

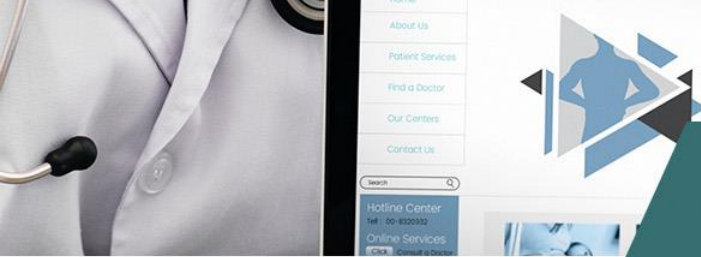


# Chest CT scan

Dr. Asna Ashari  
IUMS



- **Standard CT:** 5 mm slice thickness for mediastinum and gross evaluation of lungs
- **High-resolution CT (HRCT):** thin sections (slice thickness of 0.625 to 1.25 mm) for evaluation of the secondary lobule of the lungs

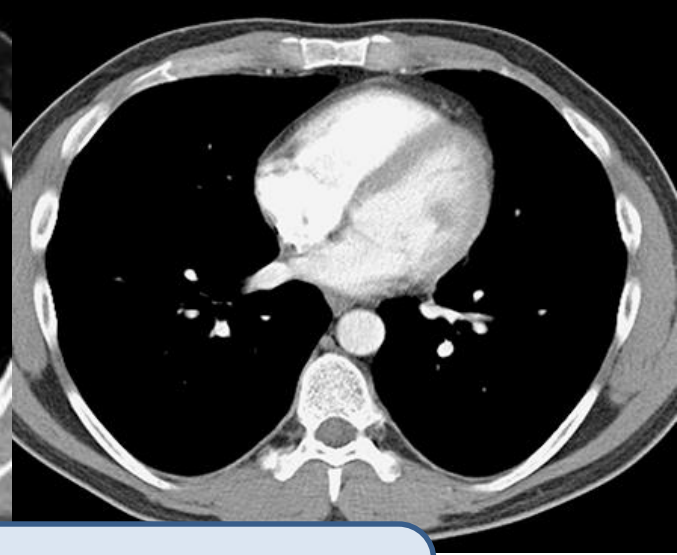


# Chest Computed Tomography Techniques and Protocols

- **Without contrast**
- **With Intravenous Contrast**
- **Computed Tomography Angiography**

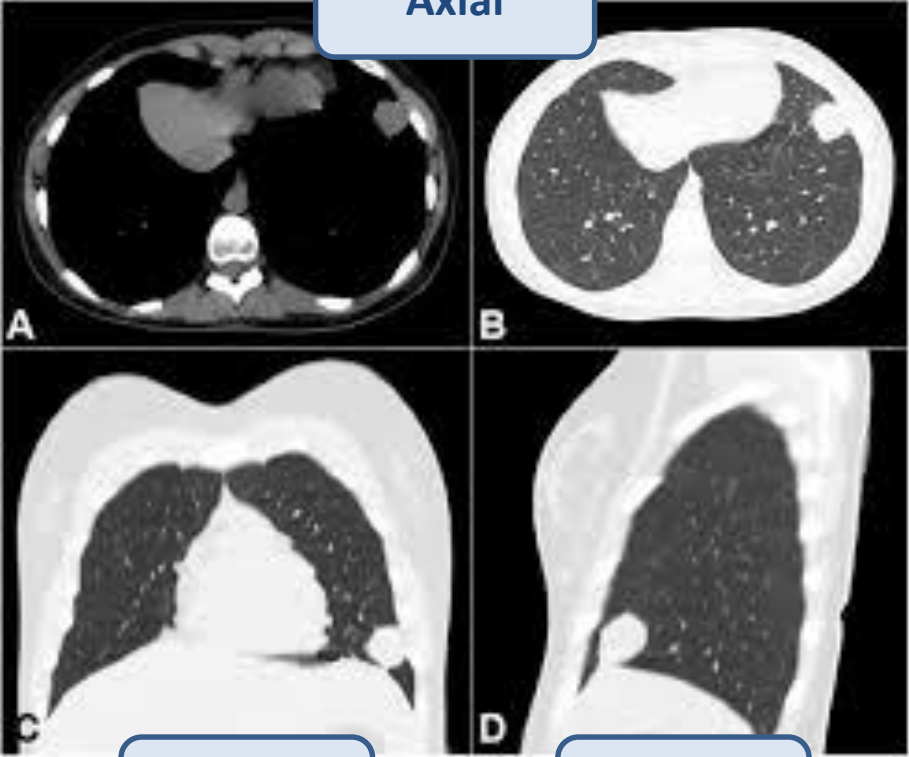


**Without Contrast**



**With Intravenous Contrast**

Axial



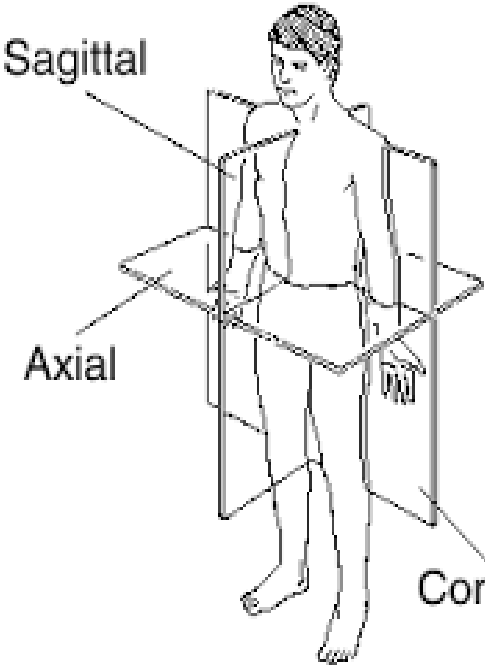
Coronal

Sagittal

Sagittal

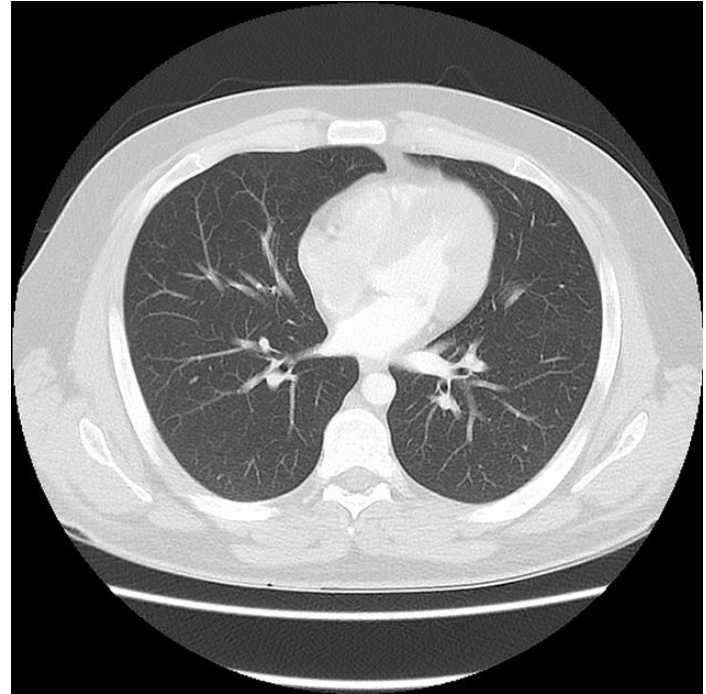
Axial

Coronal





**Mediastinal  
Window**



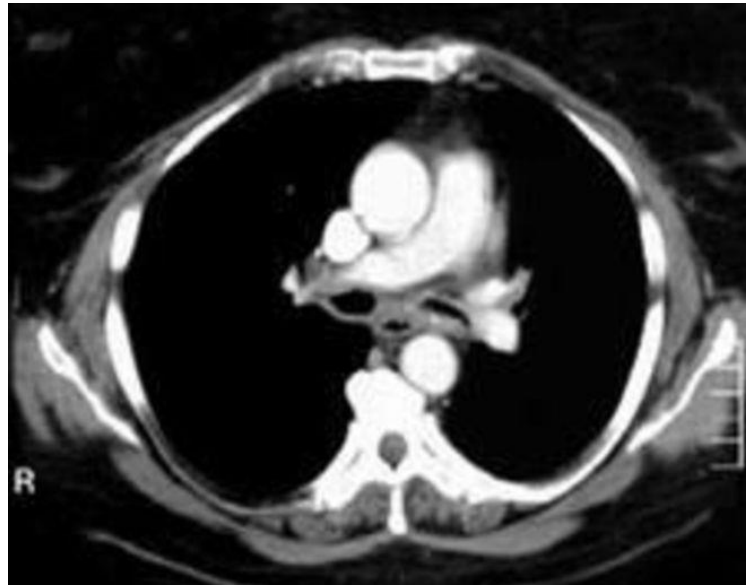
**Lung window**



# Note

**Mediastinal view** is better to show

*Vessels, Mediastinal pathologies, pleural effusion*



# Chest CT scan interpretation

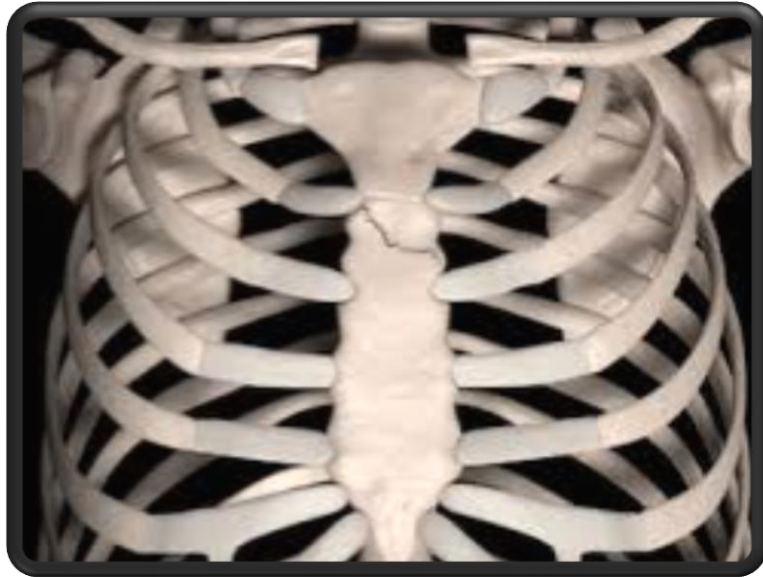




## Systematic interpretation

- 1. Soft tissue and bone***
- 2. Mediastinum***
- 3. Pleura***
- 4. Lung***

# 1. Soft tissue & bone





# Soft tissue and bone

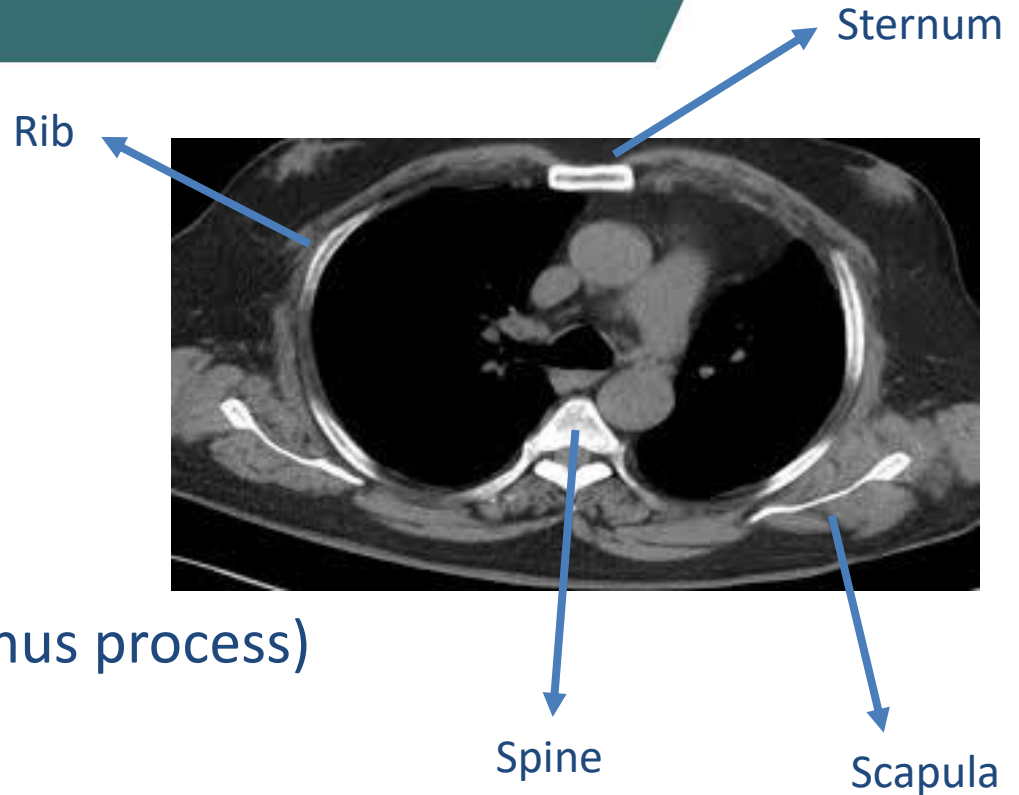
Bone fracture

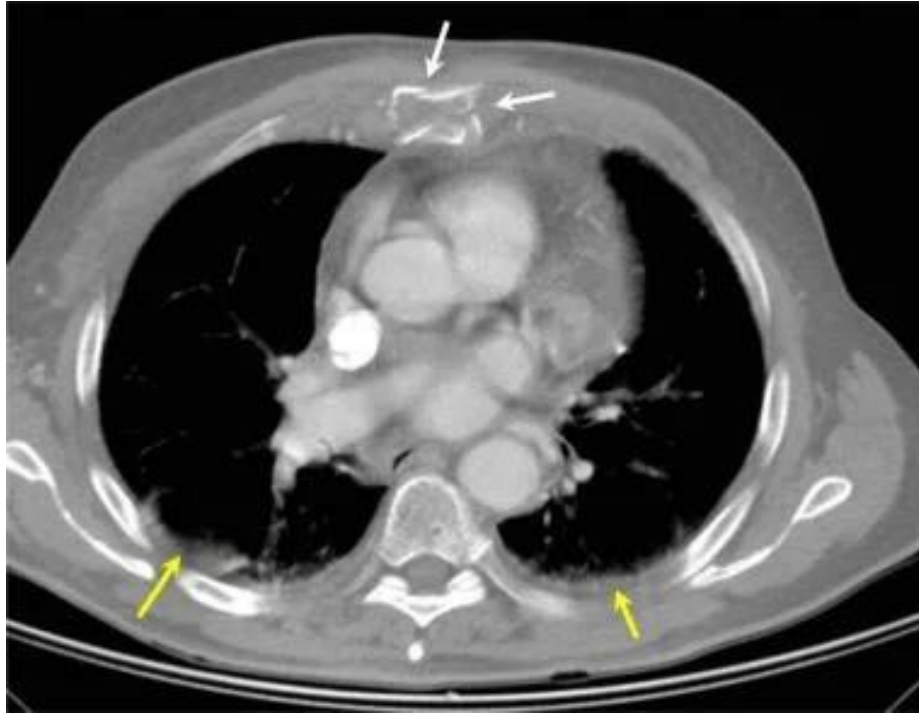
Subcutaneous emphysema

Muscle hematoma

# Bone

- Rib
- Sternum
- Scapula
- Humerus
- Spine (body, spinus process)

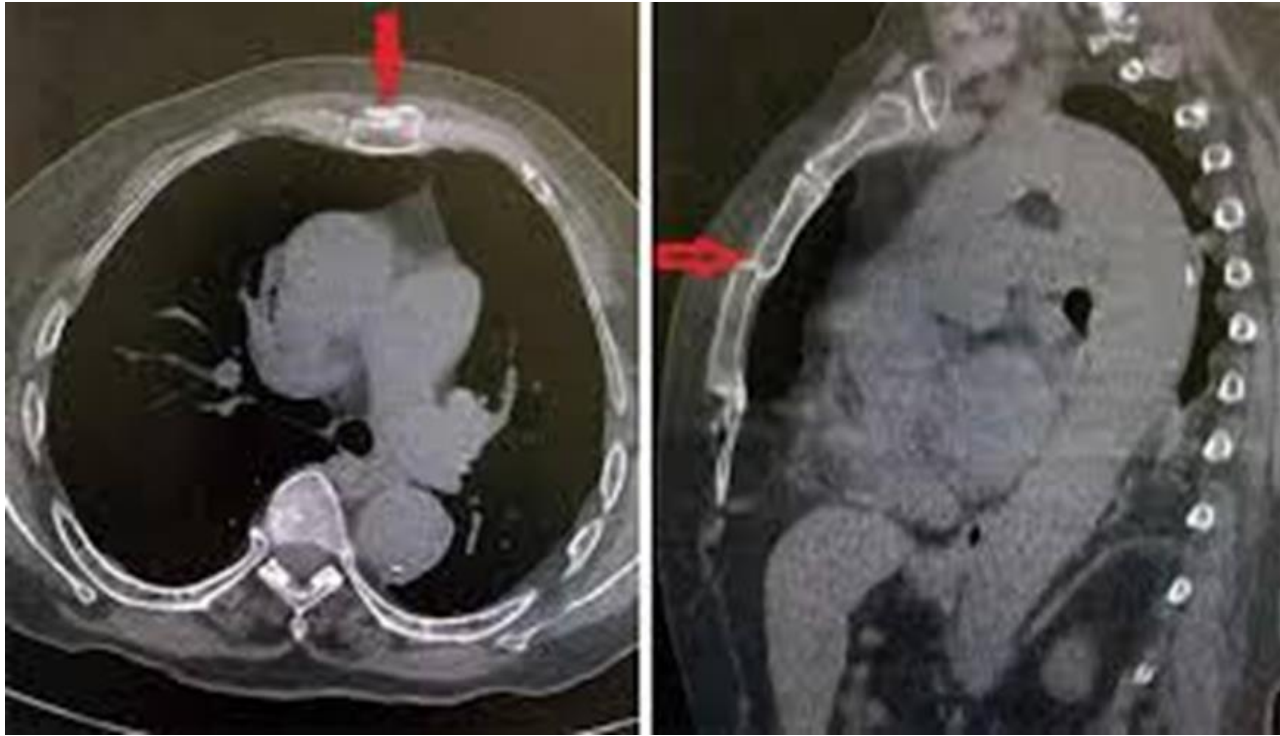




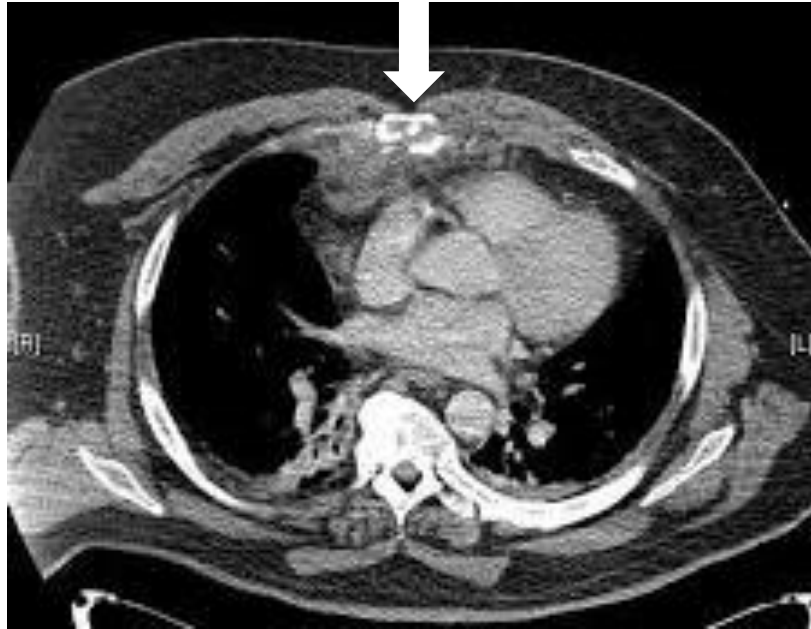
Sternum fracture



Sternum fracture

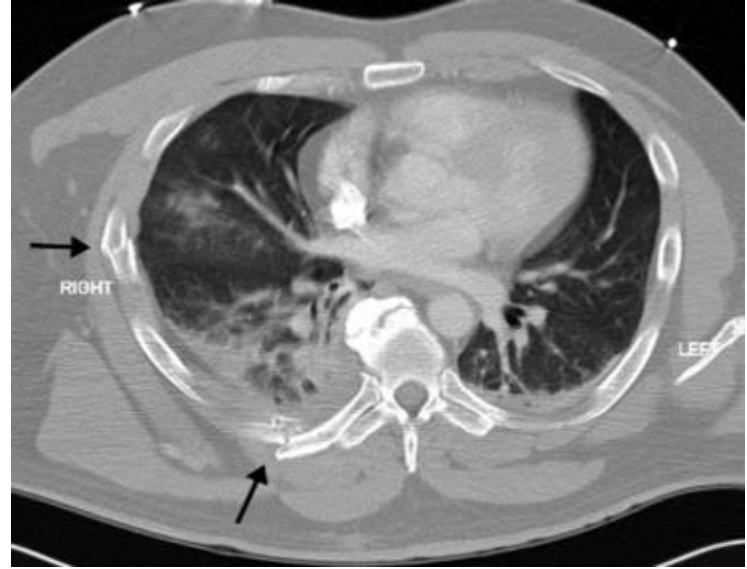
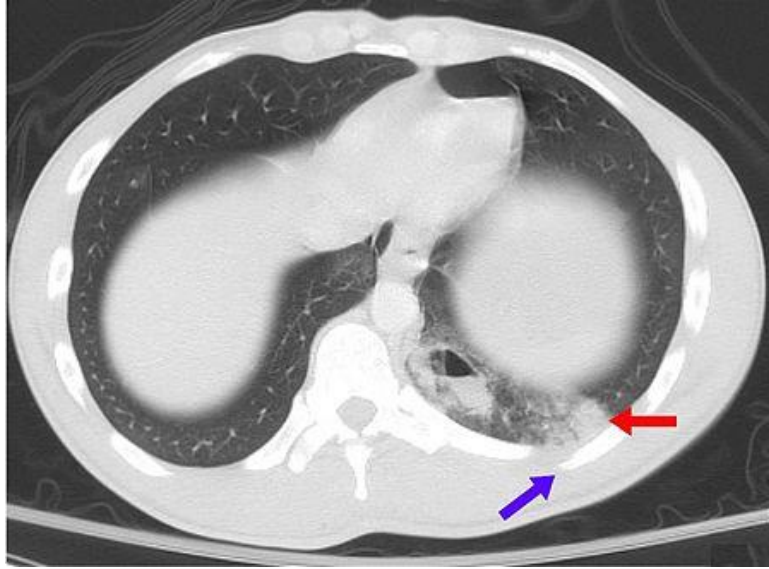


