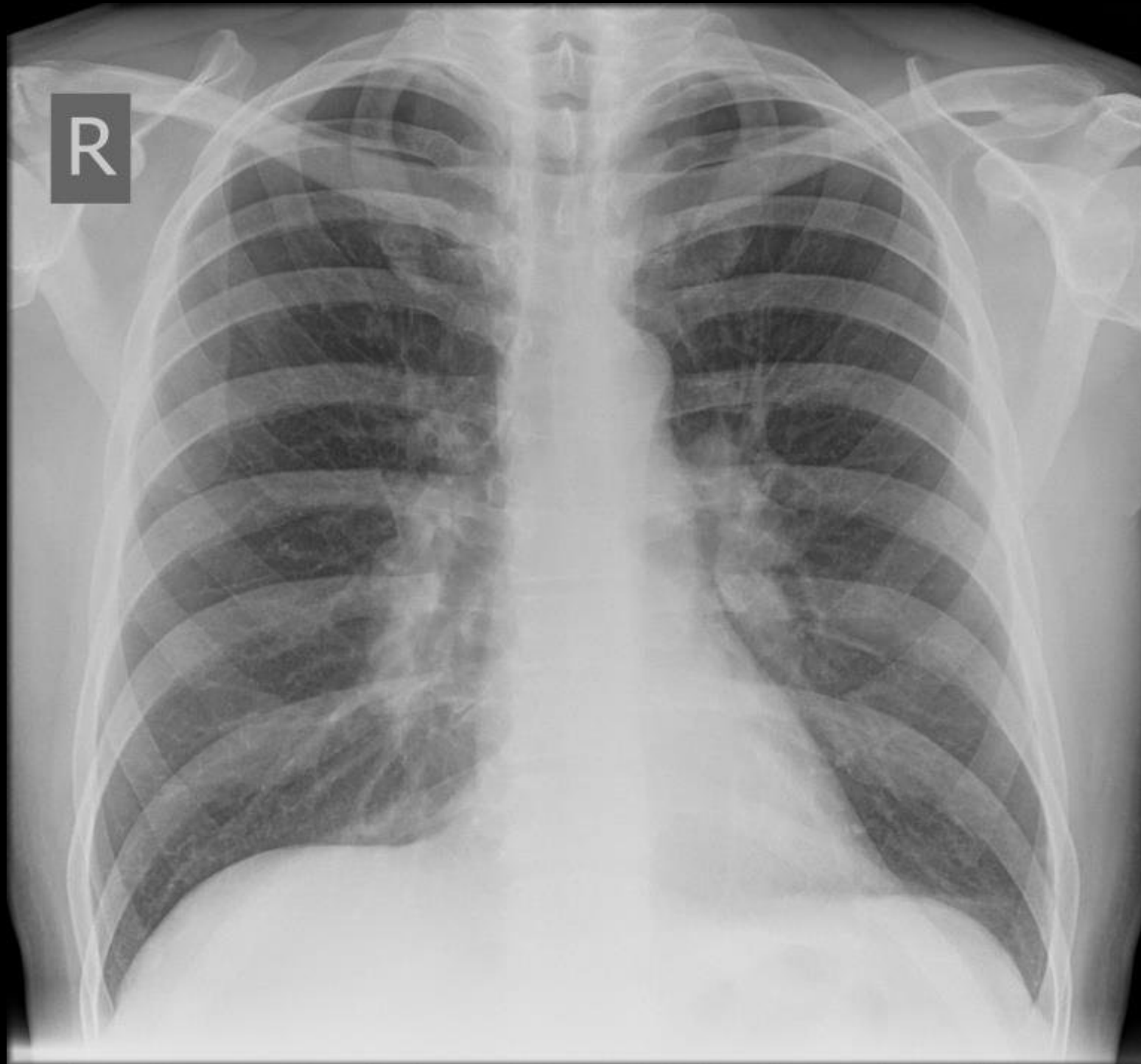


Internal Medicine

Interpretation



Bilateral hilar lymphadenopathy - ddx

- ① Infections - TB, mycoplasma, Histoplasmosis, Coccidioidomycosis
- ② Neoplasm - Lymphoma (HL > NHL)
- ③ Sarcoidosis
- ④ Pneumoconioses (silicosis, Beryllium)
- ⑤ Histocytosis X
- ⑥ Extrinsic allergic alveolitis

- List 5 differential diagnoses.



