest X-ray

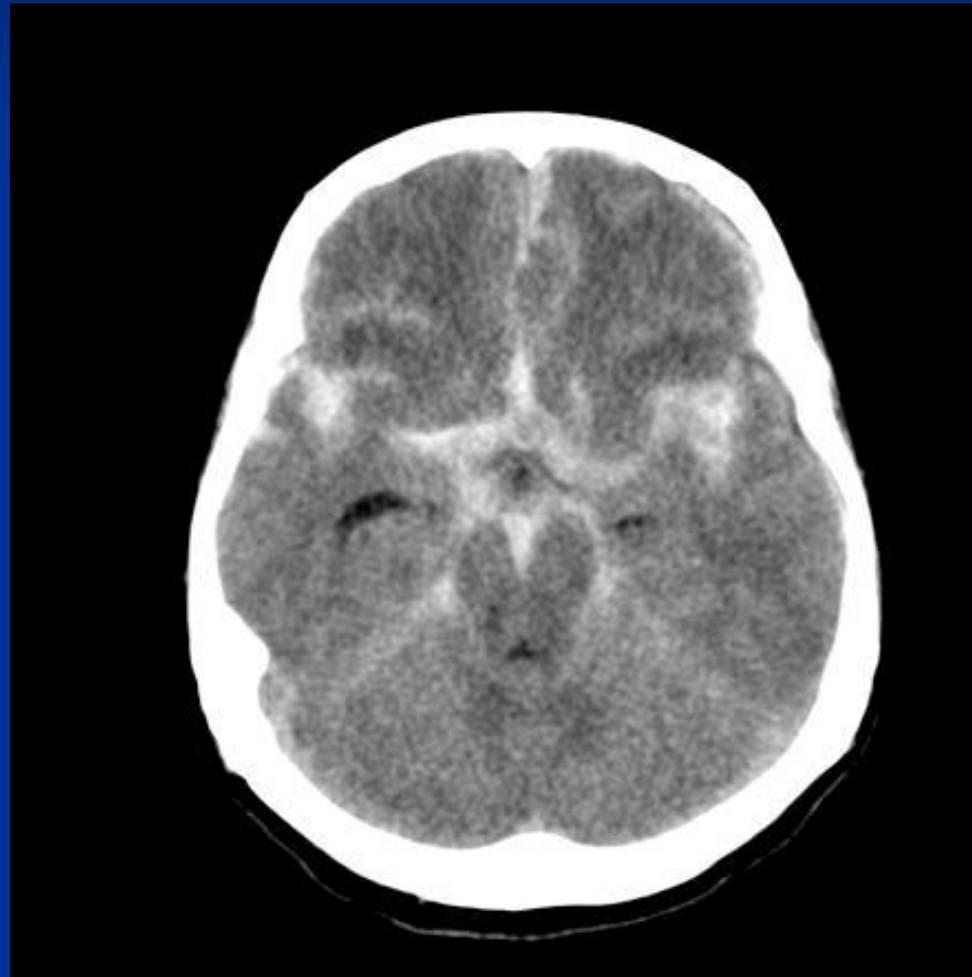
↗ Blunted right costophrenic angle, opacity in right lung, ipsilateral shifting » collapsed right lung

↗ Hints:

- 1) white lung, trachea and heart in the midline, no mediastinal shifting » pneumonia
- 2) white lung, ipsilateral shifting » lung collapse
- 3) white lung, contralateral shifting » pleural effusion
- 4) translucent lung with contralateral shifting » tensional pneumothorax
- 5) translucent lung without shifting » non tensional pneumothorax