Sternum fracture



Sternum fracture





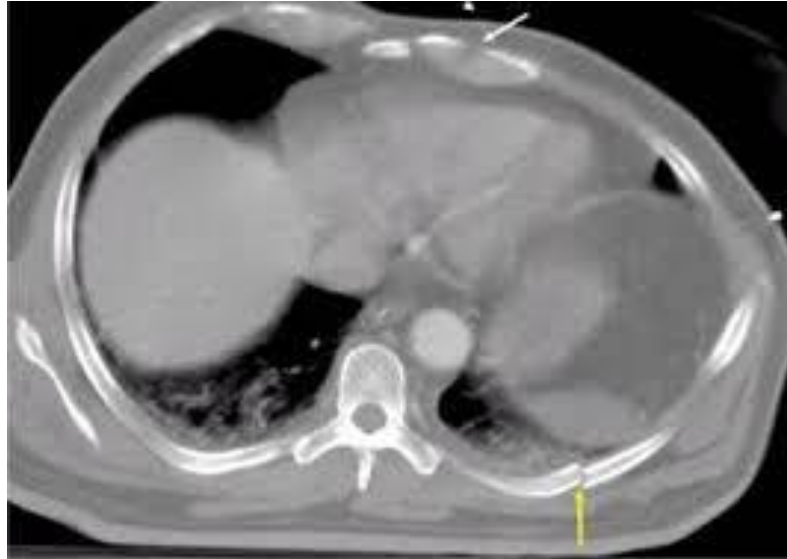
**Rib fracture**



**Rib fracture**

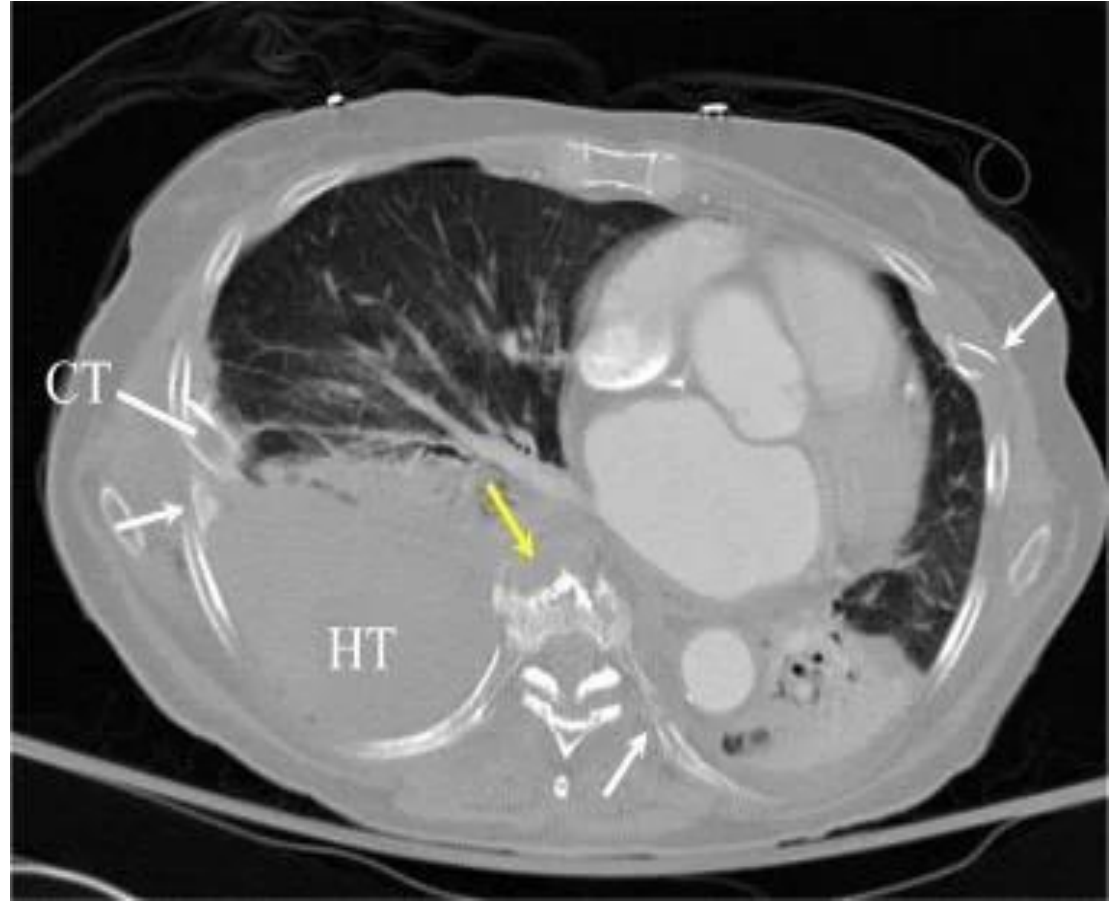


**Rib fracture**



**Rib fracture**

1. Multiple rib fractures (white arrows)
2. midthoracic spine is fractured (yellow arrow)
3. large right hemothorax (HT)

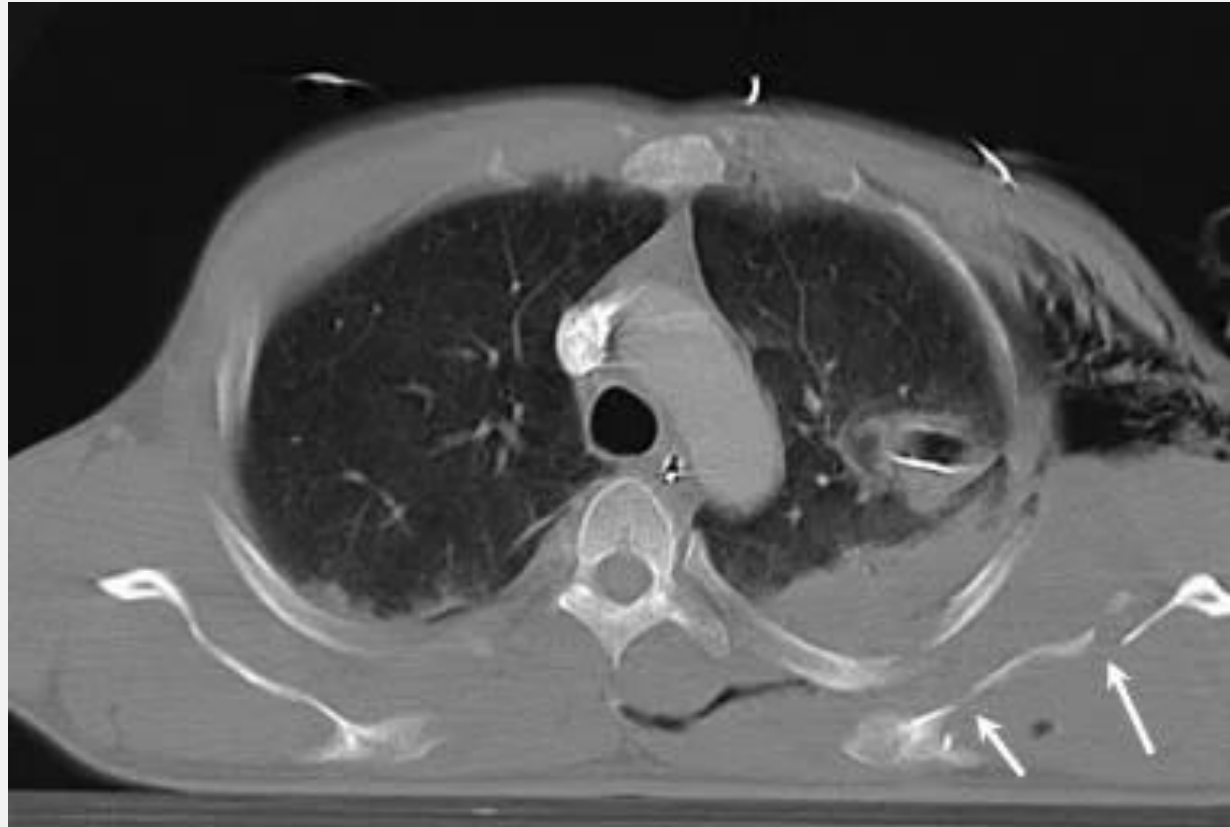


Anterior and posterior  
thoracic injuries

1. Fracture of sternum
2. posterior left rib fracture



Rib fractures and a complex left scapular fracture





# Subcutaneous emphysema

- **Gas arising internally**

*pneumothorax*

*pneumomediastinum*

*pulmonary interstitial emphysema*

*perforated hollow viscus in the neck, e.g. esophageal perforation*

- **Gas introduced externally**

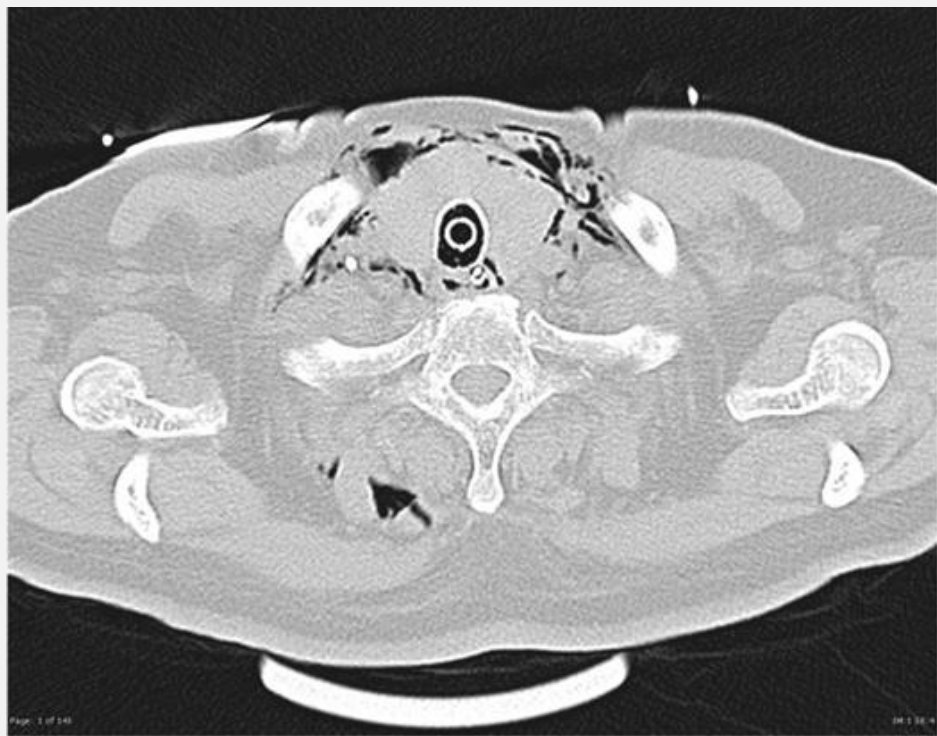
*penetrating trauma*

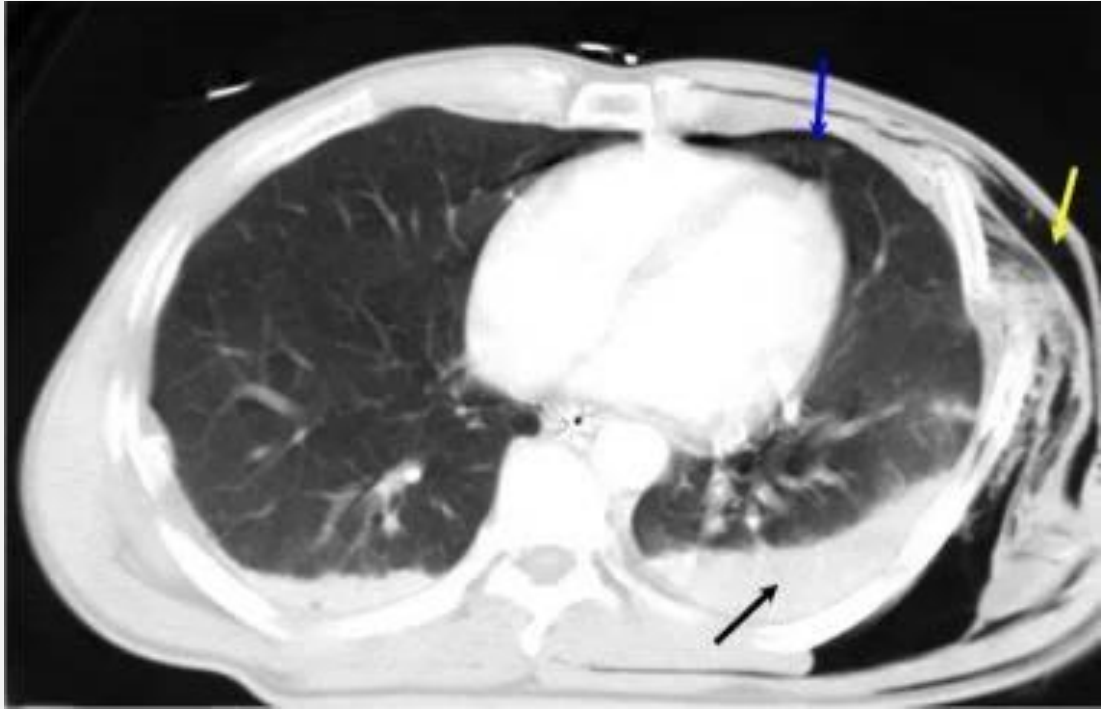
*iatrogenic*

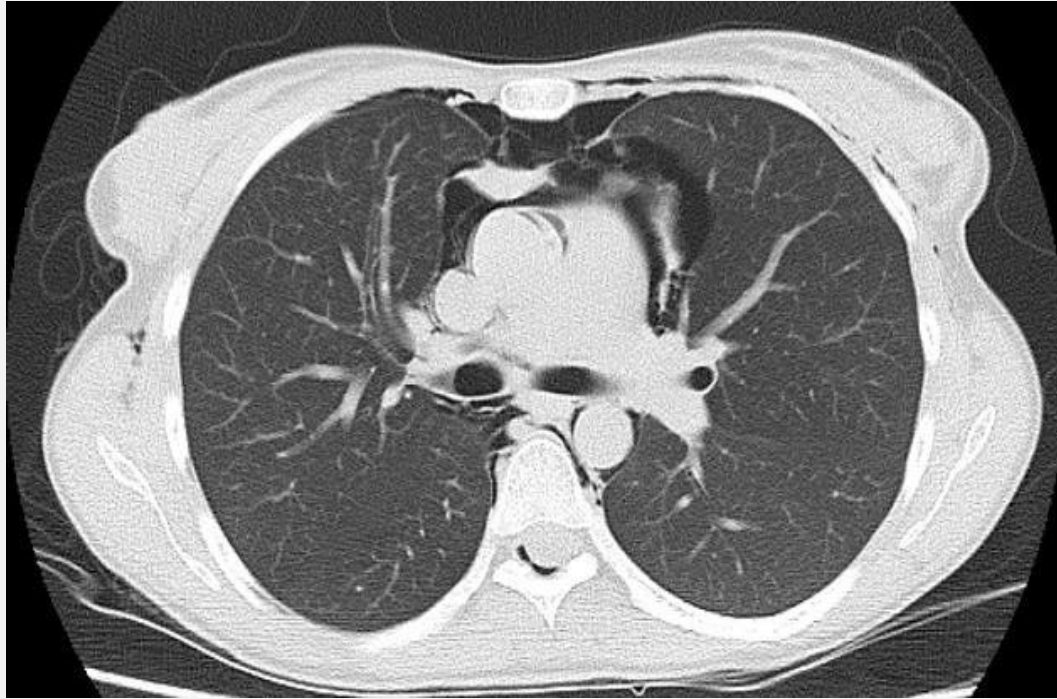




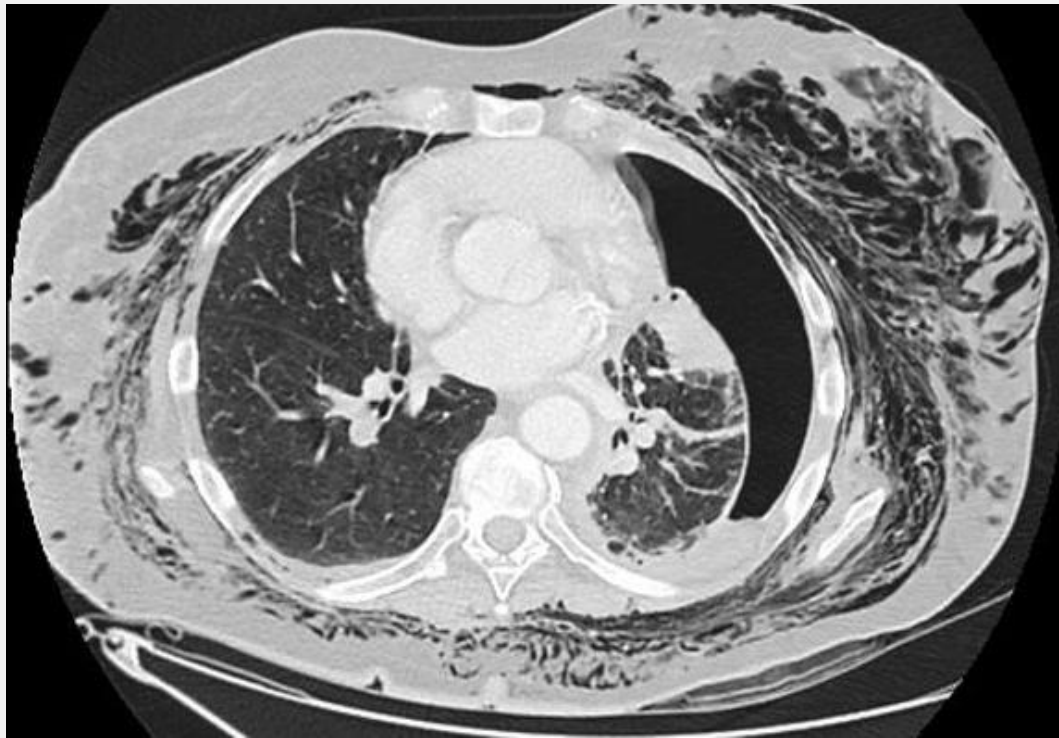
unstable fracture of the thoracic spine. Air has dissected into the epidural space posterior to the cervical dura