- Name the sign marked by the arrow *Hampton hump sign*
- This patient presented with acute central chest pain and breathless; which other priority investigation would you carry out and what will be your findings. *ECG - Tachycardia, Ⓡ heart strain (Inverted T's), RAD, RBBB, SIQIII TIII*
- List other x-ray findings that can be found in this condition

Other x-ray findings; may be Ⓡ, atelectasis, small pleural effusions, hilar congestion, oligemia, Fleischner sign, Pato sign, change sign

- Manage this condition acutely
- Which test is diagnostic of this condition *CTPA (V/Q scans in pregnancy)*

Mgmt: High flow O₂, Morphine (10 mg IV)/Metoclopramide, Heparin + Warfarin, measure BP: If shock (manage as shock with crystalloids/colloids/ Dobutamine/noradrenaline after which) thrombolysis should be considered if pt 'still hemodynamically unstable; If stable (BP > 90/60 mmHg) confirm diagnosis on CTPA.



Multiple, rounded (shape) opacities, distributed widely throughout both the left & right lung fields - mainly in the middle & lower zones; the opacities are of soft-tissue density, nodular (2cm; if more than 3cm, described as masses), with irregular edges.

Dx: Metastatic disease

- Describe the x-ray. Differential diagnosis (1).



- Multiple milray opacities (1-3 mm) distributed throughout the right & left lung zones - mainly in the middle & lower zones.

- Ddx
- ① Infectious (miliary TB, fungal, healed varicella pneumonia, viral pneumonitis, nocardiosis, salmonella)
 - ② Metastatic dx (esp. thyroid ca)
 - ③ Pneumoconiosis (silicosis, coal worker pneumoconiosis)
 - ④ Sarcoidosis
 - ⑤ Others: hypersensitivity pneumonitis, BCGosis, pulmonary hemosiderosis, pulmonary alveolar proteinosis, Langerhans cell histiocytosis (LCH), scleroderma

- Describe the x-ray. Differential diagnoses (3).



Management (acute exacerbation)

- O₂ (24-28% target sats between 88-92%)
- Nebulize with SABA/SAMA (salbutamol/ipratropium)
- IV hydrocortisone \pm PO prednisolone
- Monitor sats & BGA (target BGA PaO₂ $<$ 8 kPa with a rise in PaCO₂ $<$ 1.5 kPa)
- Antibiotics if evidence of infection
- Physiotherapy to aid expectoration
- Poor response: repeat nebulization, consider aminophylline
- No response: NIPPV (if pH $<$ 7.35 or resp rate $>$ 30)
 - \rightarrow Intubation with ventilation (if pH $<$ 7.26 or PaCO₂ rising).

