



Xray PA view right CP angle obliterated, non homogenous opacity, most likely consolidation



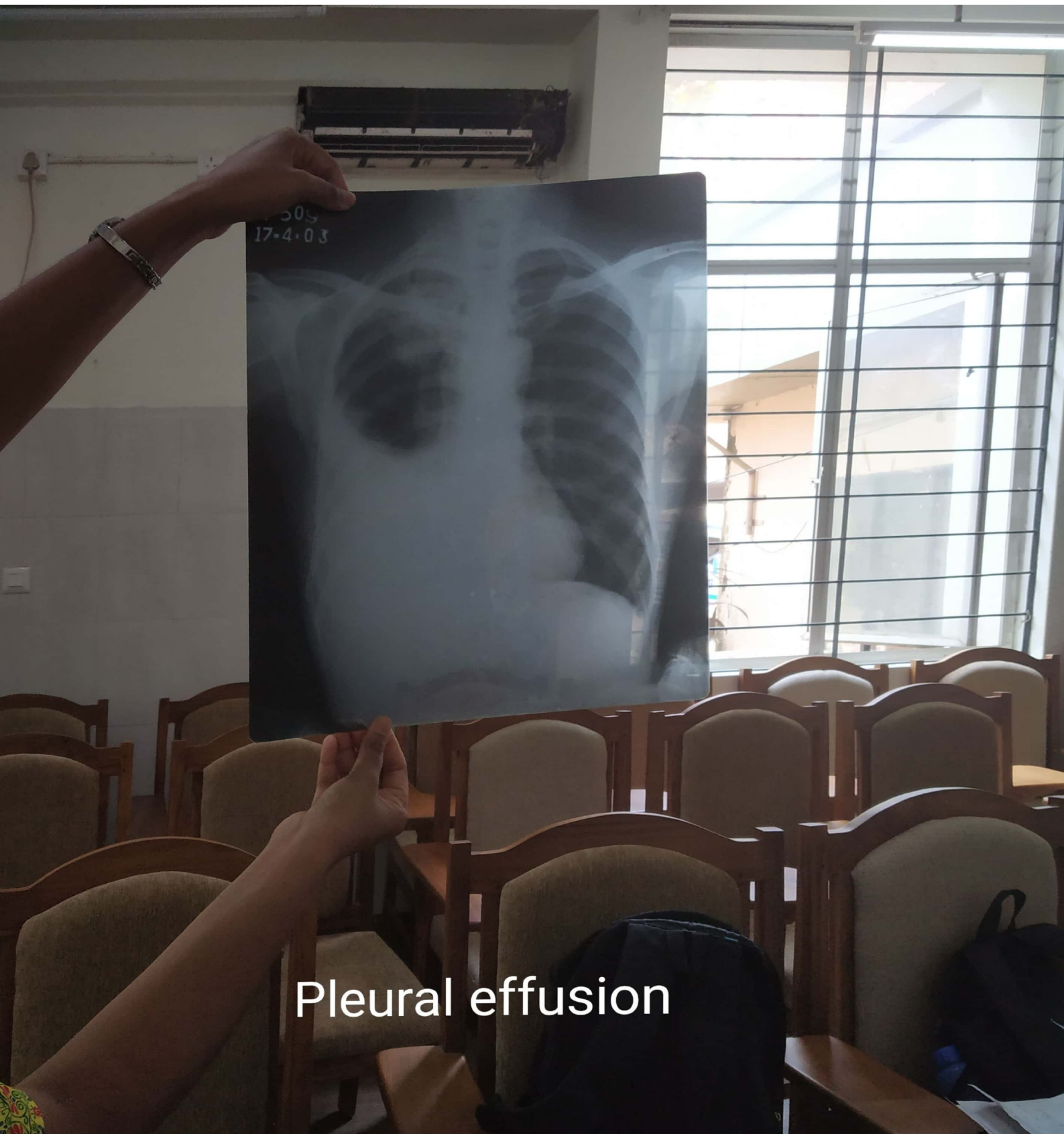
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