

Systematic approach

- heart
- mediastinum
- o vessels
- lungs
- o pleural space
- thoracic wall
- ø diaphragm/abdomen



Lung pathology

- Most cause INCREASED OPACITY
 - patterns
 - INTERSTITIAL
 - ALVEOLAR
 - BRONCHIAL
 - VASCULAR
 - NODULAR

- Some cause
 DECREASED OPACITY
 - emphysema, air trapping
 - hypoperfusion
 - PTE

Approach

- Is there increased opacity?
- What is the pattern(s)?
- What is the distribution?

DISTRIBUTION

PATTERN

FOCAL/MULTIFOCAL

NODULAR
ALVEOLAR
INTERSTITIAL

DIFFUSE

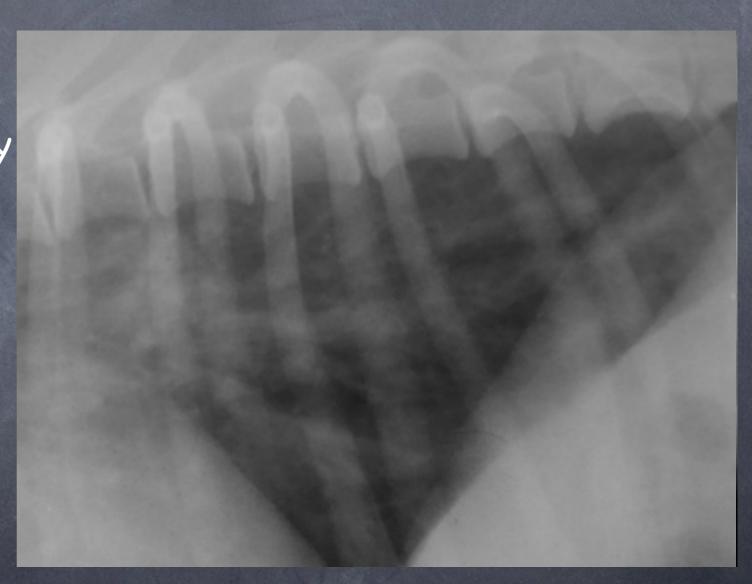
INTERSTITIAL BRONCHIAL

VASCULAR



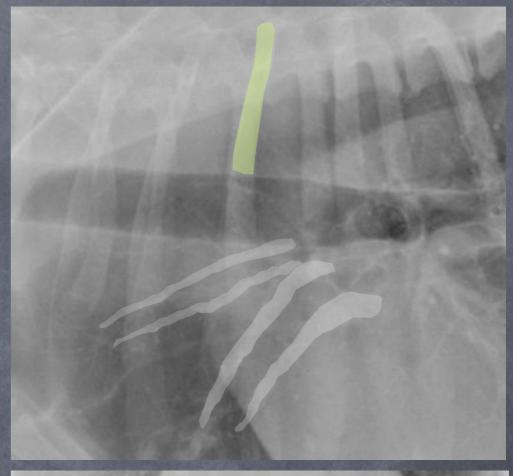
Vascular pattern

- What you will see...
 - DIFFUSE increased opacity
- Due to:
 - Multiple enlarged pulmonary vessels
 - Veins
 - Arteries
 - BOTH



Vascular pattern

- Remember compare:
 - o cranial vessels to: 4th rib
 - o caudal vessels to: 9th rib
- Artery and vein should be:
 - same size or smaller than rib
 - similar size to each other