✚ Spot diagnosis » subarachnoid hemorrhage

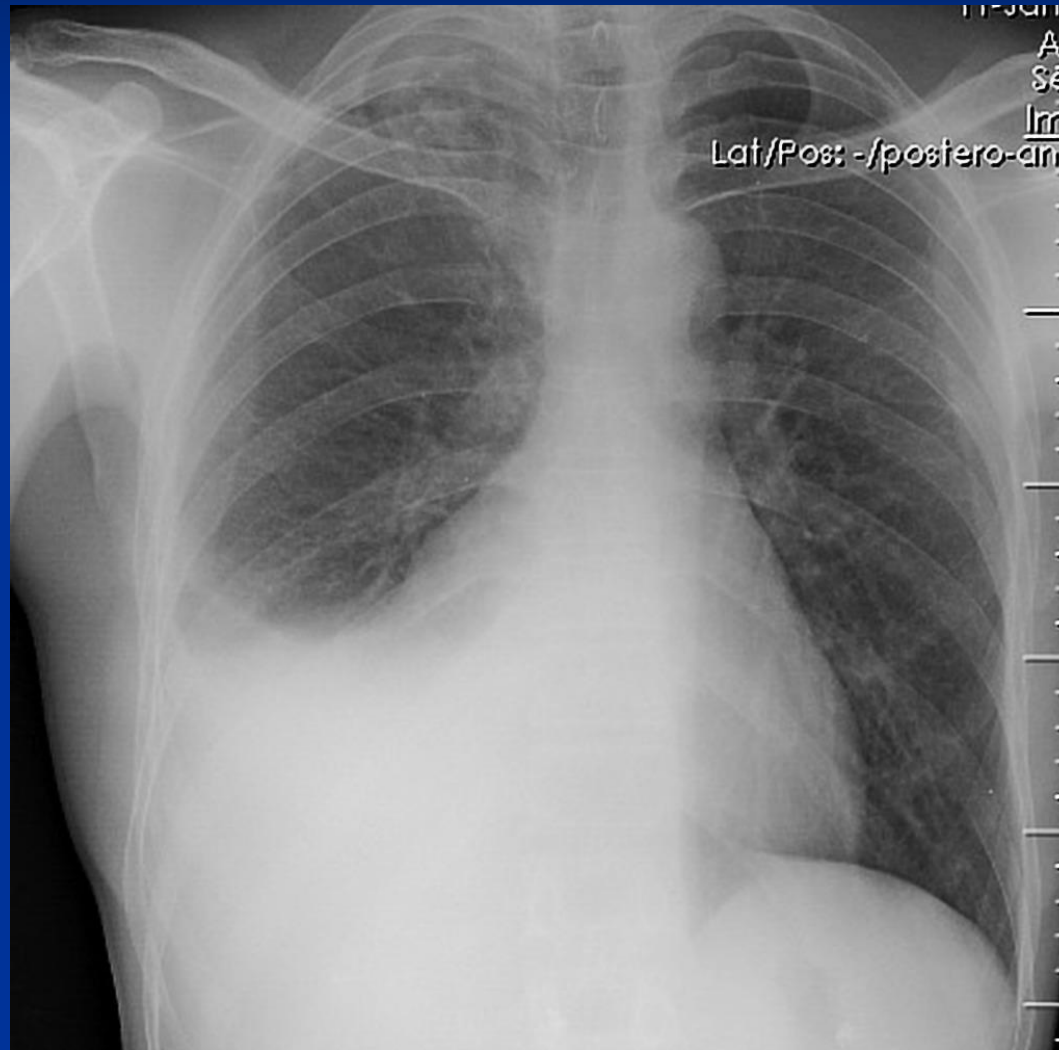


✚ Spot diagnosis » right sided tensional pneumothorax

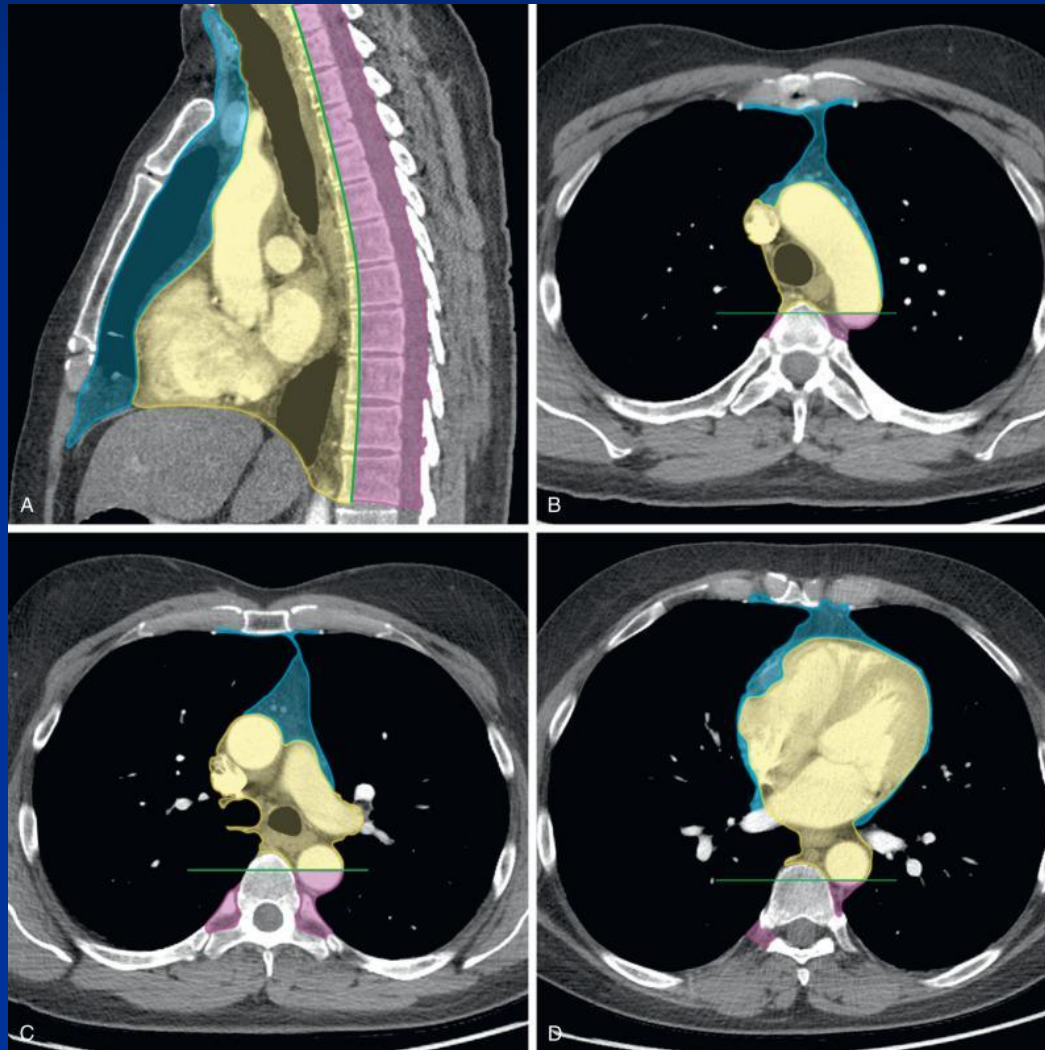
✚ Lung edge, translucency without vascular marking, heart is pushed to the left



- ✚ Homogenous opacity, blunted costophrenic angle, upper border of the diaphragm is higher laterally » right sided pleural effusion



- Blue » anterior mediastinum
- Yellow » middle mediastinum
- Pink » posterior mediastinum



➔ Hernia with bowel content, narrow neck



☛ Coffee bean sign » sigmoid volvulus

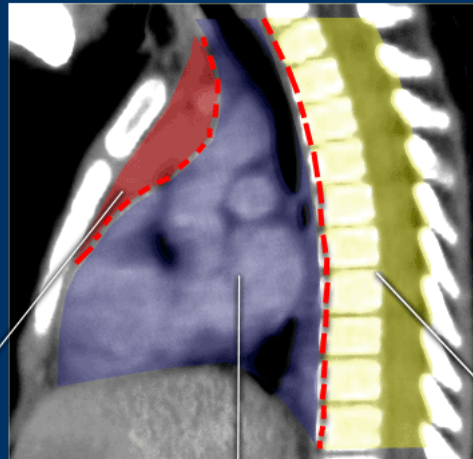


✚ Left sided pneumothorax



✚ Trauma patient » area of opacity is lung contusion





Anterior

Soft tissue

Lymphoma
Hyperplasia

Fat

Germ Cell Tumor
Thymolipoma

Water

Lymphangioma

Middle

Foregut duplication cysts

Lymph nodes

Granulomatous
Metastatic
Lymphoma/Leukemia

Low Attenuation

TB
Fungal

Calcified

TB
Fungal
Osteosarcoma

Posterior

Virtually always
neurogenic origin

1st decade

usually malignant
Most commonly
neuroblastoma

2nd decade

usually benign
Ganglioneuroma
Neurofibroma
Rarely schwannoma
Extramedullary
hematopoiesis

+ KUB

+ Rounded hyperdensities in pelvis » urinary bladder stores