Extensive surgical emphysema and  
pneumomediastinum without pneumothorax

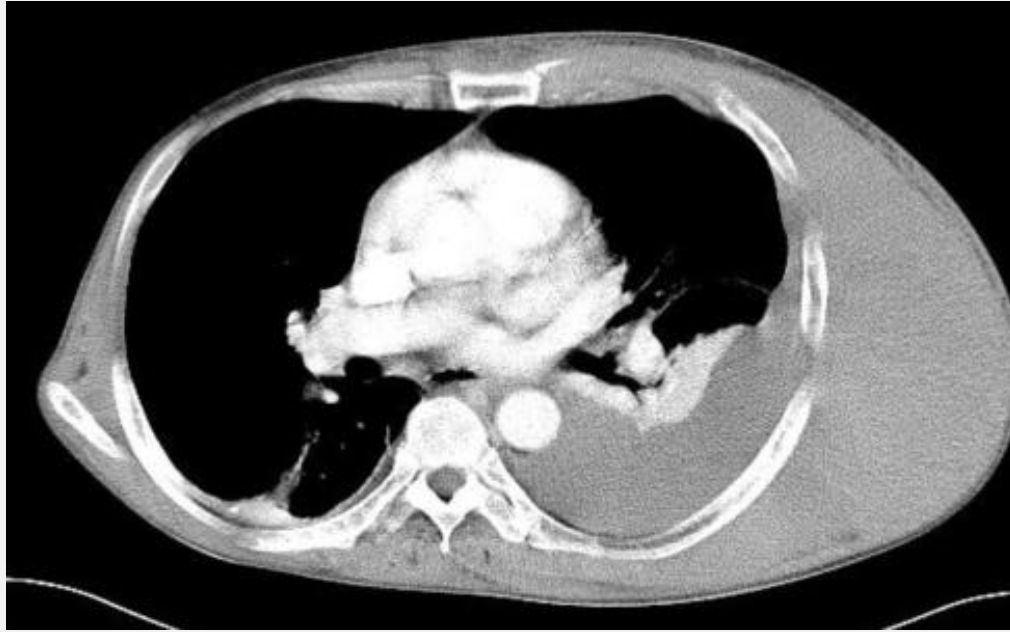


Extensive subcutaneous emphysema due to a misplaced chest tube

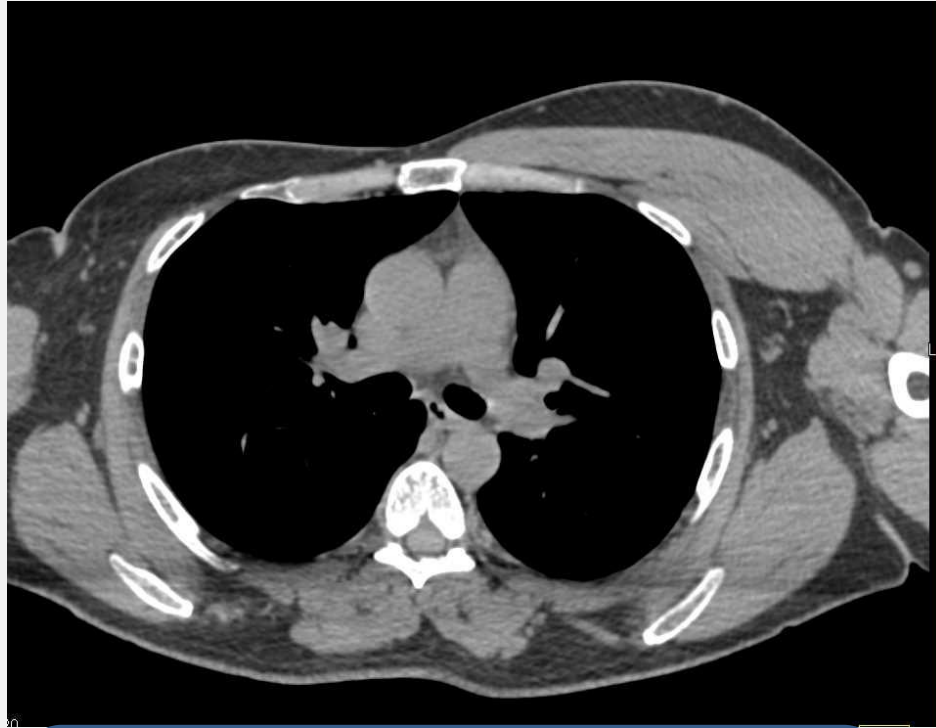


## Muscle hematoma

- *Hematoma* is generally defined as a collection of blood outside of blood vessels



Muscle hematoma



Muscle hematoma





Muscle hematoma

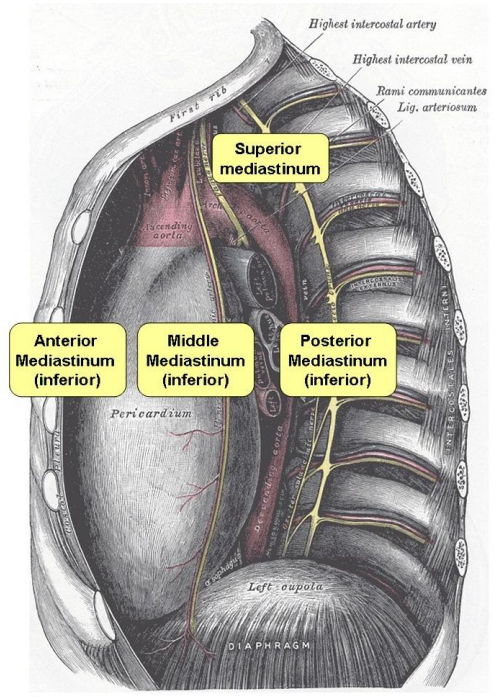
# 3. Mediastinum



# Mediastinum

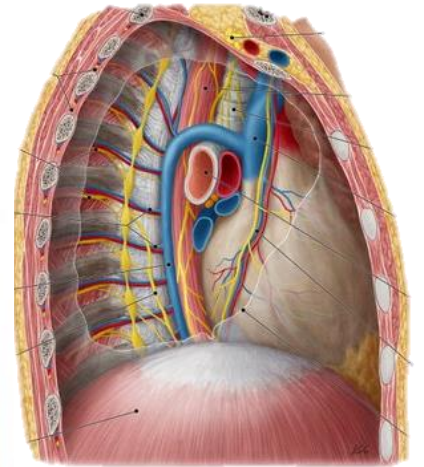
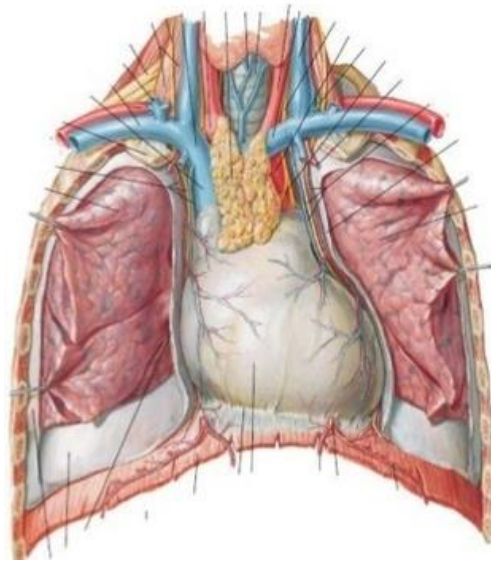
The space in the thorax that contains a group of non-delineated organs and their surrounding connective tissue

It lies in the **midline of the chest** between **the pleura of each lung** and extends from the **sternum** to the **vertebral column**



# Mediastinum contents

- **Thymus gland**
- **Heart**
- **Major Arties/Veins**
- **Esophagus**
- **Trachea**



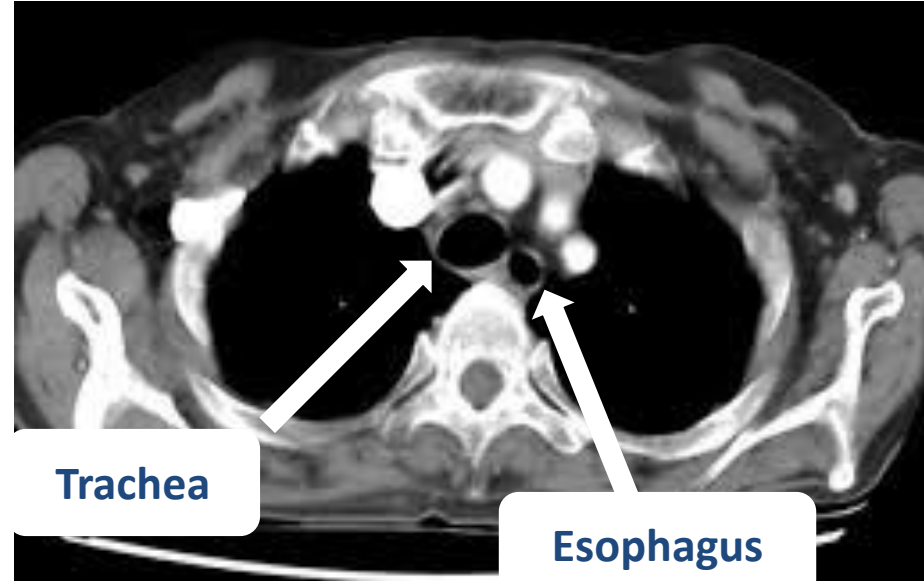


# Mediastinum pathologies

- Trachea perforation/ Trachea obstruction
- Esophageal perforation/ obstruction
- Aortic dissection, aneurysm
- Pneumomediastinum
- Pneumopericardium
- Pericardial effusion
- Mediastinal Mass