Vascular

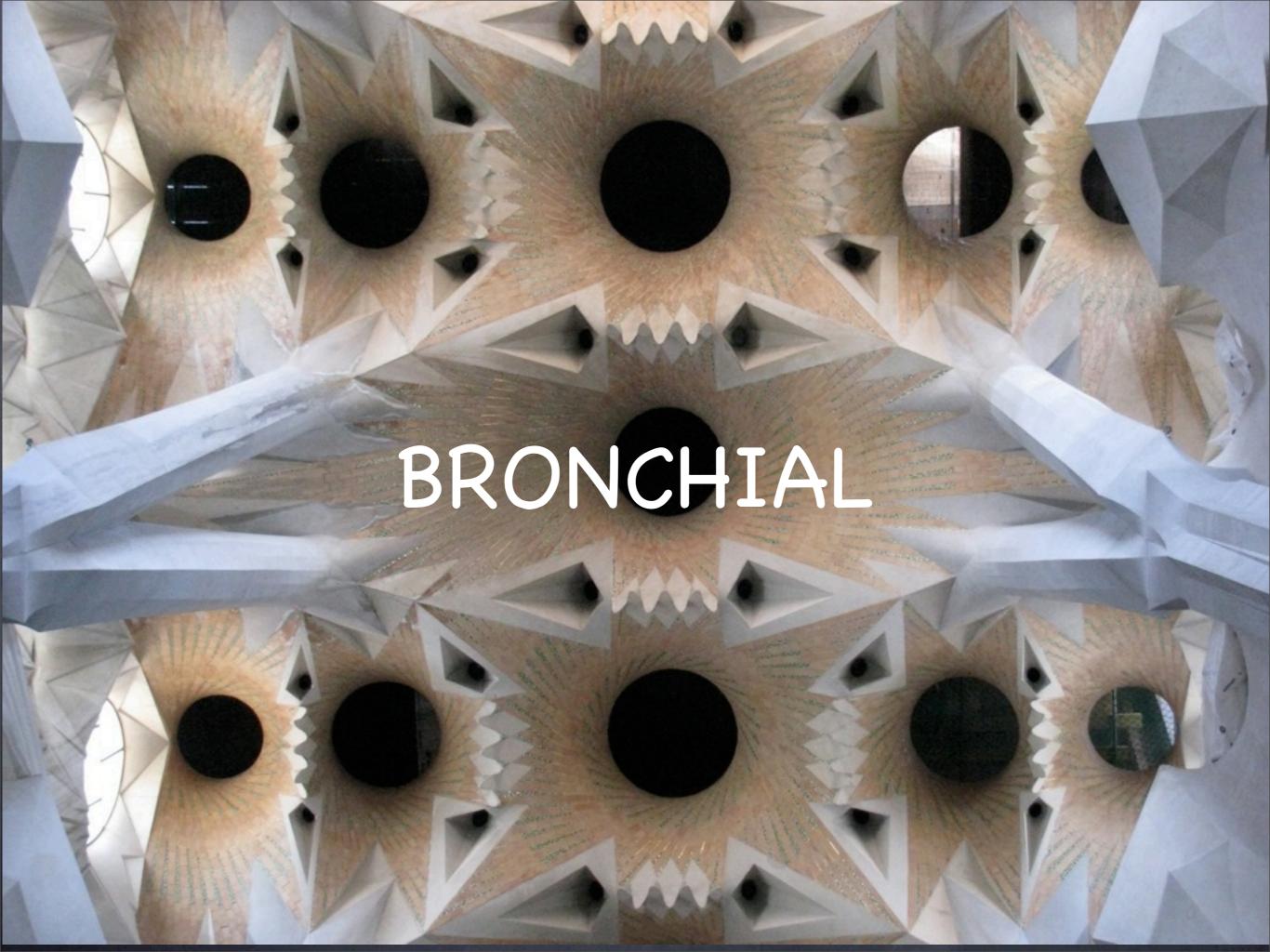
BIG ARTERIES normal VEINS

BIG VEINS normal ARTERIES

BIG VEINS BIG ARTERIES

Pulmonary hypertension Left heart failure

Overcirculation



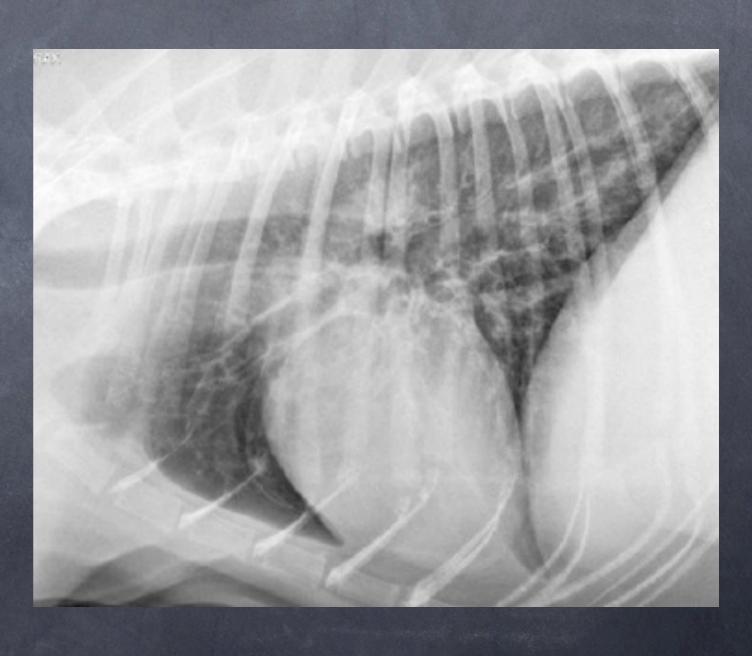
Bronchial pattern

- What you will see...
 - DIFFUSE increased opacity
- Due to...
 - Prominent bronchial walls
 - "RAILROAD TRACKS"
 - O "DONUTS"
 - out to PERIPHERY