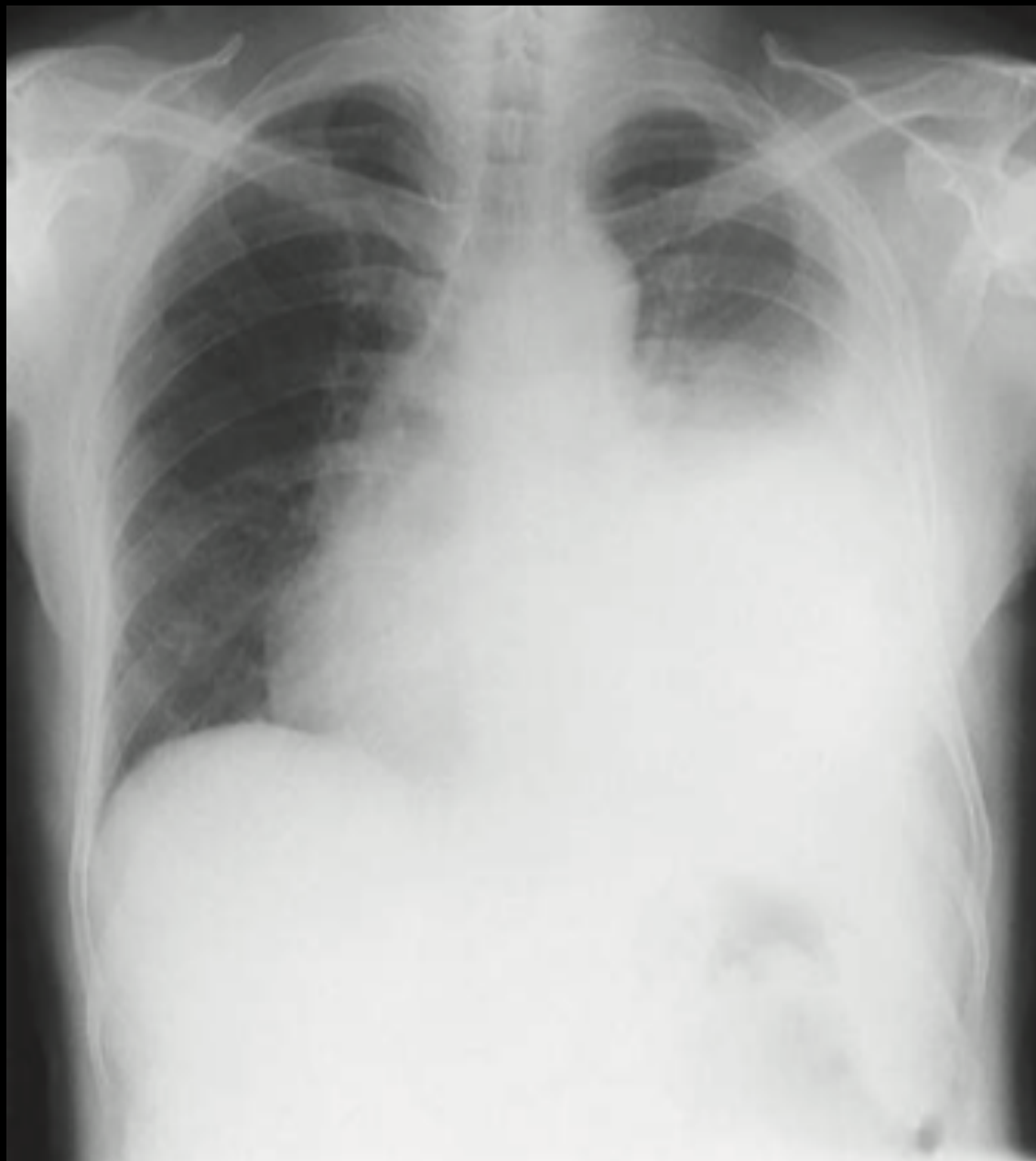
- Findings on pulmonary function tests (obstructive lung dx: \uparrow lucency, flattened diaphragm)
 \uparrow TLC, \downarrow FEV₁/FVC ($<$ 70%)
- Describe the management of an acute exacerbation of the condition shown above; add notes on long term management

Concerning the radiograph shown all are true except

✓ obstructive lung dx (e.g. COPD, Asthma)



- a) Smoking is a major risk factor
- b) Asthma is a differential diagnosis
- c) Spirometry shows reduced total lung capacity^x
- d) FEV1/FVC ratio less than 80%