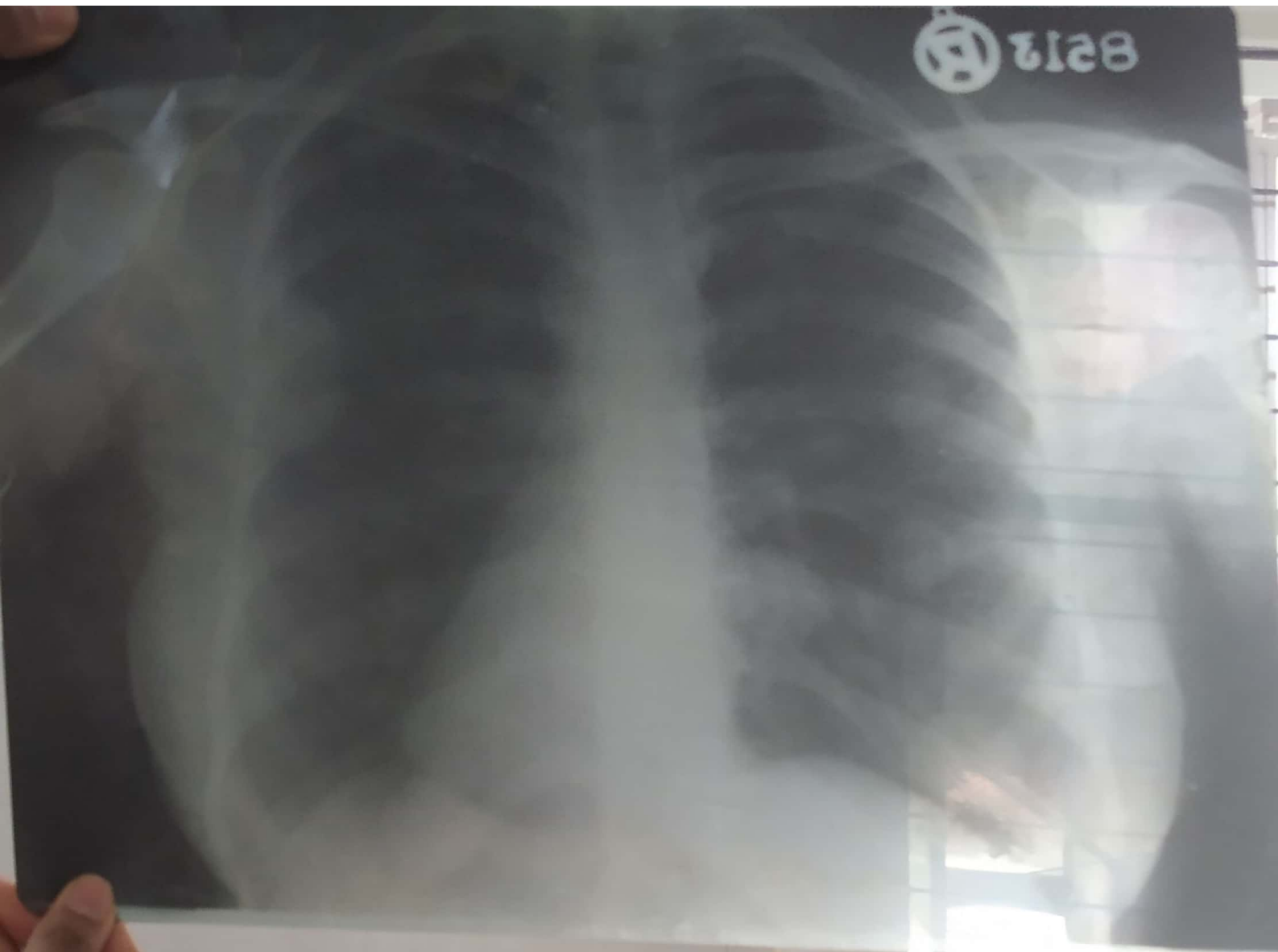
CXray right CP angle not visualised
, homogenous opacity, curvilinear, r
ight pl. Effusion with rt apical. Lobe
tb