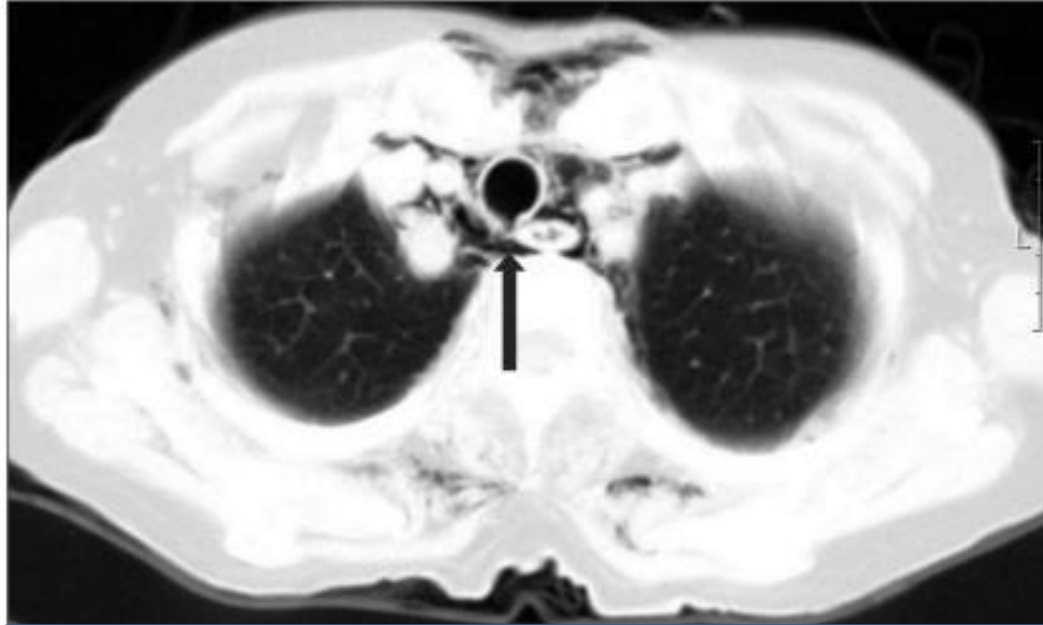
# Trachea

Perforation  
Obstruction



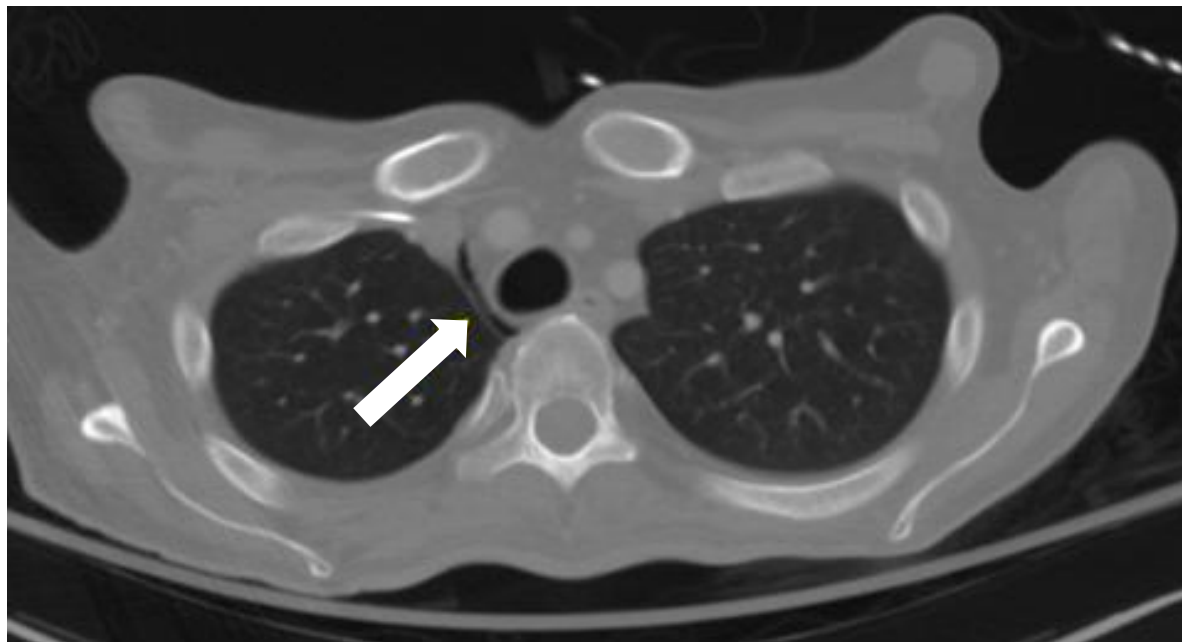


**Trachea perforation**

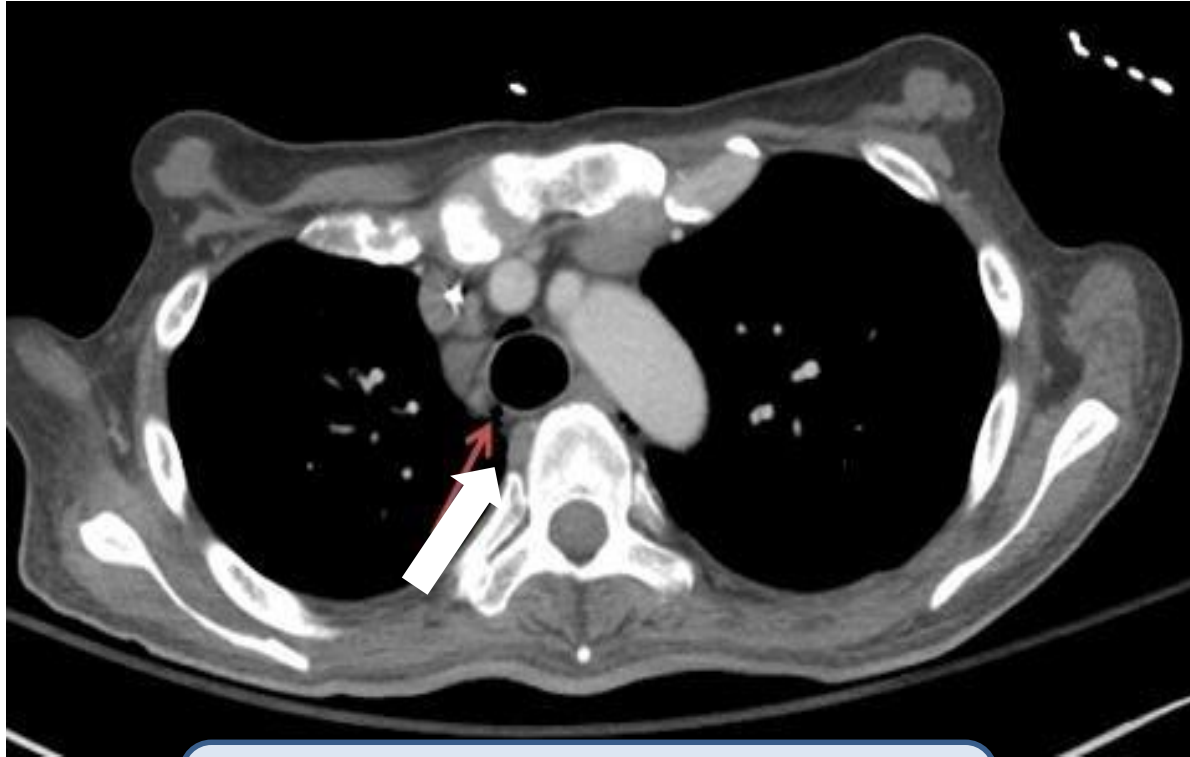


**laceration on the posterior membranous wall  
of mid-trachea**

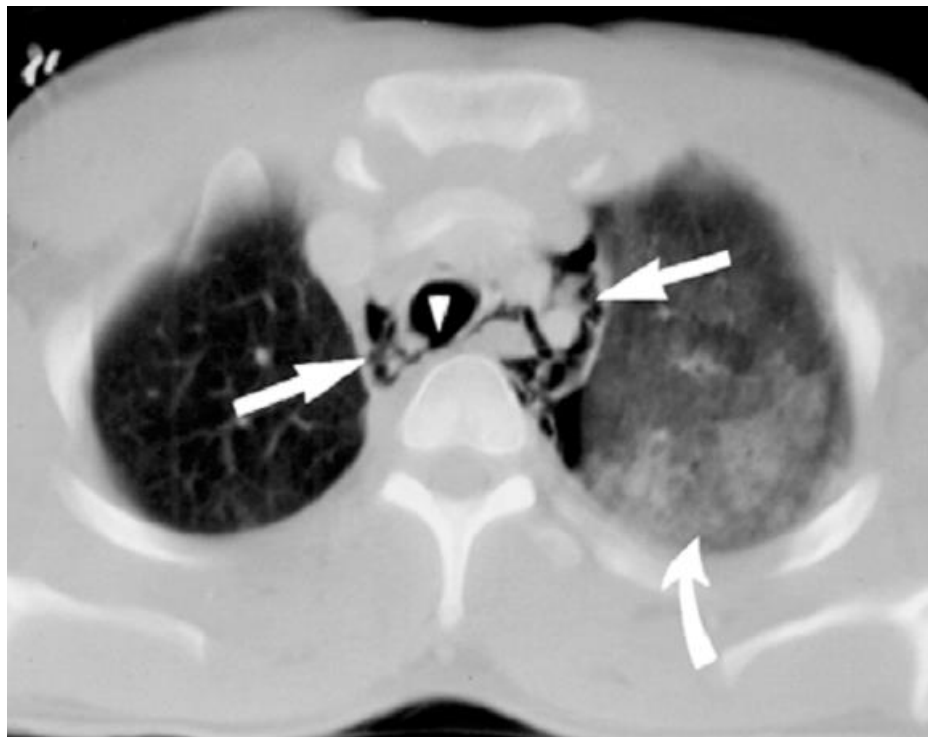




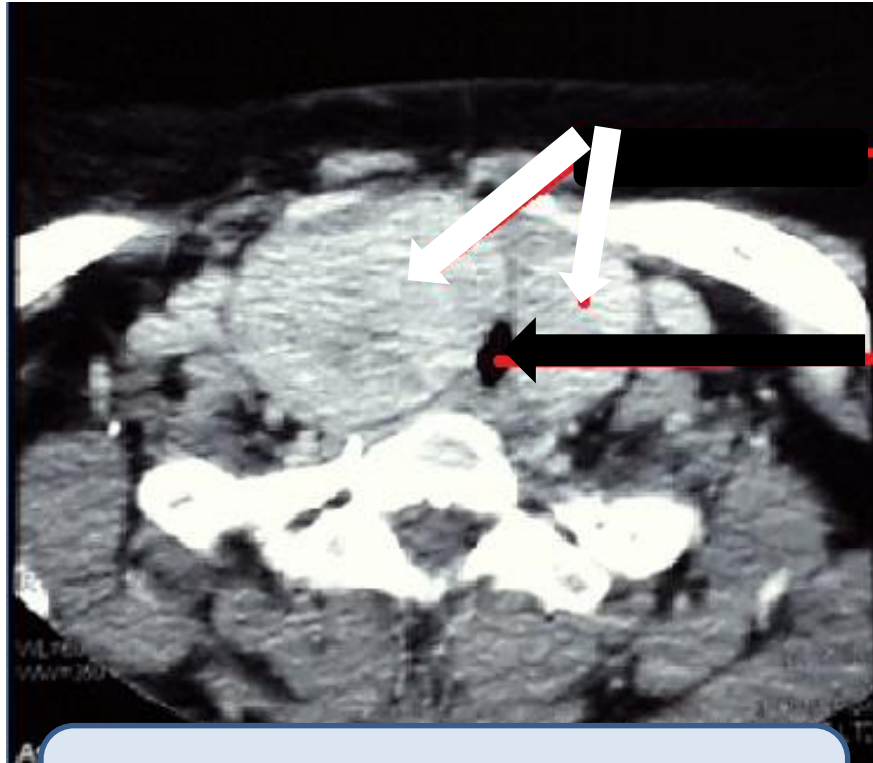
**Trachea perforation**



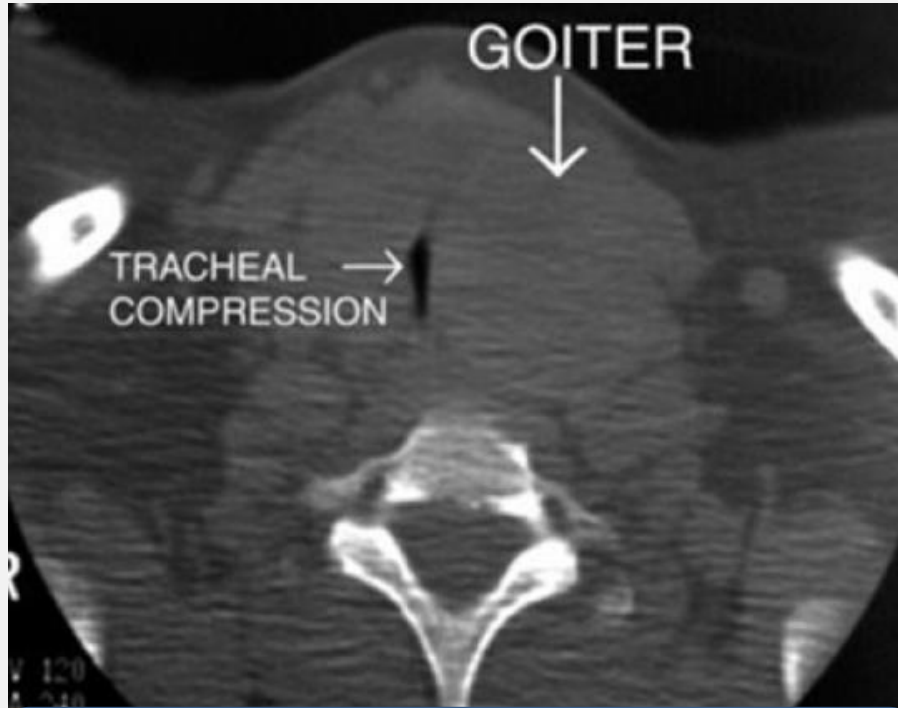
**Trachea perforation**



**Tracheal rupture**

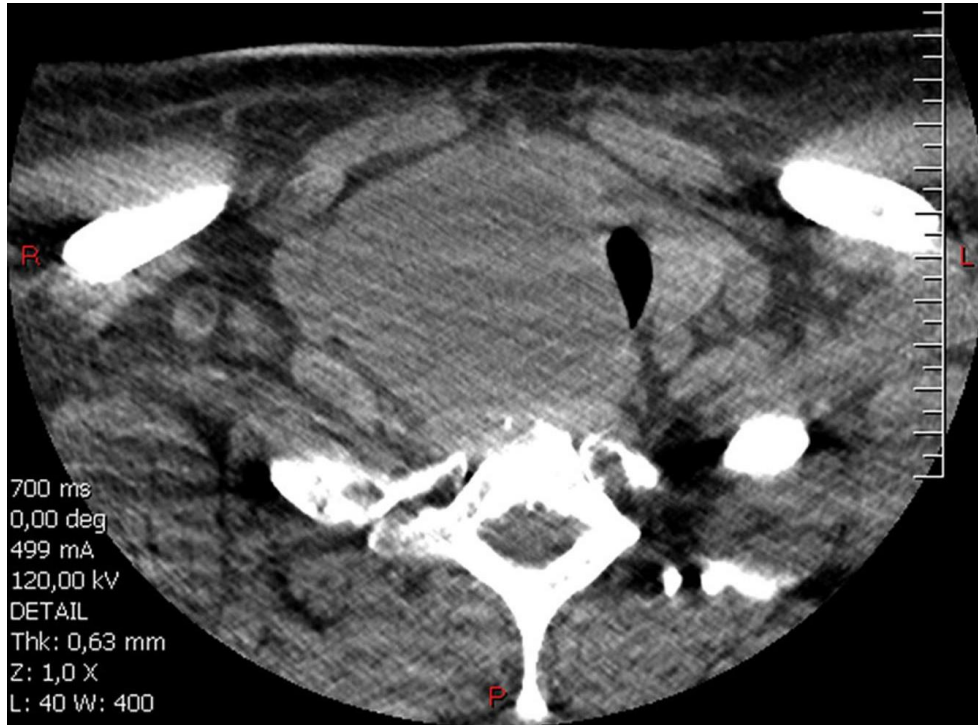


**Tracheal Obstruction**



## Tracheal Obstruction

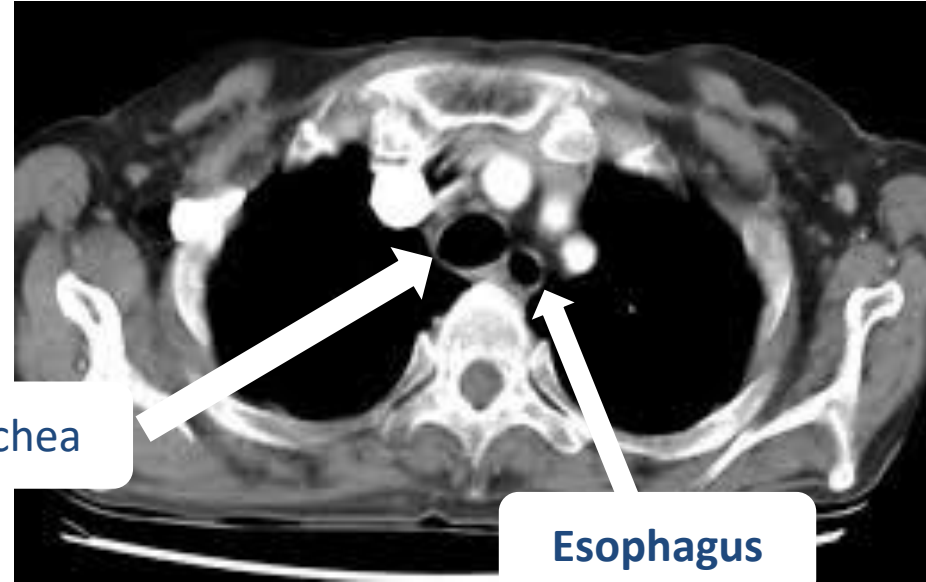
Tracheal compression by giant thyroid



## Tracheal Obstruction

# Esophagus

- Perforation
- Obstruction





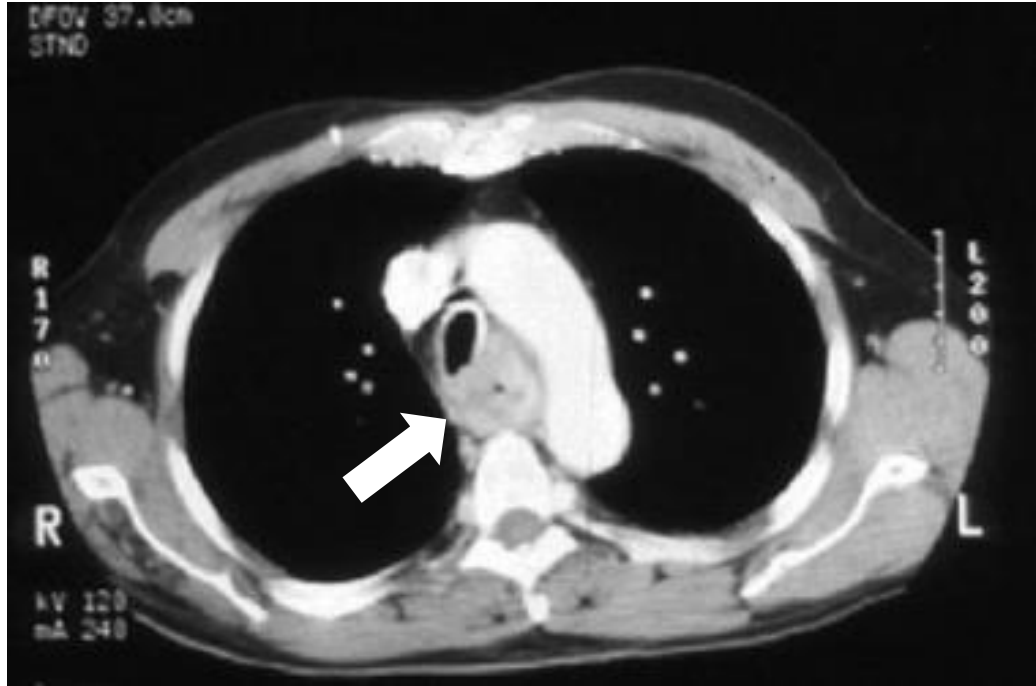
## Esophageal perforation

1. Mediastinal fluid collection  
(white arrow)

2. Extraluminal gas (black arrow)

The fluid collection causes anterior displacement and narrowing of the esophagus (black arrowhead)

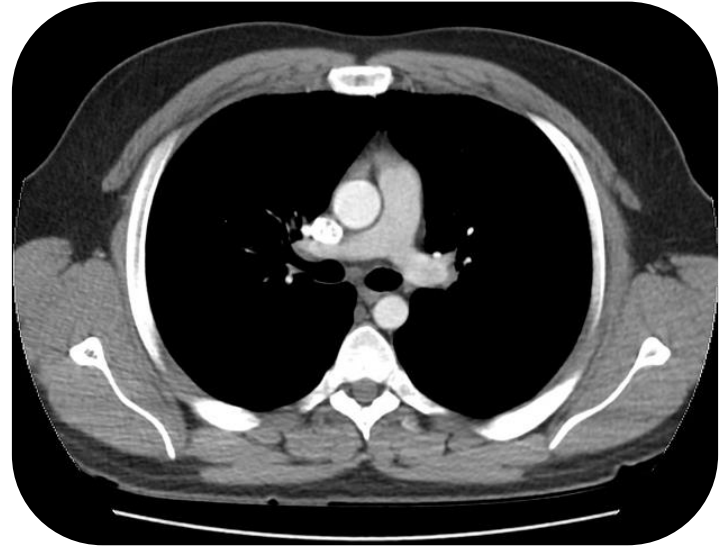




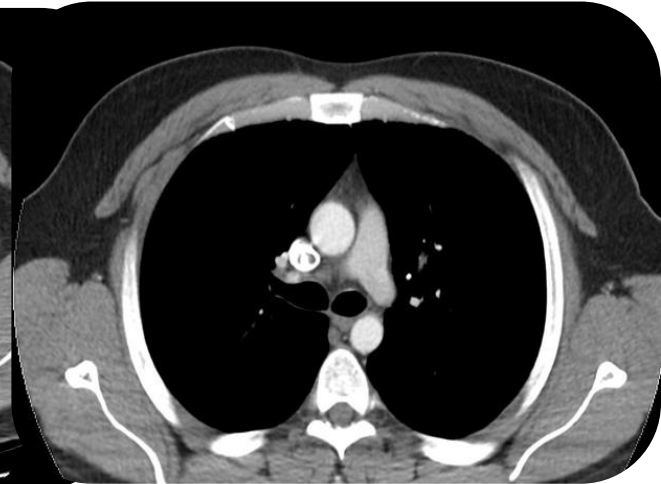
**Esophageal obstruction**  
because of esophageal cancer

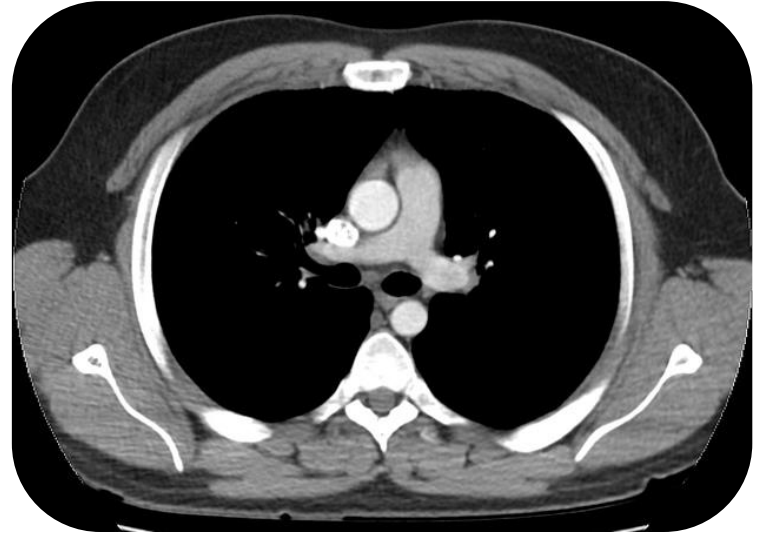
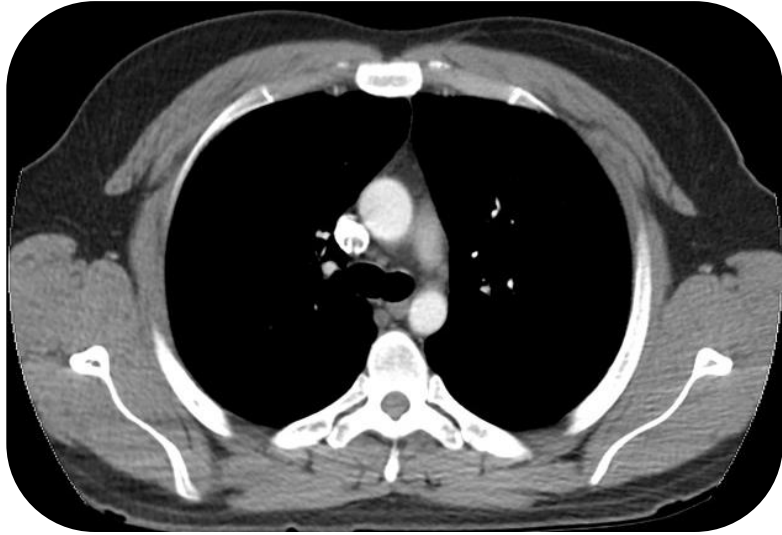
# Great vessels

- Dissection
- Aneurysm



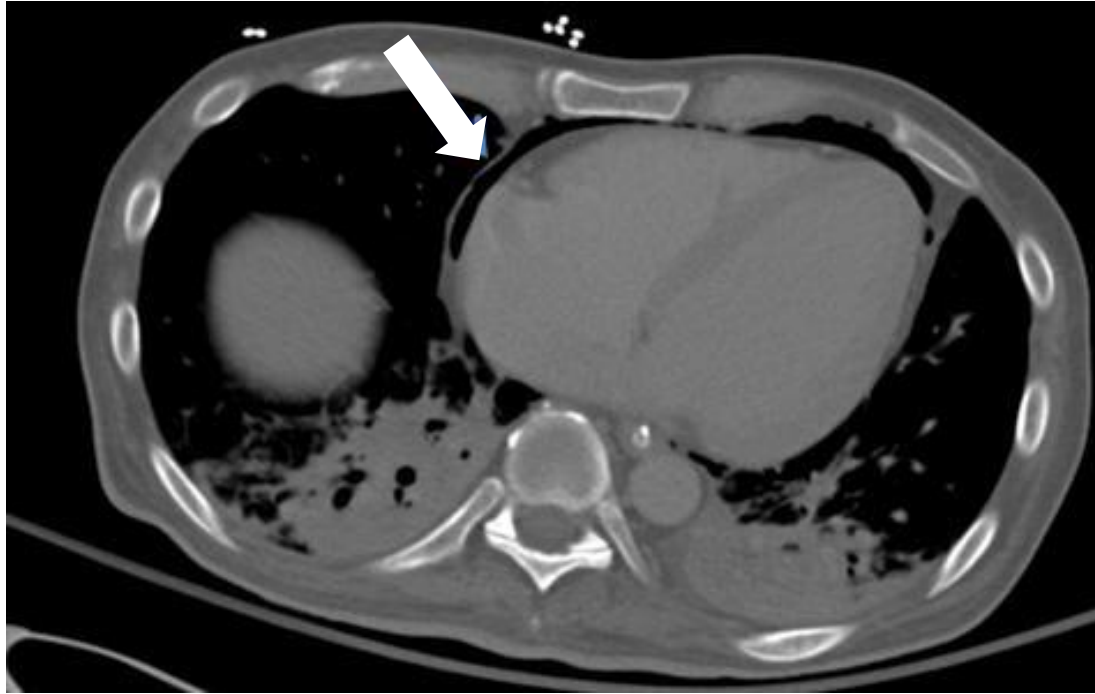








# Pneumopericardium



**Pneumopericardium**



Aortic dissection





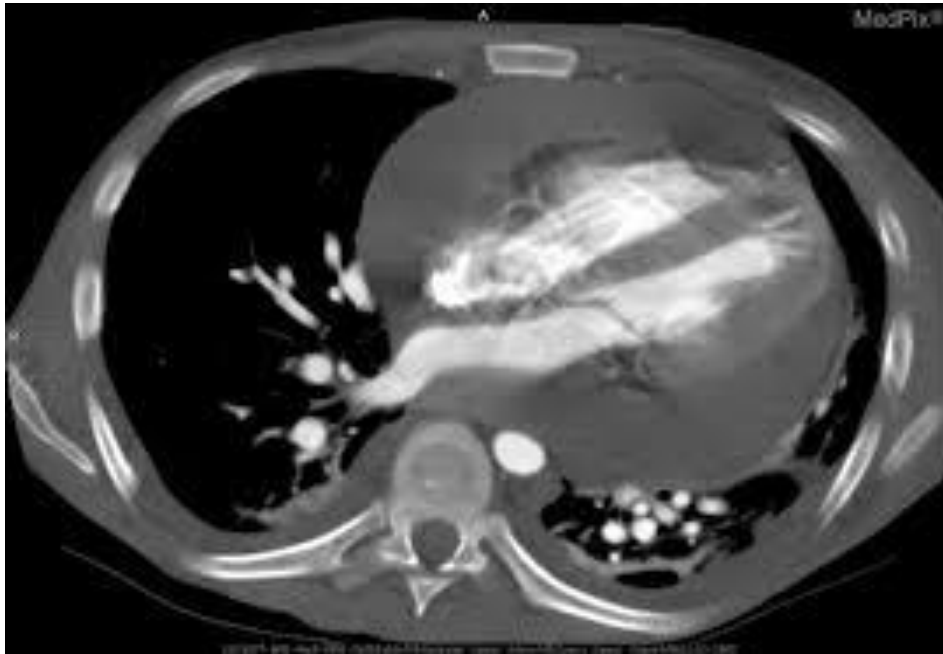
Aortic dissection



Aortic dissection



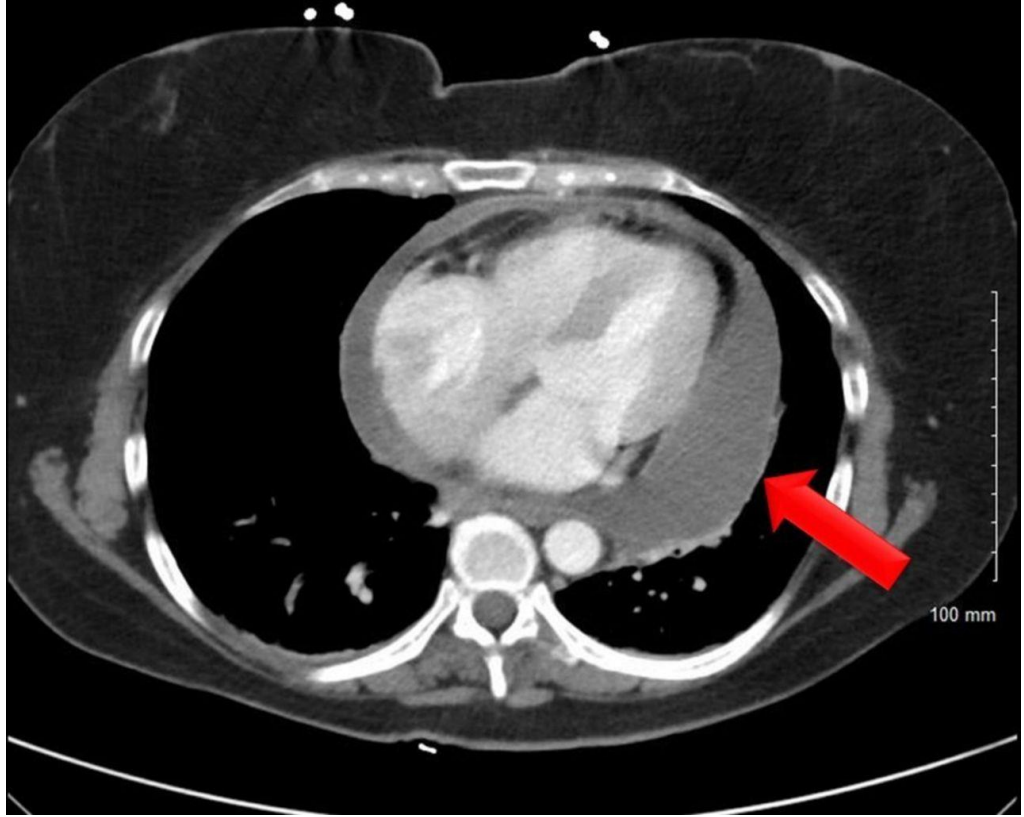
Pericardial Effusion



Pericardial Effusion with Tamponade



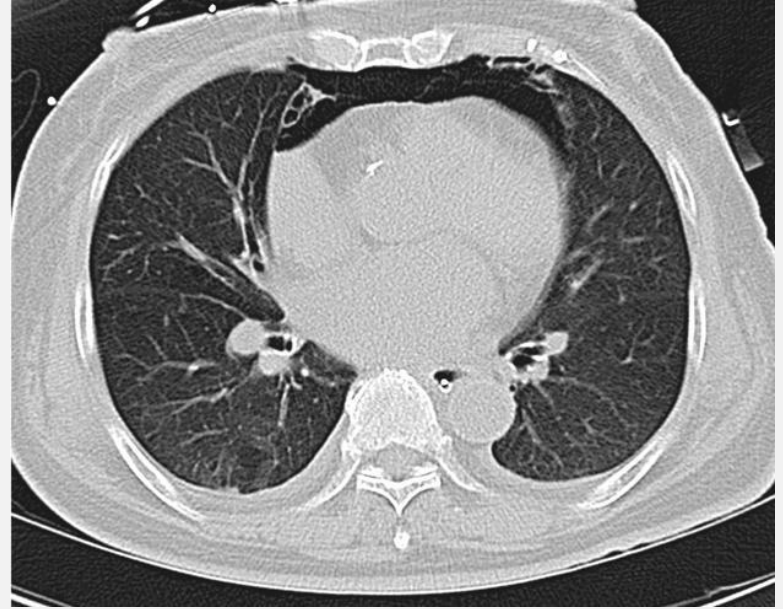
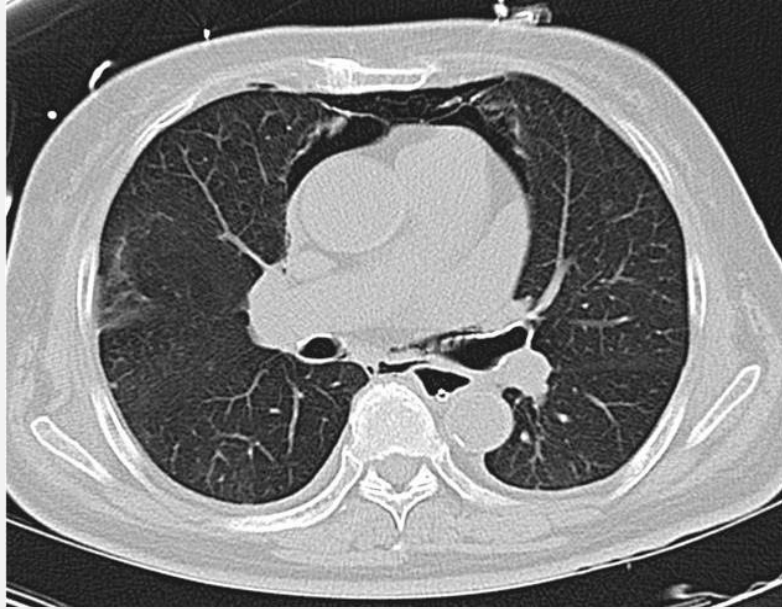
Hemopericardium (white arrows)  
resulting from type A aortic dissection