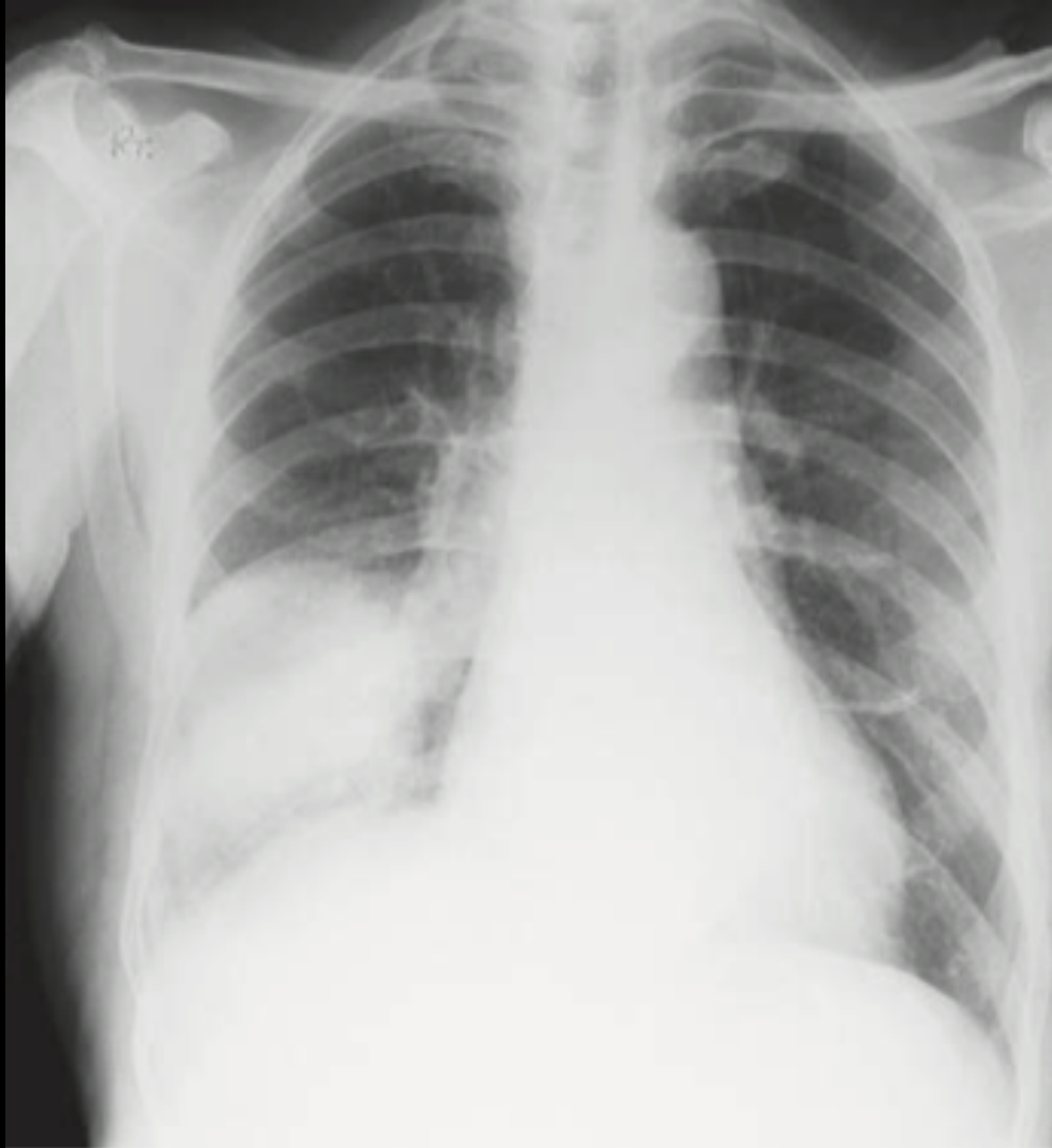


- Describe your x-ray findings and diagnosis
- Differentials
- Findings on focussed physical exam
- Investigations (3)

* Pleural effusion (could be a hemothorax, chylothorax, pyothorax, hydrothorax) 20 to 8: (Light's criteria)

① Transudative cause: CHF, cirrhosis, nephrotic syndrome, ESKD, Meigs syndrome, peritoneal dialysis, severe hypoalbumin, acute atelectasis, myxedema).

② Exudative: malignancy, infections (TB, pneumonia), parapneustic pleural effusion, empyema, lymphoma, trauma, pulmonary infarct/embolism, rheumatoid pleurisy



- Previously fit 40-year old man presents with fever, breathlessness, central cyanosis and pleuritic chest pain. Describe findings on respiratory exam. Manage.

*pneumonia



- Describe x-ray.
Probable
diagnosis.

* Post-primary pulmonary TB