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Pleural effusion



Cannon ball mets-multiple circum
cribed homogenous opacities on
both lung field. Could be hydatid
or aspergilloma





Left sided homogenous opacity, CP angle not seen, could be cavity with effusion or consolidation. Probably TB. Could be a dextrocardia.



AP view, uniform opacity right side, CP angle not visualised, cardiac border not seen, trachea pulled to left side so right hemifibrothorax





Hydropneumothorax probably as a
result of trauma during draininage.
of pleural effusion

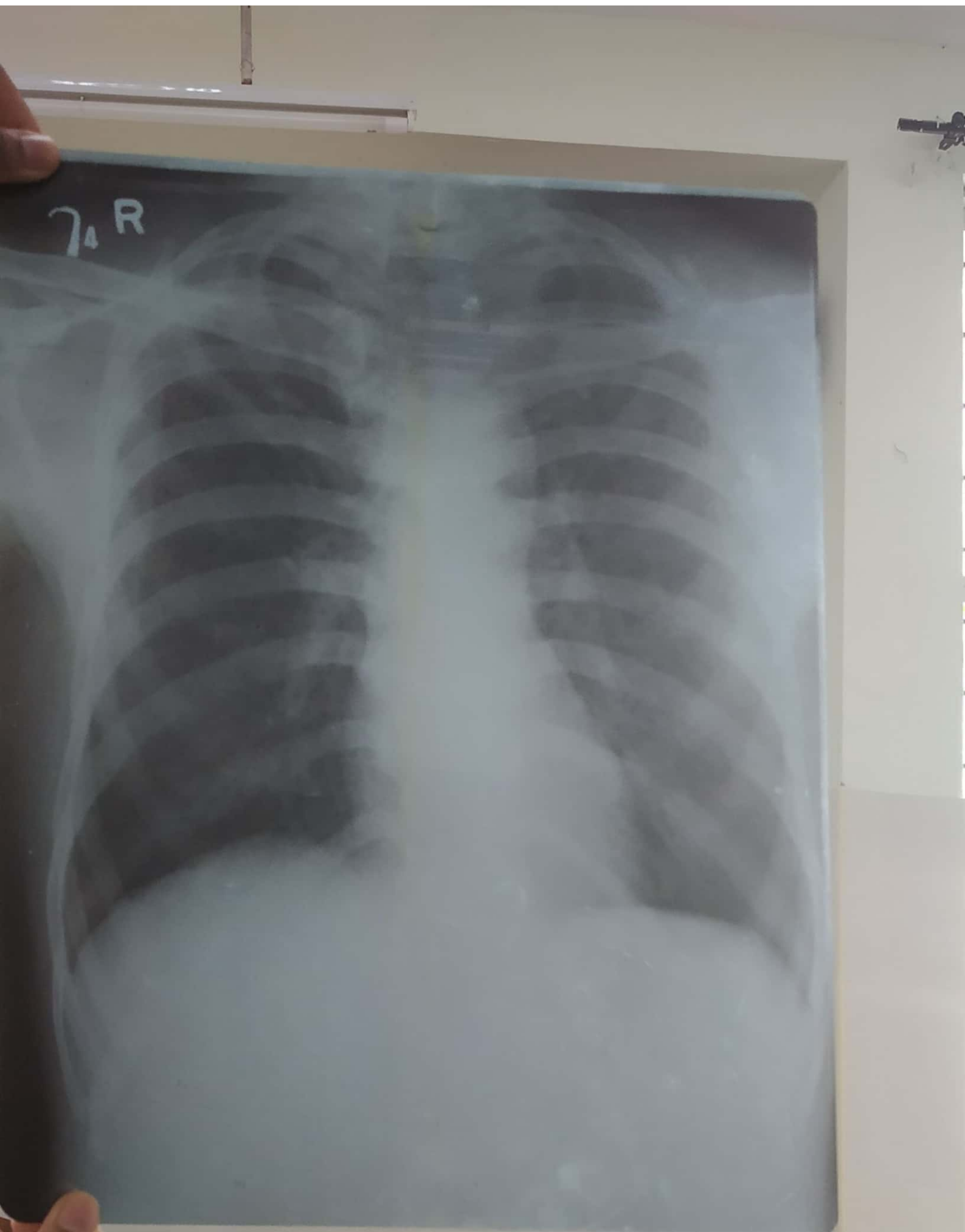


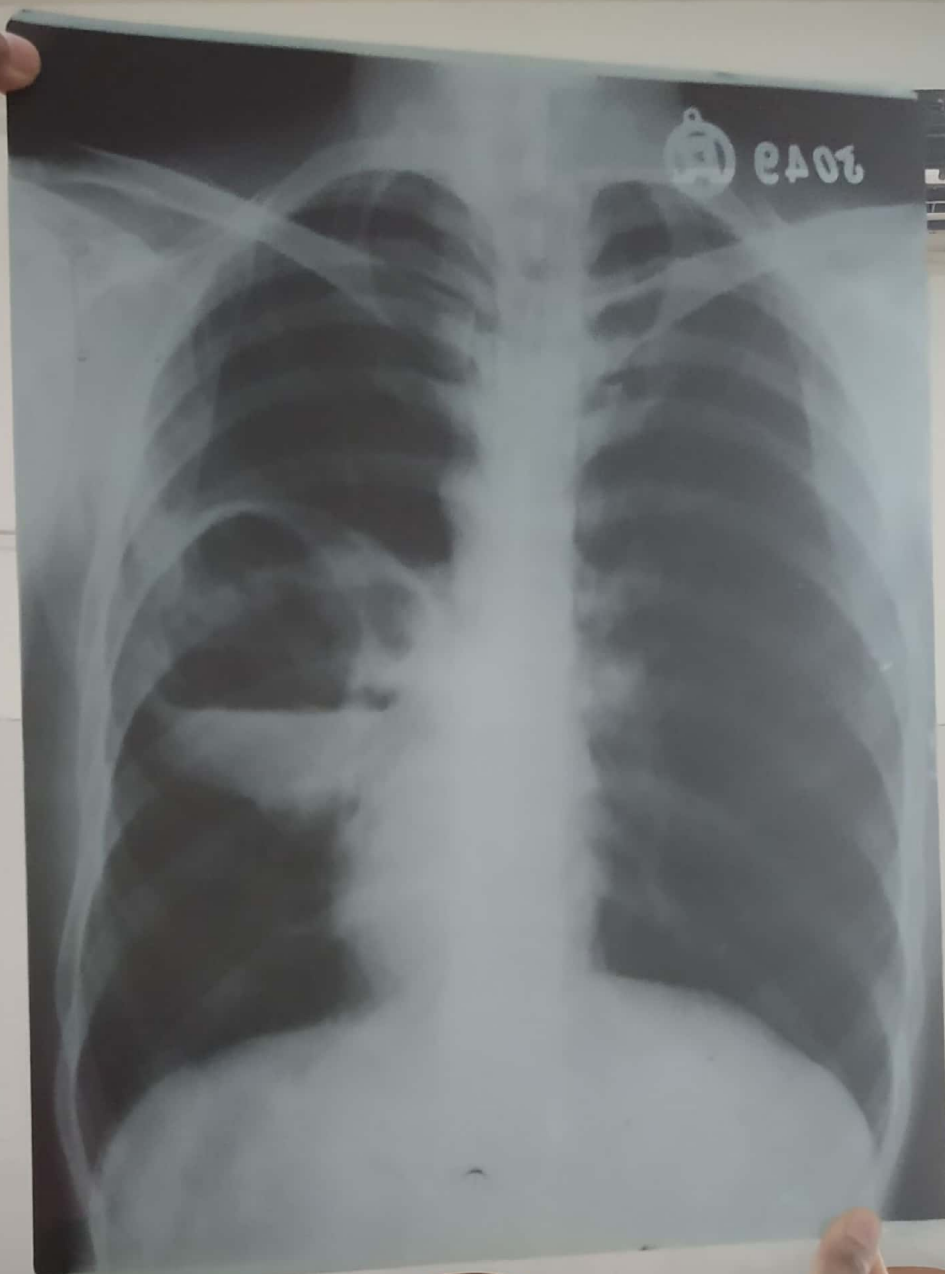
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Left fibro thorax - homogenous opa