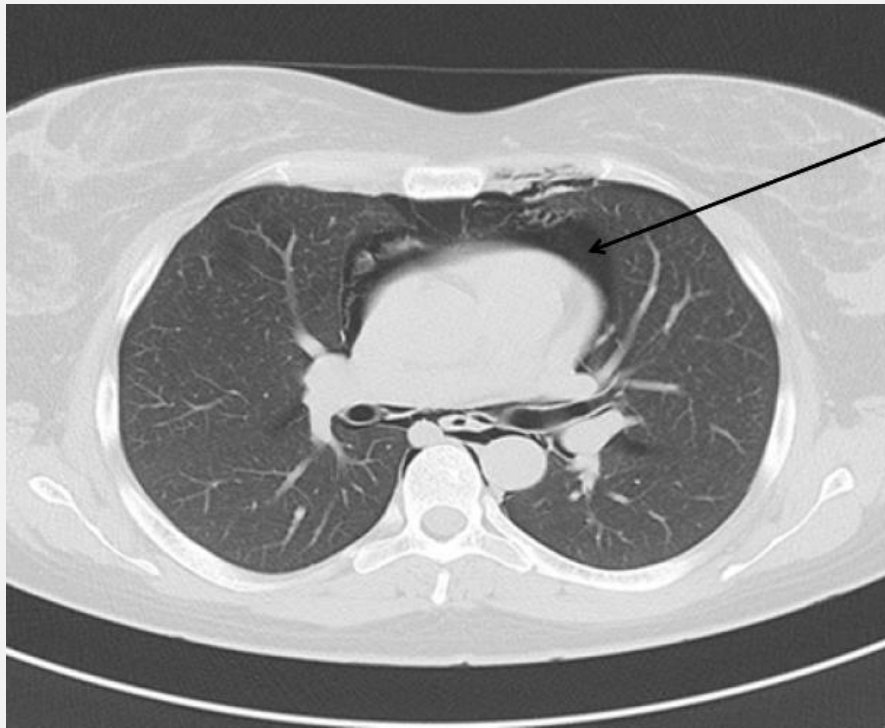
# Pneumomediastinum

- free air or gas contained within the mediastinum, which almost invariably originates from the **alveolar space** or the **conducting airways**

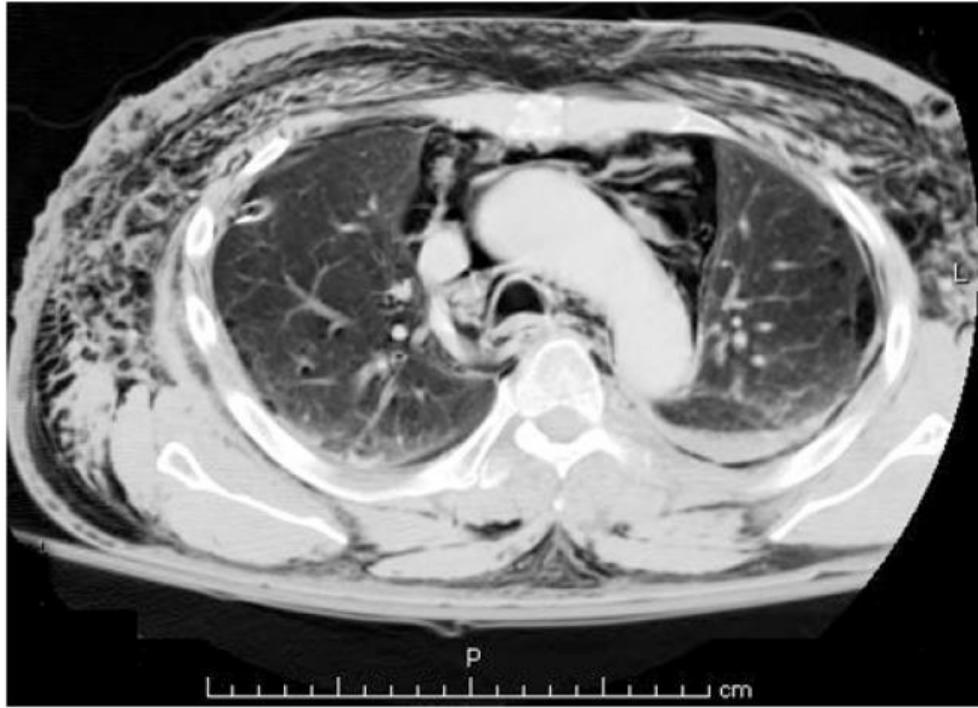


Pneumomediastinum





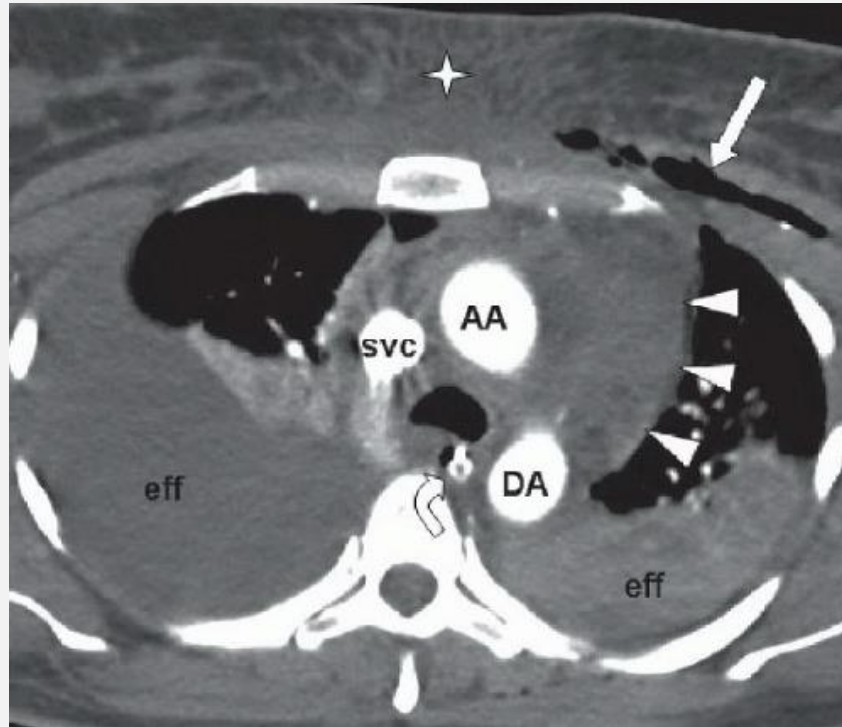
**Pneumomediastinum**



**Pneumomediastinum**



**Mediastinal hematoma**

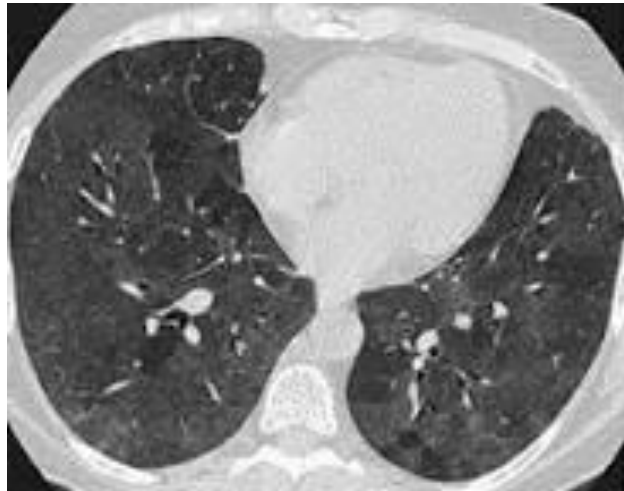


**Mediastinal hematoma**



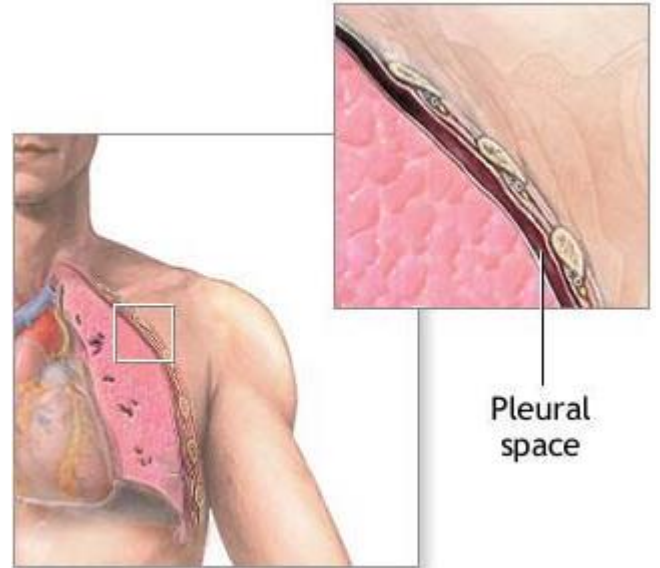
**Mediastinal mass**

## 2. lung



# Lung

- Lung parenchyma
- Pleural space



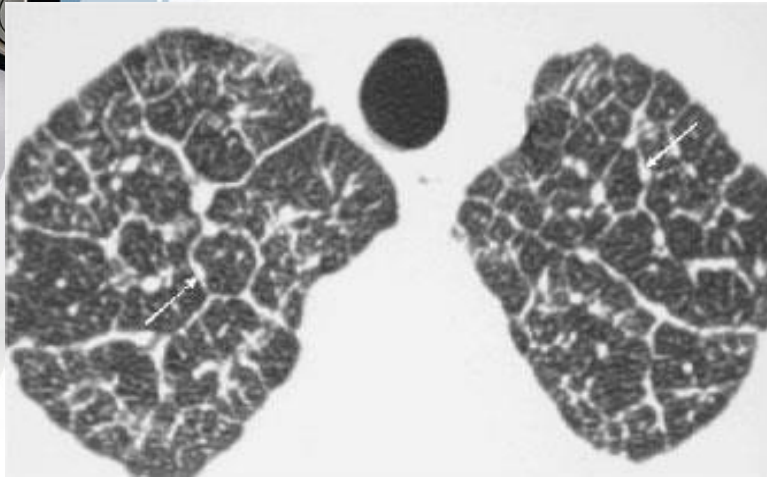


# Lung interstitial pathology

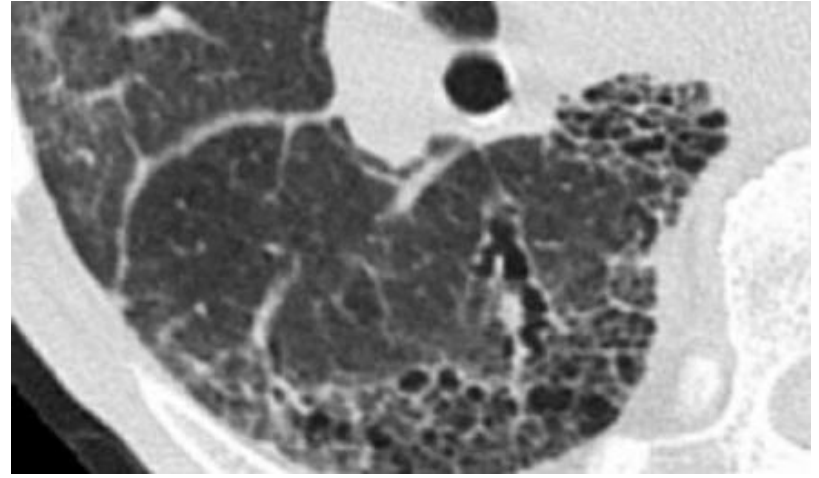
- Reticular
- Nodular
- Reticonodular
- High attenuation (ground-glass, consolidation)
- low attenuation (emphysema, cystic)



# Reticular Pattern



**Result of thickening of the  
interlobular septa**

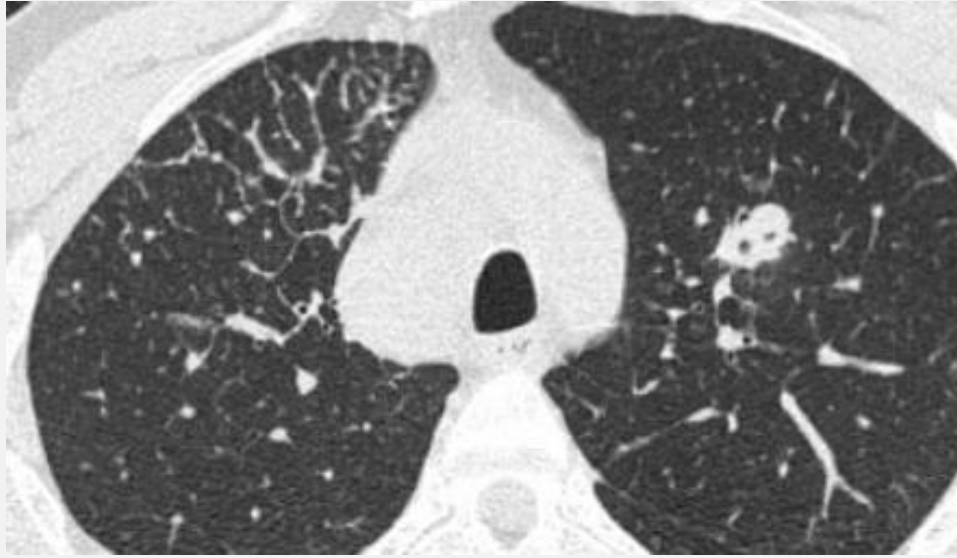


**Result of fibrosis as in  
honeycombing**



**Septal thickening**

# Reticular Pattern



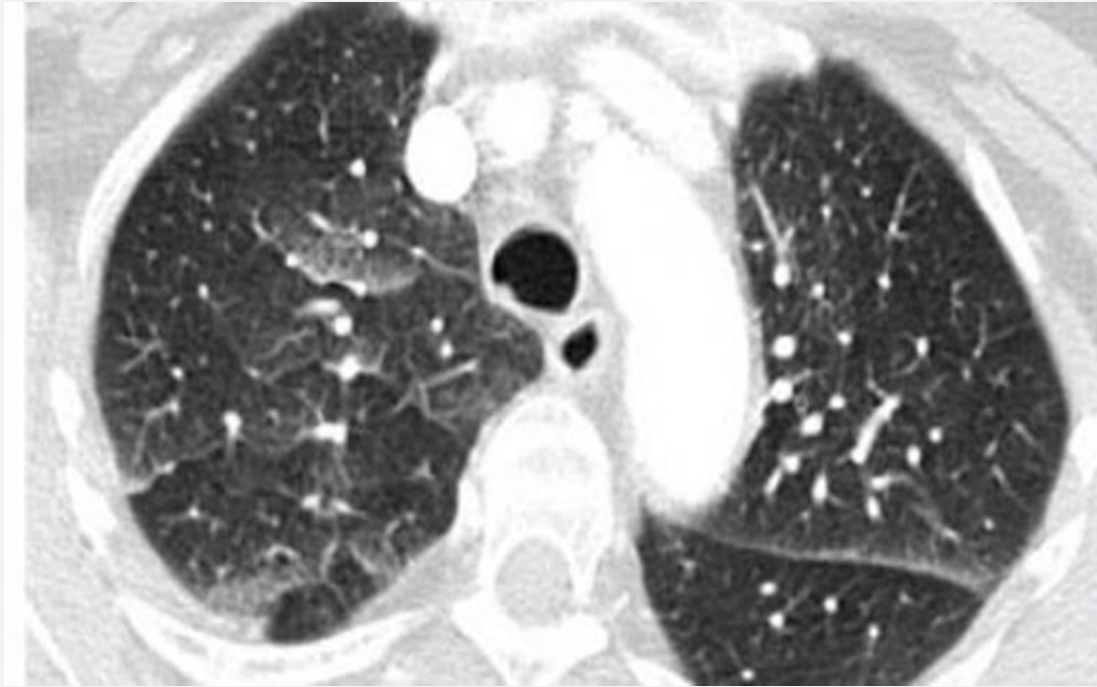
Thickening of the interlobular septa



Bilateral septal thickening and ground-glass opacity.

Perihilar and gravitational distribution predominantly in the dependent lung.