city, heart, trachea pulled to left. Co
mpensatory emphysema on left

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Round cavity with septation and fluid level could be lung abscess. Could be due to klebsiella, staph aureus, aspergillus



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Pneumoth

Hyperinflated lung, tubular heart,, p
ulmonary plethora,

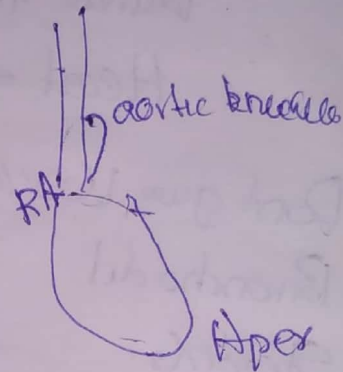
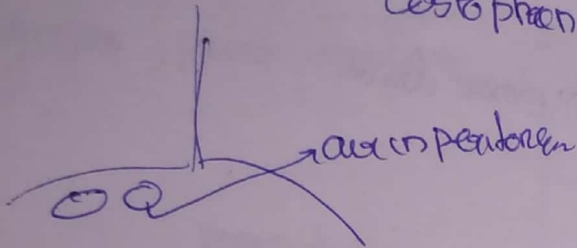
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- Pneumothorax to subcutaneous → Surgical emphysema
Ch/o emphysema
- Mediastinum → Mediastinal emphysema

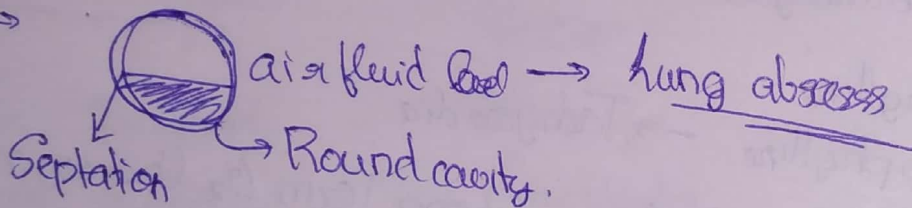
Xrays : PA view is the best view.