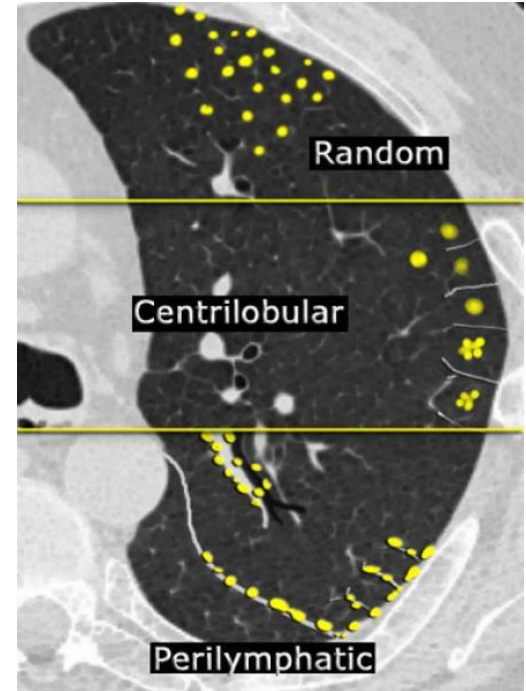
Cardiomegaly and pleural fluid

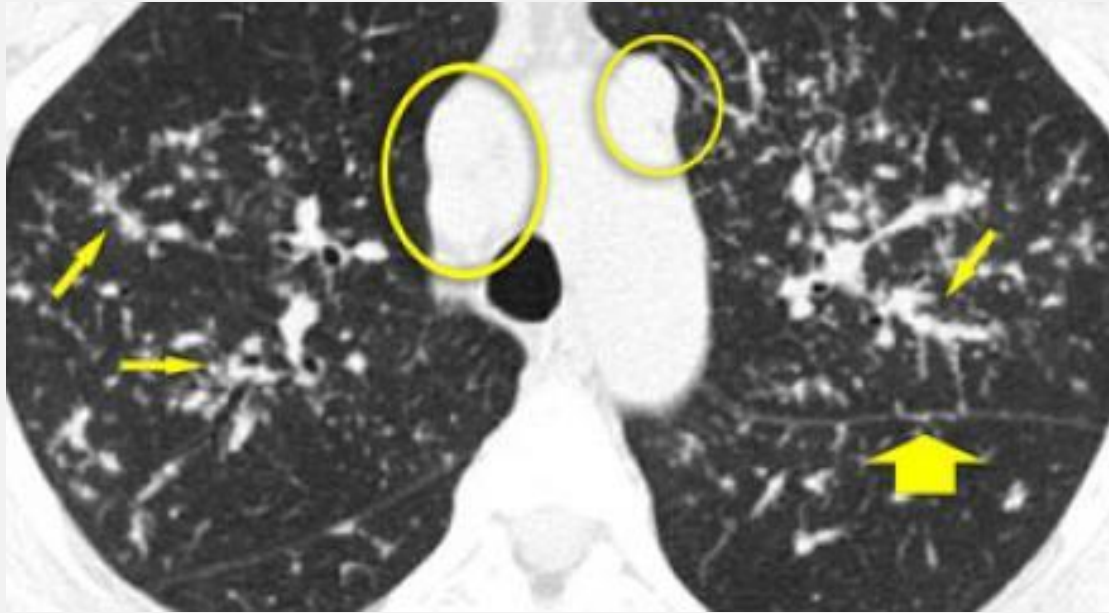


Reticulonodular and ground glass

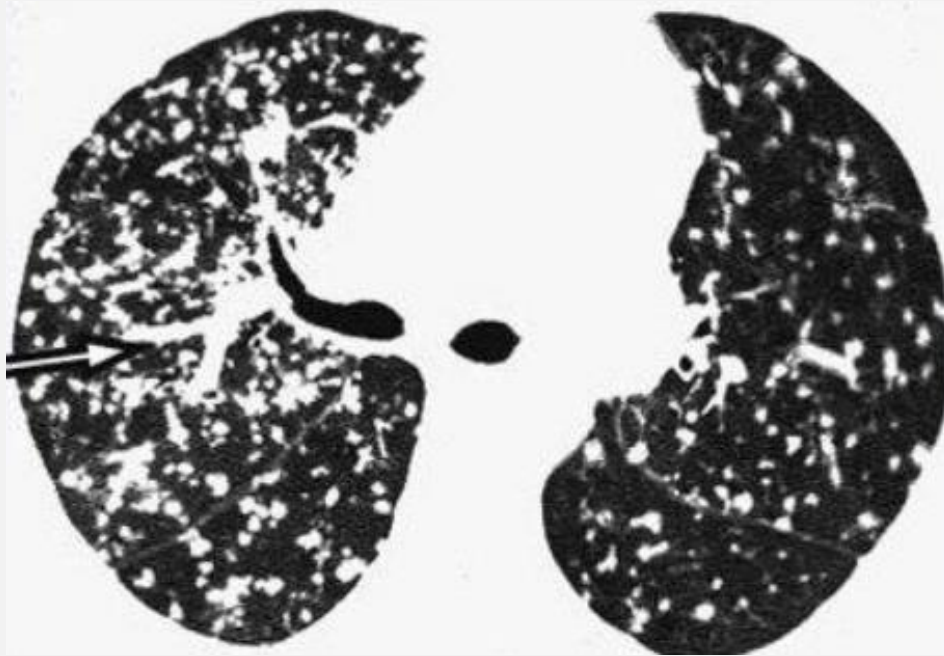
# Nodular pattern

The distribution of nodules shown on HRCT is the most important factor in making an accurate diagnosis in the nodular pattern





Perilymphatic nodules in sarcoidosis



Nodular pattern



# High attenuation pattern

Increased lung  
attenuation

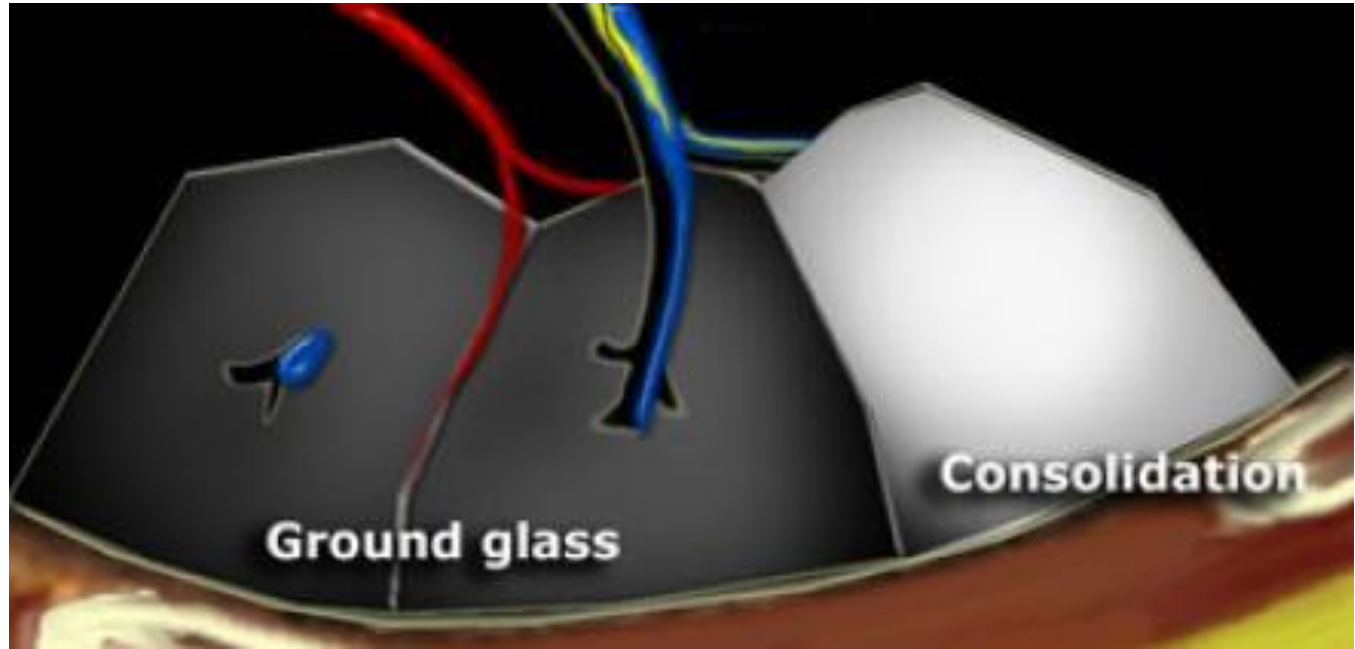
```
graph TD; A[Increased lung attenuation] --> B[Ground-glass opacity]; A --> C[Consolidation];
```

The diagram illustrates the relationship between increased lung attenuation and its two subtypes. At the top, a light blue rounded rectangle contains the text "Increased lung attenuation". A large, light green double-headed arrow points downwards from this box to two separate rounded rectangles below it. The left rectangle is light orange and contains the text "Ground-glass opacity". The right rectangle is light red and contains the text "Consolidation".

Ground-glass opacity

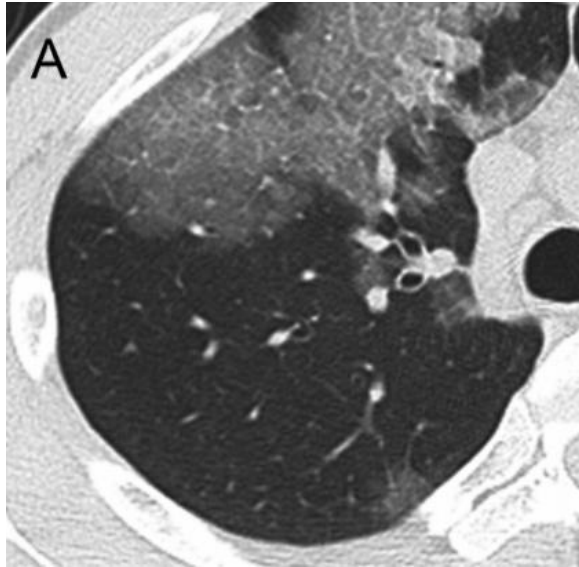
Consolidation

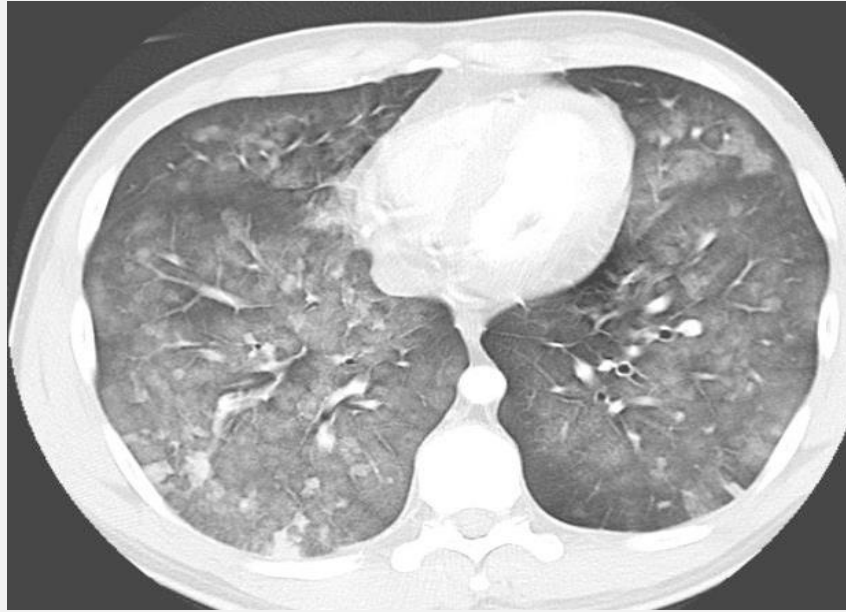
# High attenuation pattern



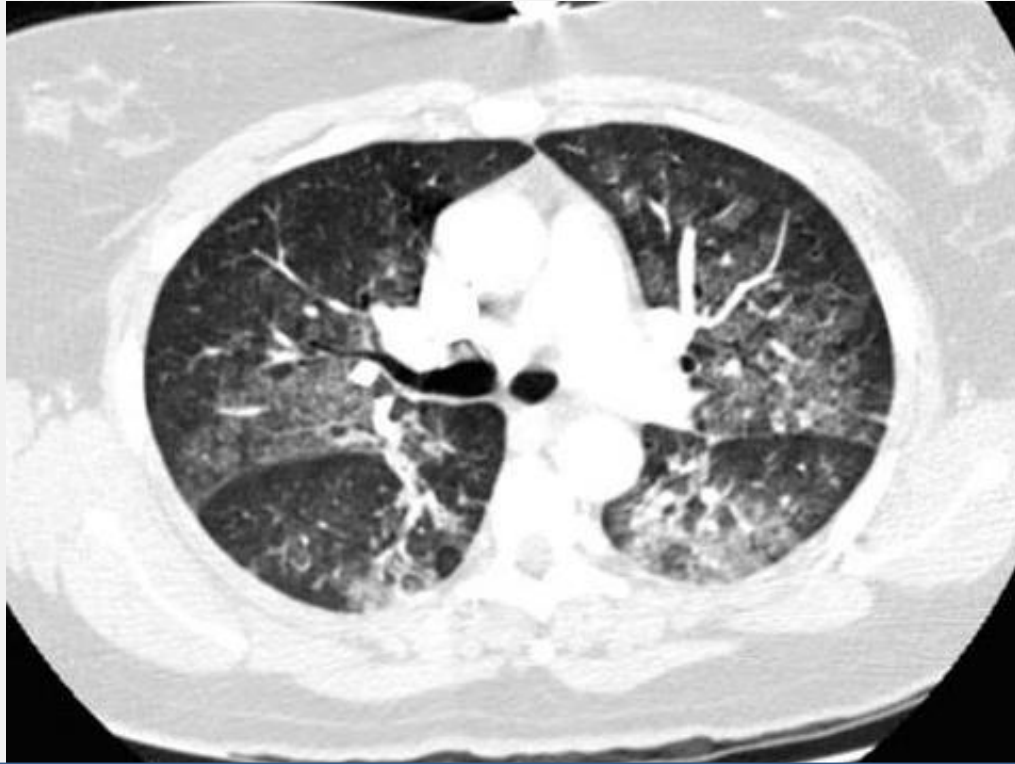
# Ground-glass opacity

- *hazy increase in lung opacity without obscuration of underlying vessels*

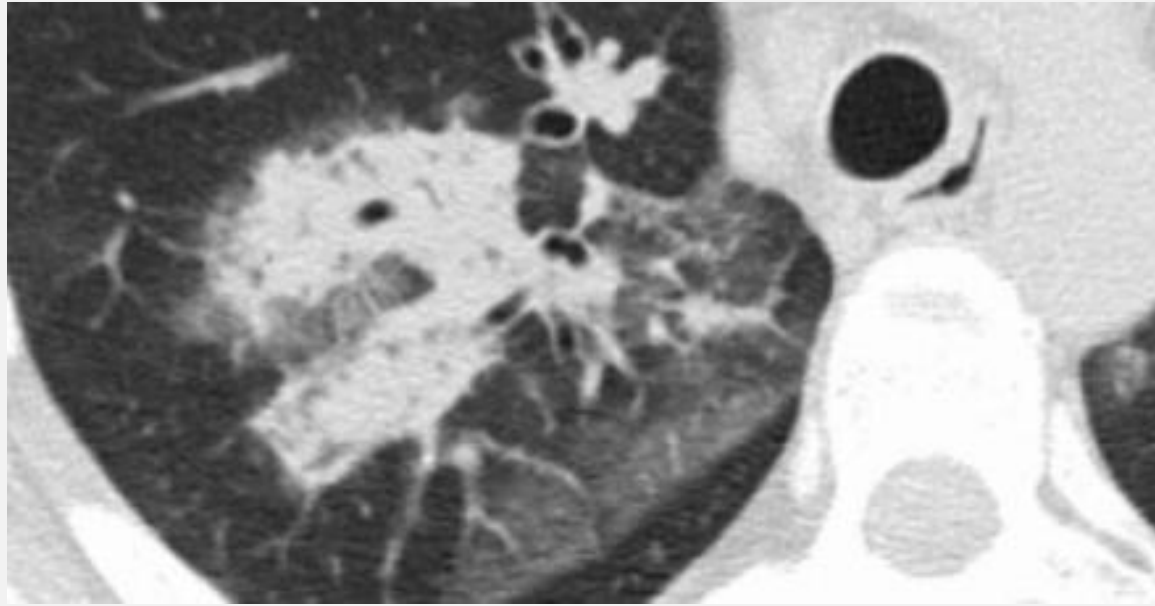




Diffuse ground glass and confluent  
airspace densities



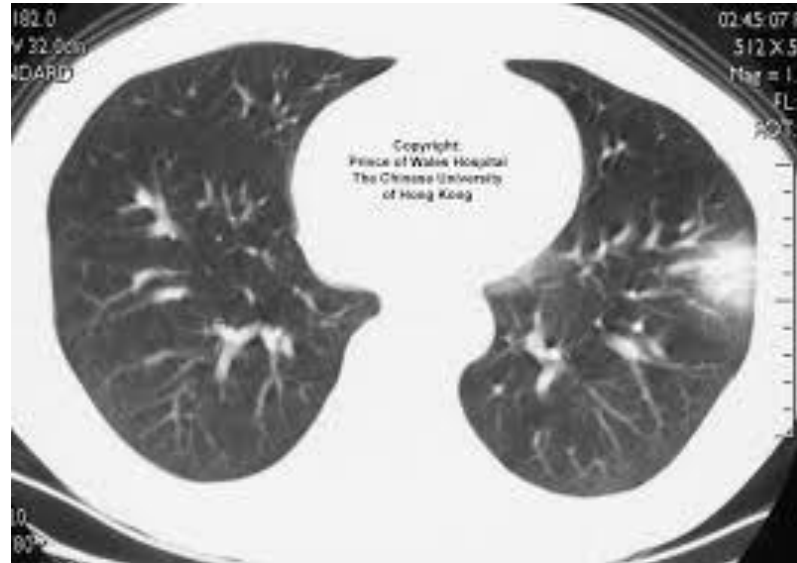
Ground glass opacity in a mainly perihilar and dependent distribution

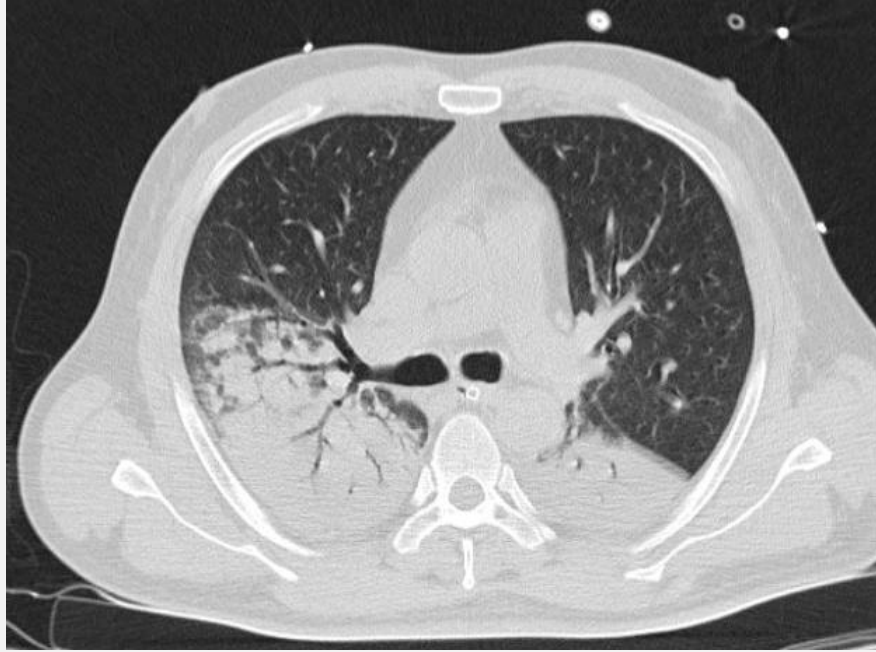


Consolidation+ Ground glass

# Consolidation:

- *Increase in lung opacity obscures the vessels*



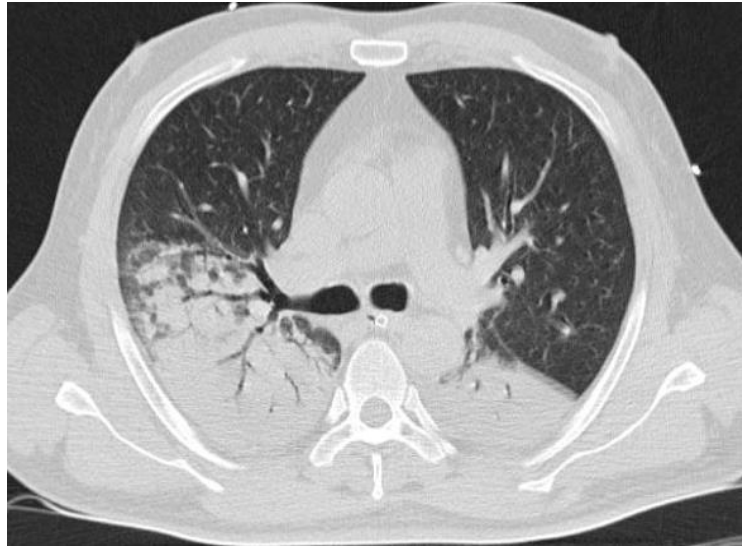


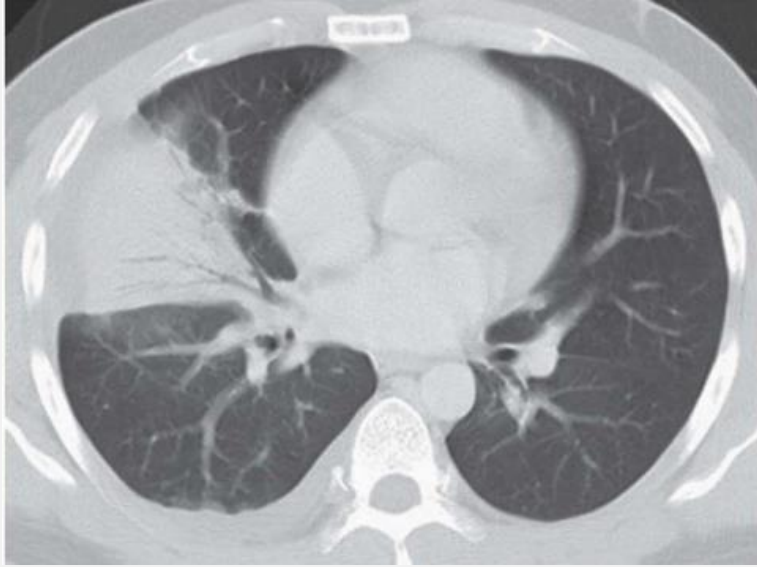
**Pulmonary consolidation with  
airbronchograms**



## Note

**Air bronchogram** refers to the phenomenon of air-filled bronchi (dark) being made visible by the opacification of surrounding alveoli (grey/white)



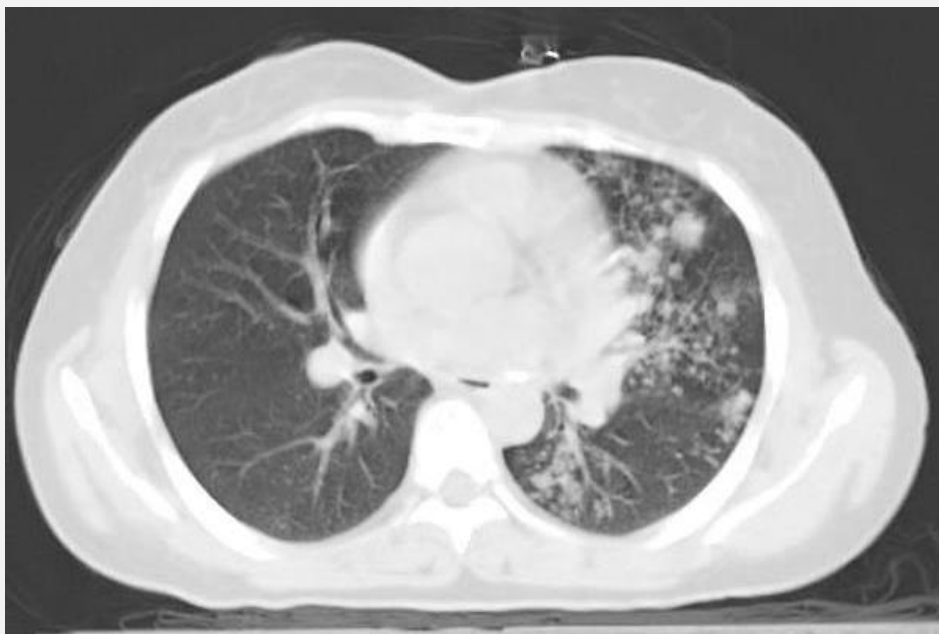


Lobar pneumonia

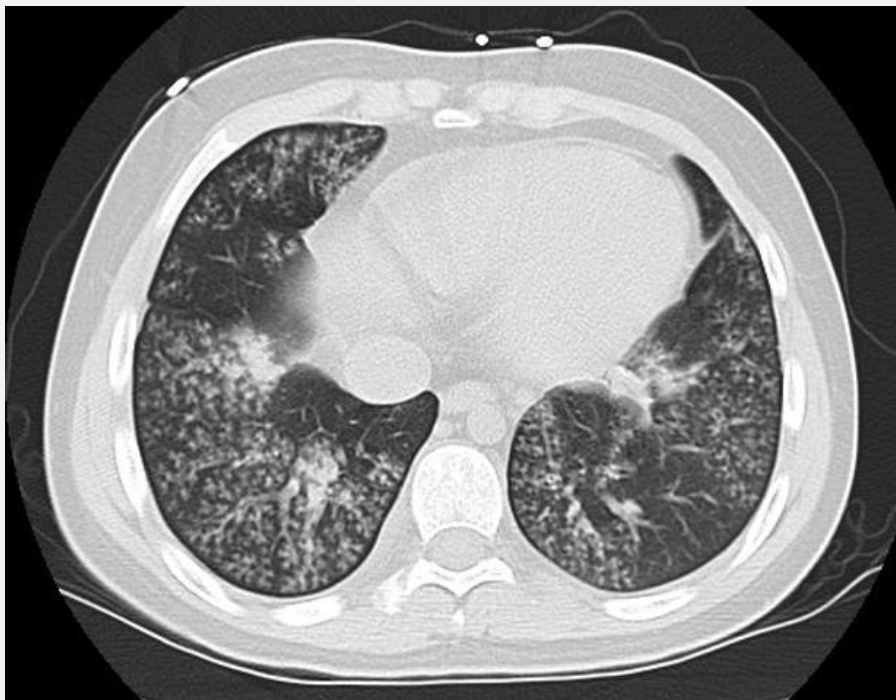
## Note

- **Tree-in-bud sign or pattern** describes the CT appearance of multiple areas of centrilobular nodules with a linear branching pattern





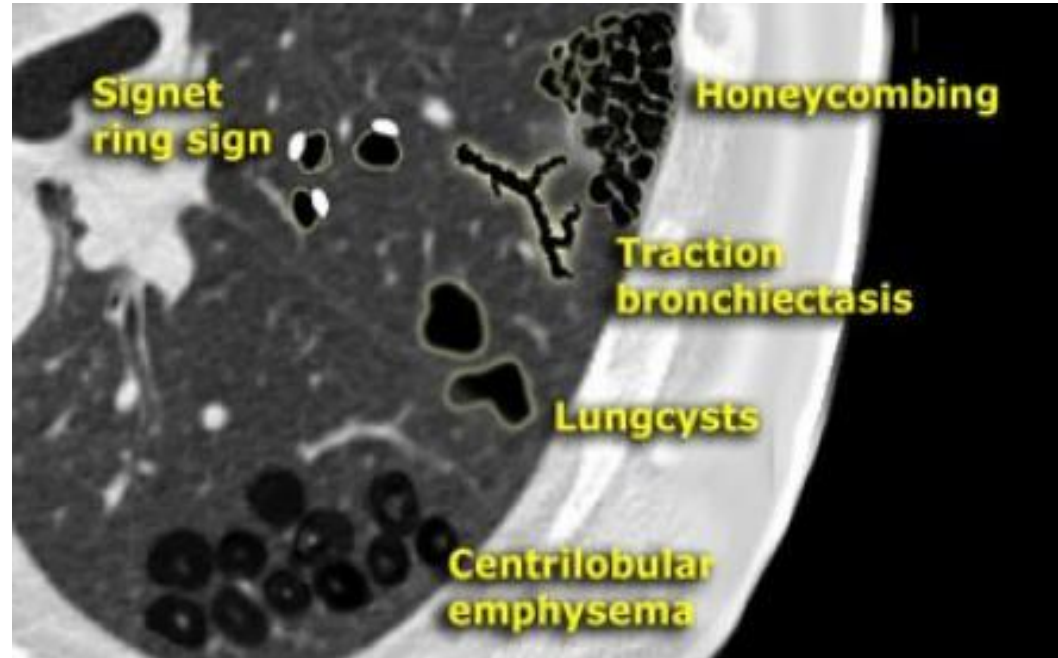
**Tree-in-bud sign**



**Tree-in-bud sign**

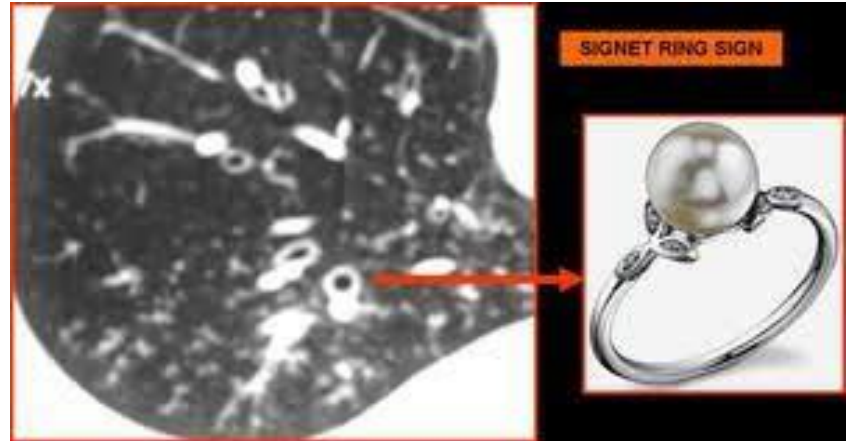
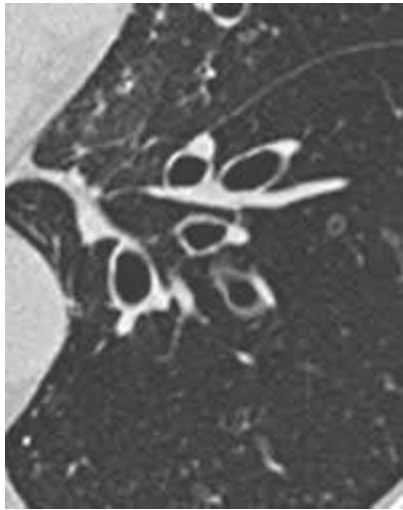
# Low Attenuation pattern

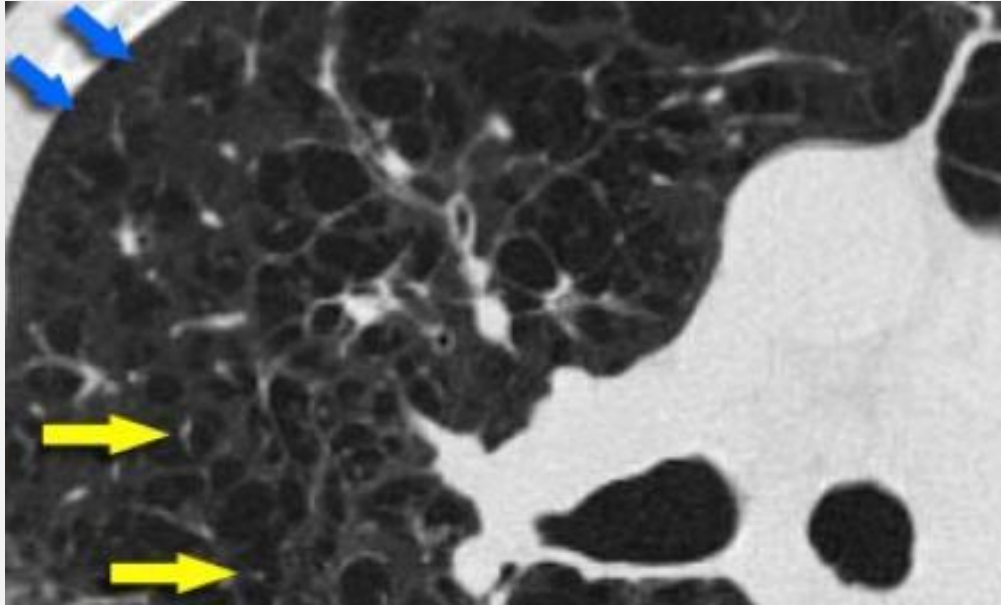
Emphysema  
Lung cysts  
Bronchiectasis  
Honeycombing



# Note

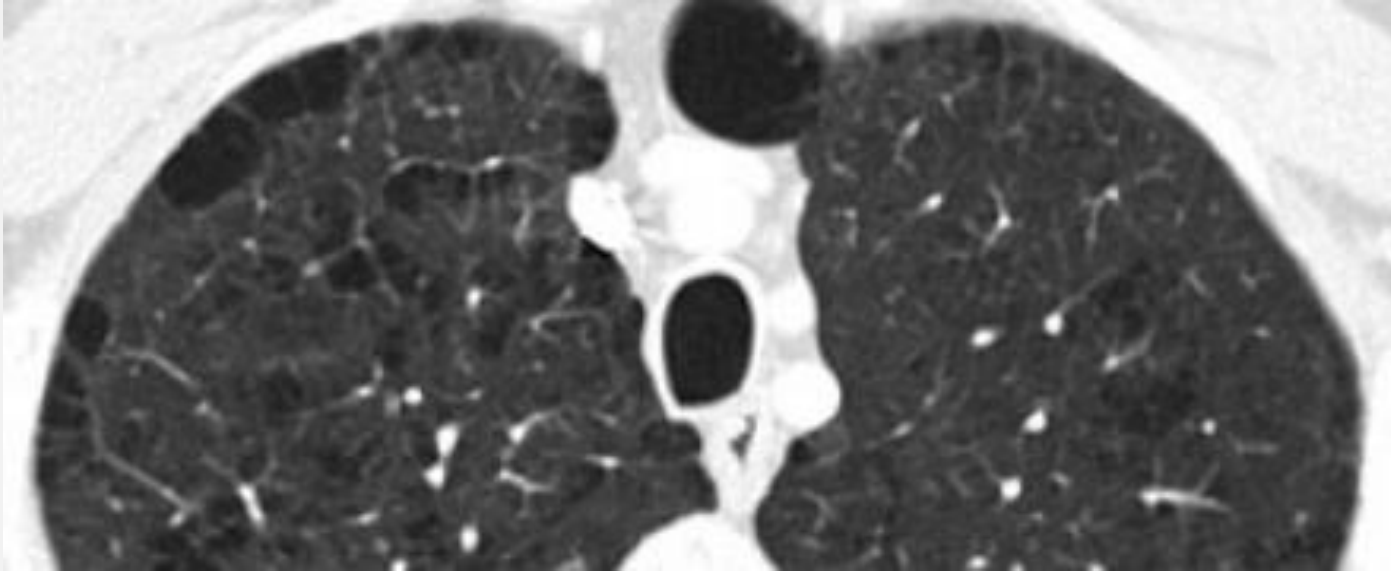
A signet-ring sign represents an axial cut of a dilated bronchus (ring) with its accompanying small artery (signet).



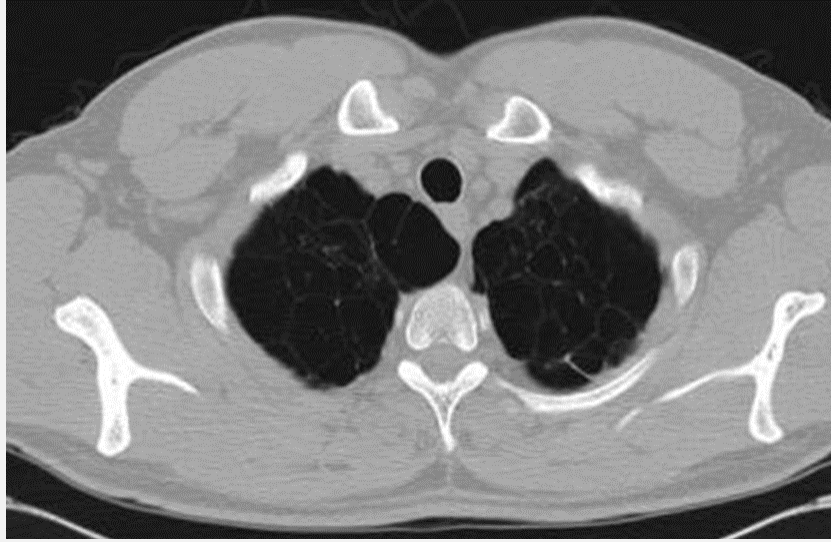


**Centrilobular emphysema**

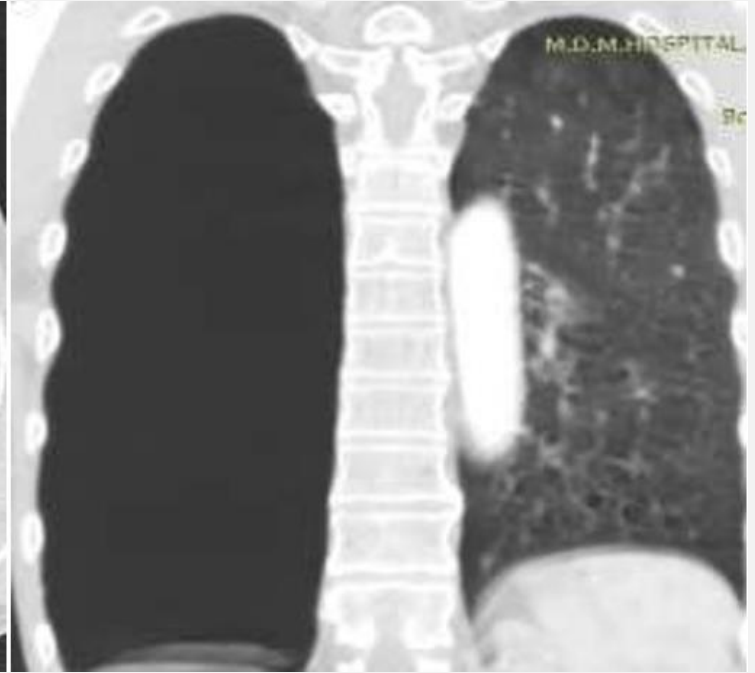
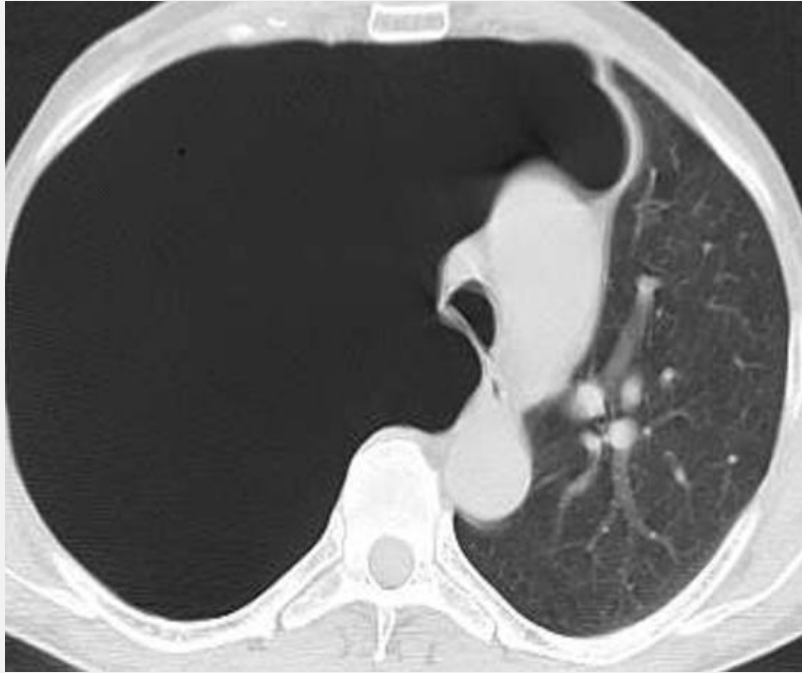




**Paraseptal emphysema**



**Pulmonary bullae** are focal regions of emphysema with no discernible wall which measure more than 1 or 2 cm in diameter