(*) CX Ray → Trachea in centre; Bifurcation.

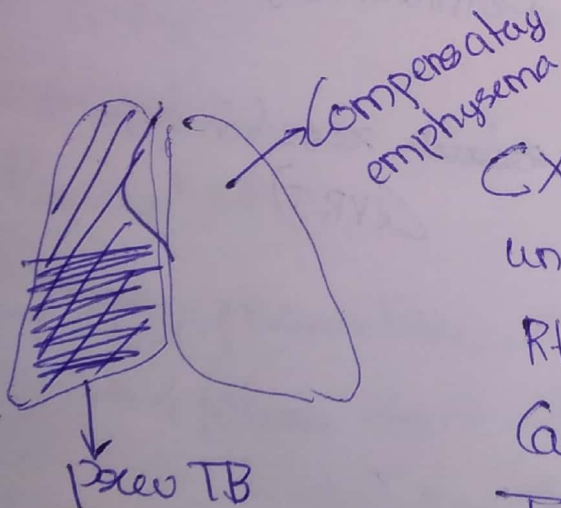
Heart on front;
Lt diaphragm lower than Rt;
Costophrenic angle.



(1) Ribs - horizontal → widely spaced;
Lt →



lung abscess
Klebsiella
Staph aureus
B. fragilis
Aspergillus

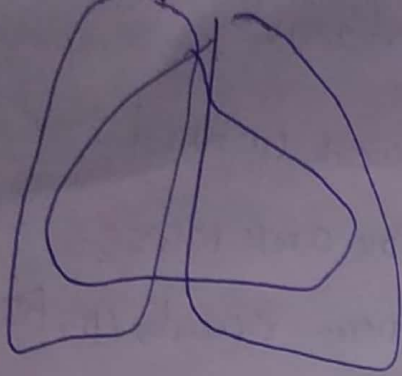


CX Ray AP view; I see a
uniform opacity occupying whole of
Rt side; (Pang) a not usual;
Cardiac border not visible;
Trachea pulled to Rt side;
Rt hemi Fibrothorax



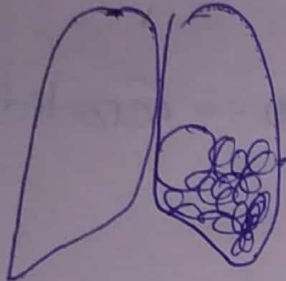
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(7.)



Heart + Rt CP angle; ;

(8)



Left sided; Homogeneous opacity;

Left CP angle not seen; sep/cavity

seen → Cavity + effusion

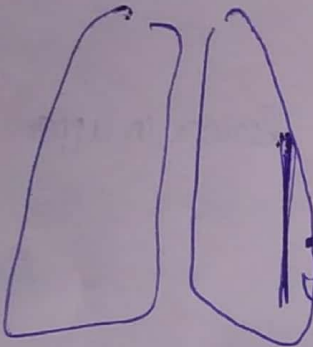
→ or Consolidation. maybe P.TB.

+ Dextrocardia / pushed heart

↓ Central location.

~~(9)~~

(9)



Hyperinflated + Tubular heart + Pulmonary plethora

Left CP angle not visualised;

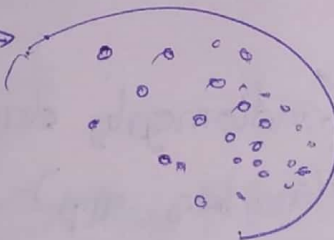
→ pneumothorax.

→ Translucent (small)

(Hyperlucent)

(10) Skull → Lytic lesions →

Multiple myeloma



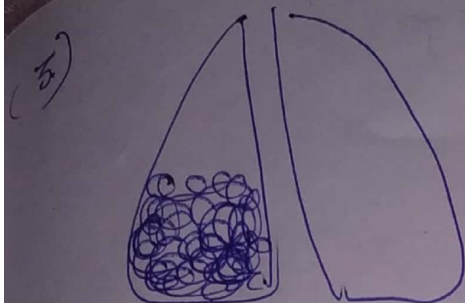
(11)



: CXray; PFT view; Cardiomegaly: (T ratio > 50%);

Hilum

~~or~~



X-ray; PA; not visible;

Skeletal framework normal;

RT → Costophrenic angle not visible;

on homogenous opacity on Rt

half of leg;

→ Fluorobronchogram → Consolidation.