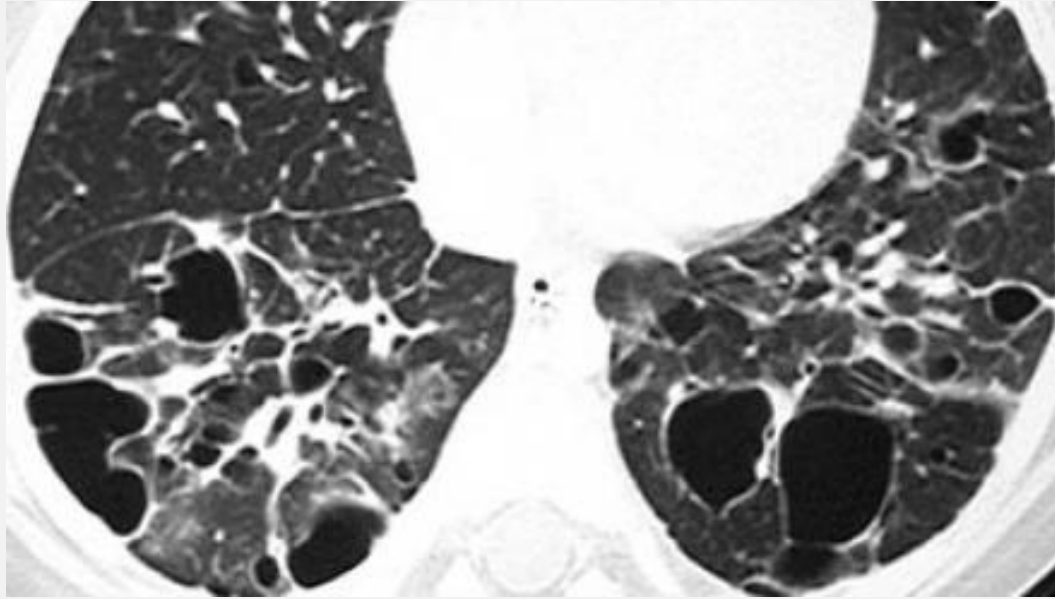
**Giant bulla**



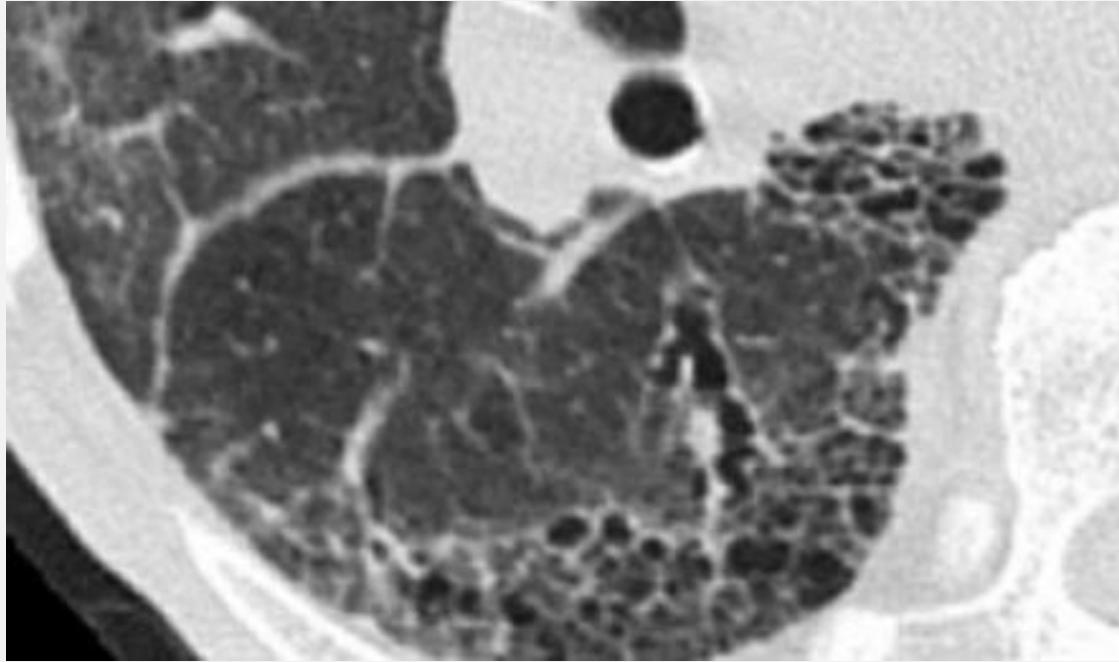
**Giant bulla**



**Pulmonary bulla**



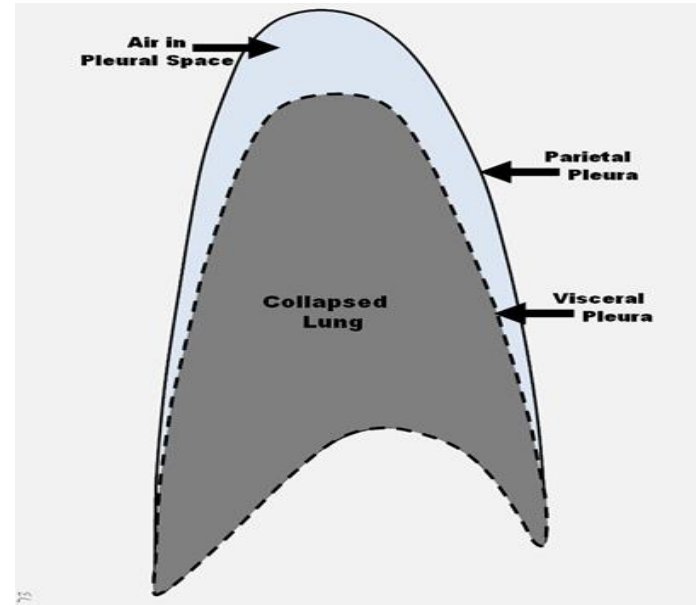
**Cystic lung disease**



Honeycombing

# Pleural space

- Pneumothorax
- Pleural effusion

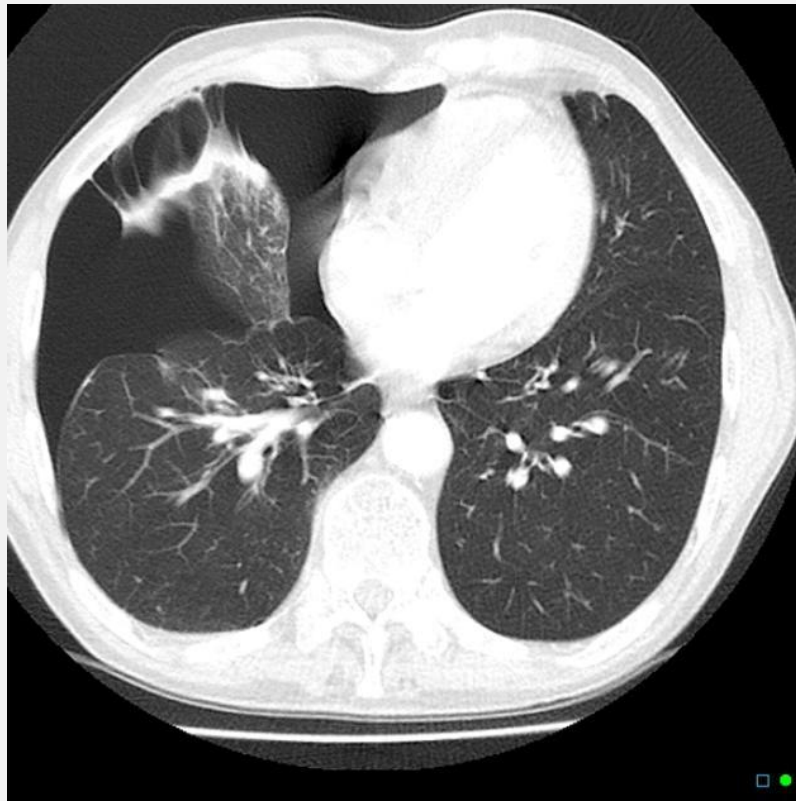




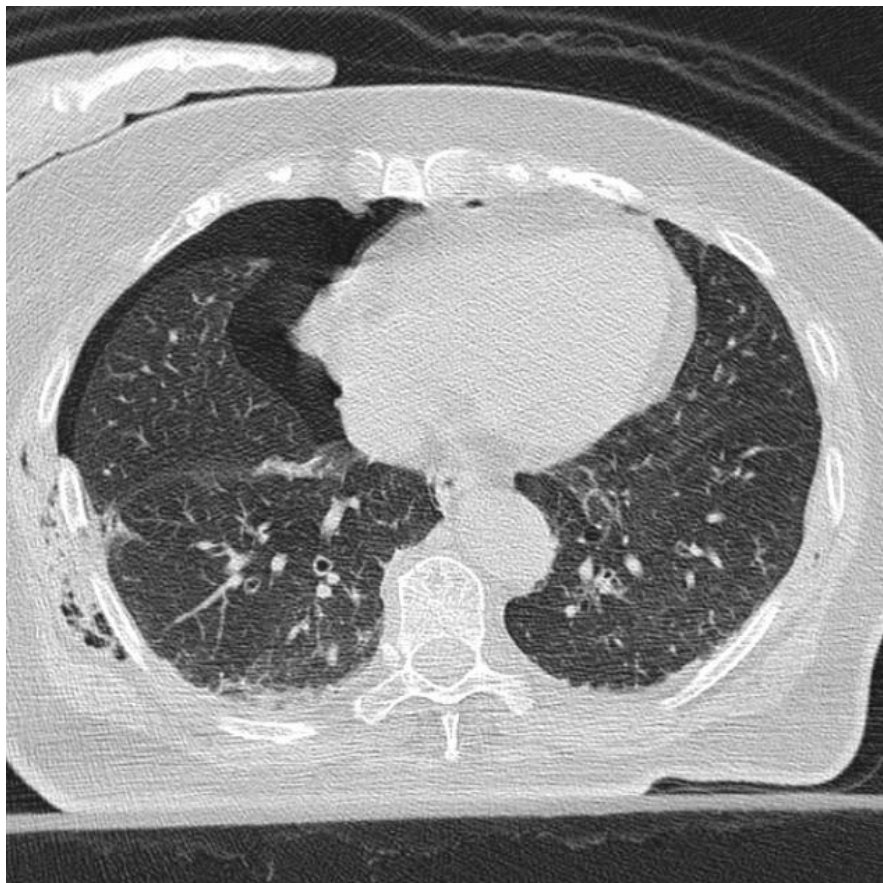
A doctor in a white coat and stethoscope is holding a tablet. The tablet screen shows a medical application interface with a blue header, a white plus sign, and a list of menu items including 'Home', 'About us', 'Patients list', 'Find us', and 'Contact us'.

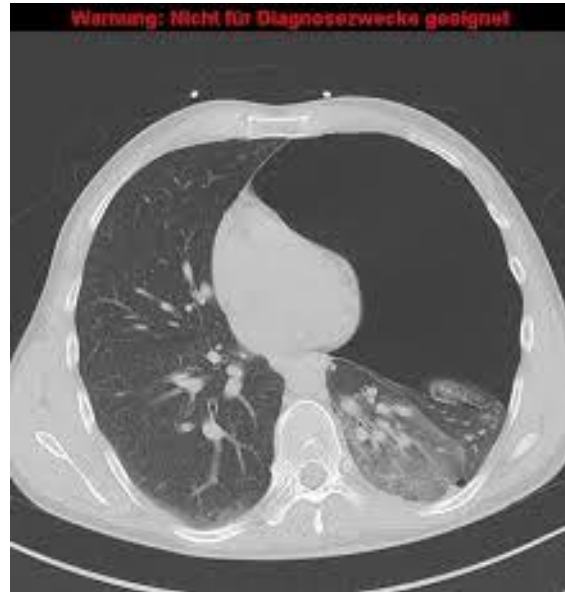
# Pneumothorax

- Pneumothorax is defined as the presence of air or gas in the pleural cavity



Loculated pneumothorax due to  
pleural adhesions



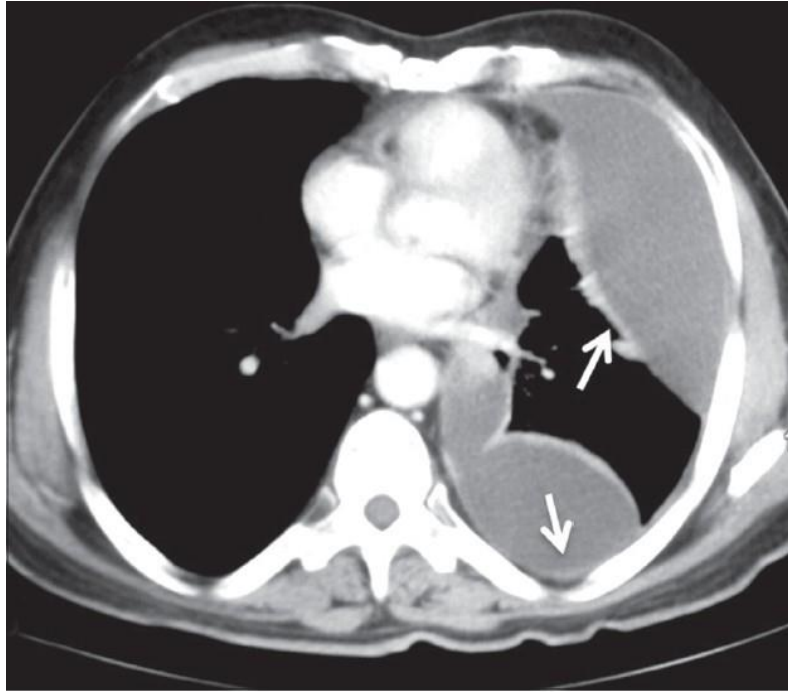


Tension pneumothorax

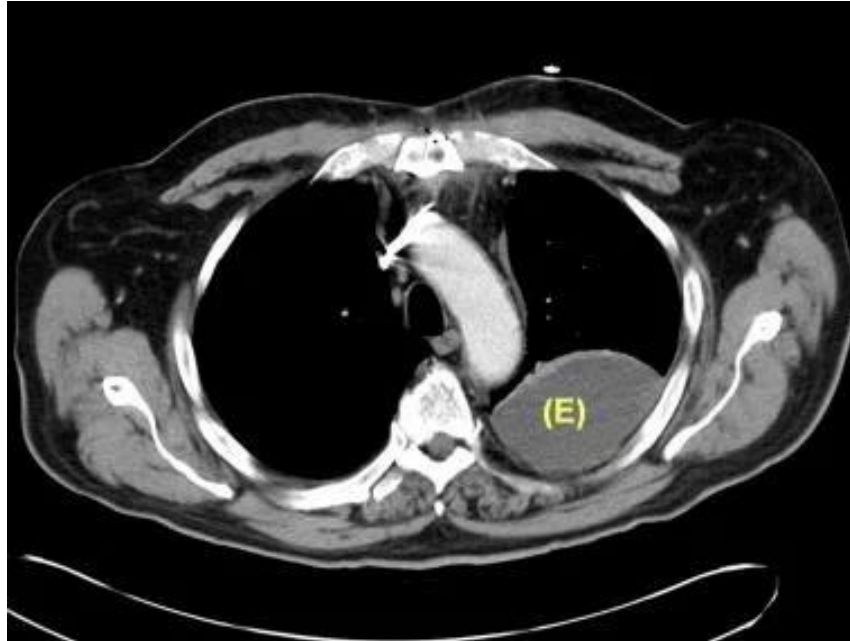
# Pleural effusion

- Crescent-shaped attenuating area in the dependent portion of the hemithorax

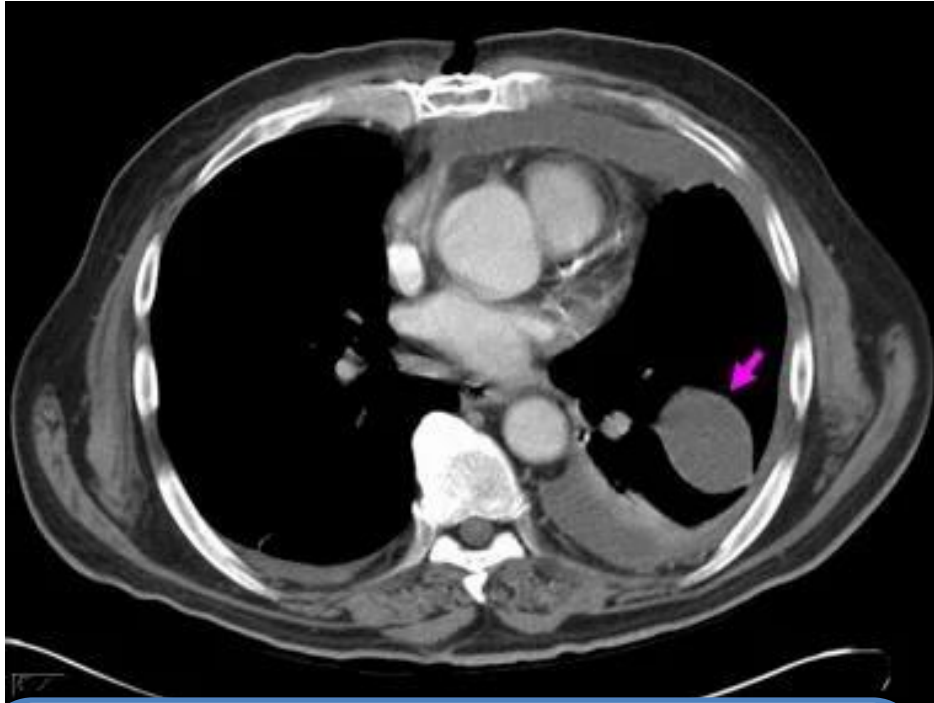




**Mesothelioma presenting as a pleural effusion  
left pleural effusion as loculated collection with thickening  
of pleura**

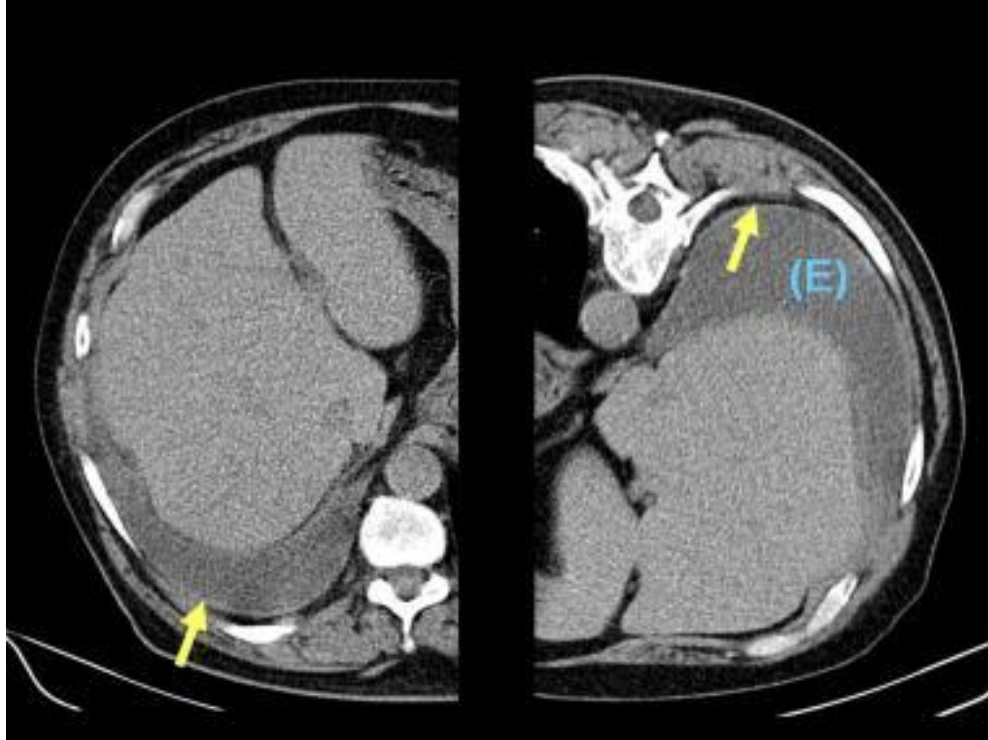


**Left hemithorax Loculated PE**



**loculated pleural effusion in the  
left major fissure**





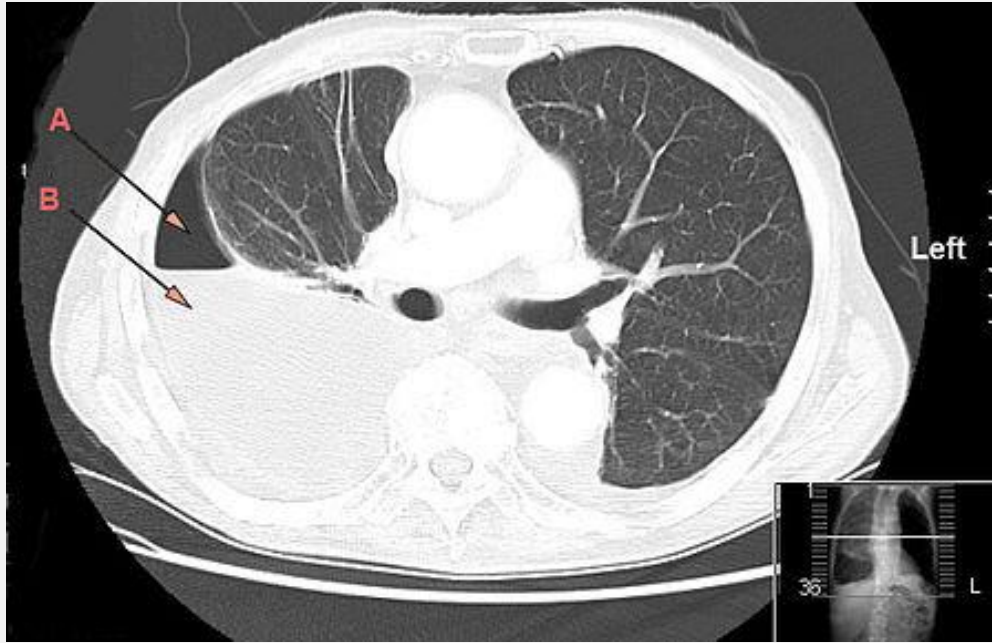
**loculated pleural effusion**

**Right: Supine position**

**Left: Prone position**



- 1. large effusion**
- 2. Pneumothorax**
- 3. shift of the mediastinum to the left**
- 4. Atelectasis of the left lung**



**large right sided hydro-pneumothorax from  
pleural empyema**



**CT scan of left empyema with pleural enhancement (a) and suspended air bubbles (b).**



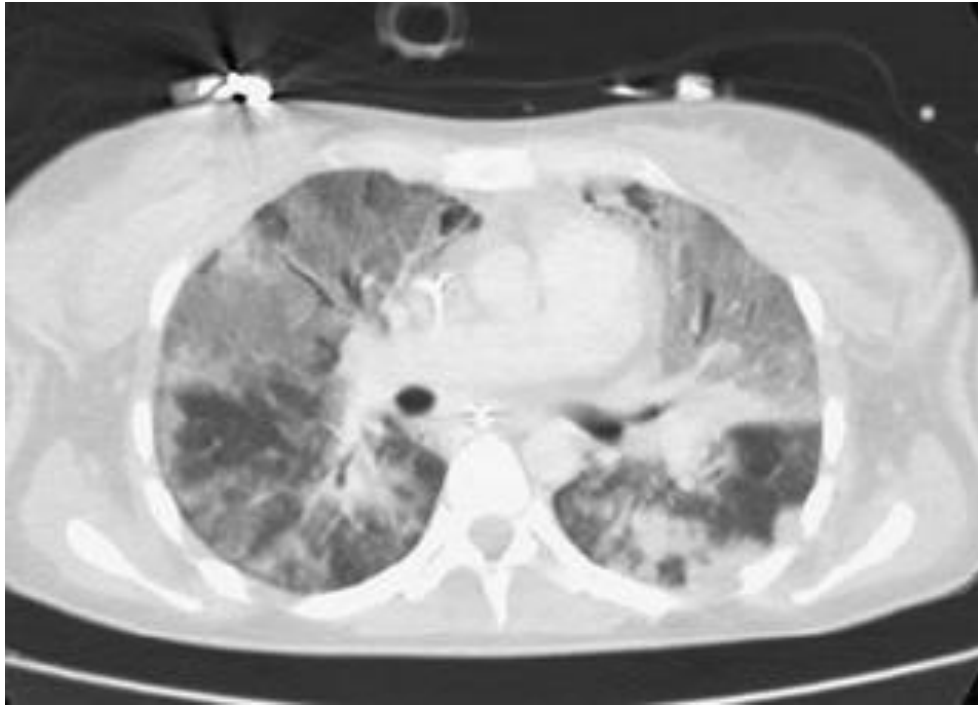
# Review of some case



## ARDS

Small right pleural effusion, consolidation with air-bronchograms, and some ground-glass-appearing opacities

# ARDS



**A 32-year-old pregnant woman with H1N1 virus infection who developed ARDS**