(4) CX Ray; Rt CP angle not visible;



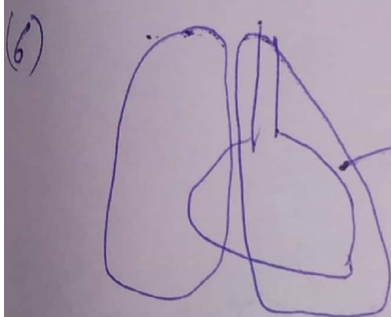
homogenous opacity; Gasoline;

Rt sided Pleffusion.

+ Rt apical TB



Rt sided Pleffusion + circumscribed lesion in upper zone; → Probably CA lung.



Cardiomegaly due to pericardial effusion
(Honey bag app)

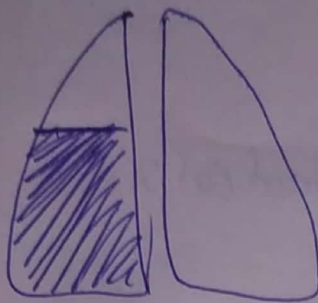
Cardiothoracic ratio > 50%;

5 Causes → 1° pulm TB; Malignancy in pericardial wall, valvular heart disease;



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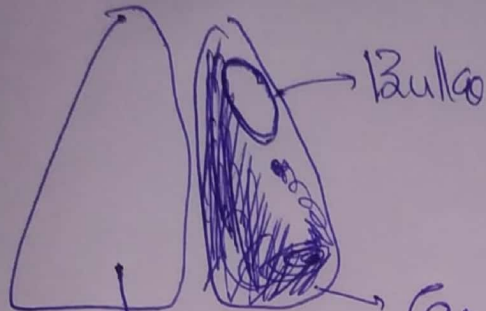
12.)



Hydropneumothorax

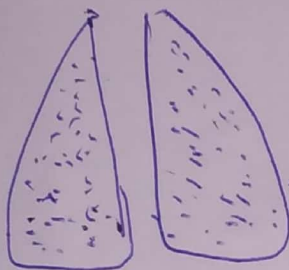
↓
Trauma; drainage of PEFs

13.)



Can't see (Pleura); Homogeneous opacity;
Trachea pulled to left side; Heart
pulled to left → Left fibrothorax;

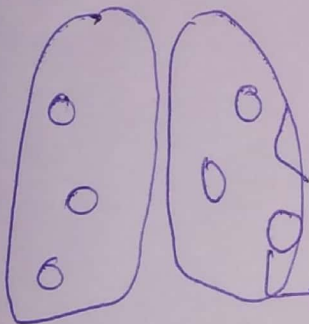
14.)



Tubercle half; wide ^{horizontal} ribs;

→ Miliary TB
Extensive dissemination;

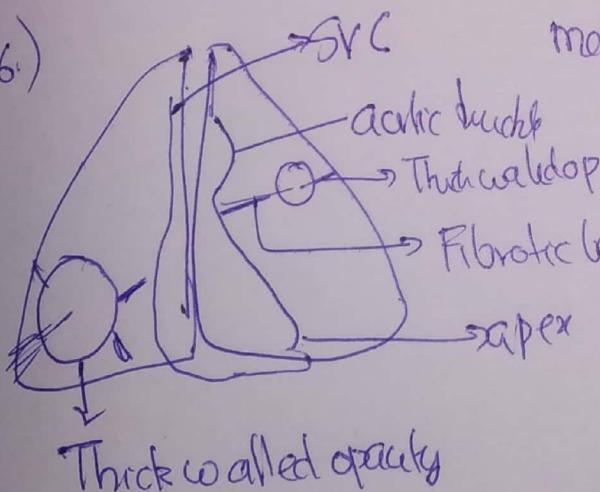
15.)



Multiple rounded homogeneous opacities in both
lung fields → ~~lung abscess~~

→ Ring opacity → mets
→ Cannon ball mets
→ Hydatid cyst
→ Aspergilloma;

16.)



old fungal cavity;

TB cavity home
for aspergilloma.