Bronchial pattern

- DIFFERENTIALS
 - Chronic bronchitis
 - allergic, irritant
 - Feline asthma
 - Infectious bronchitis
 - Lungworms
 - Heartworm disease



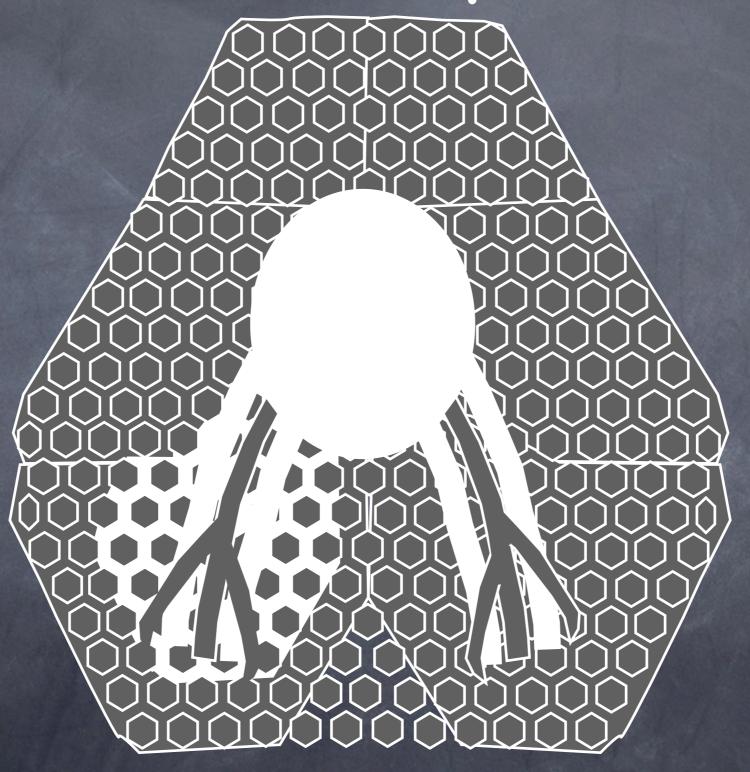


Interstitial pattern

- What you will see...
 - DIFFUSE or FOCAL
 - UNSTRUCTURED haziness
 - BLURRING of vessel margins
- Due to:
 - o interstitial fluid or cells
 - ARTIFACT



Interstitial pattern



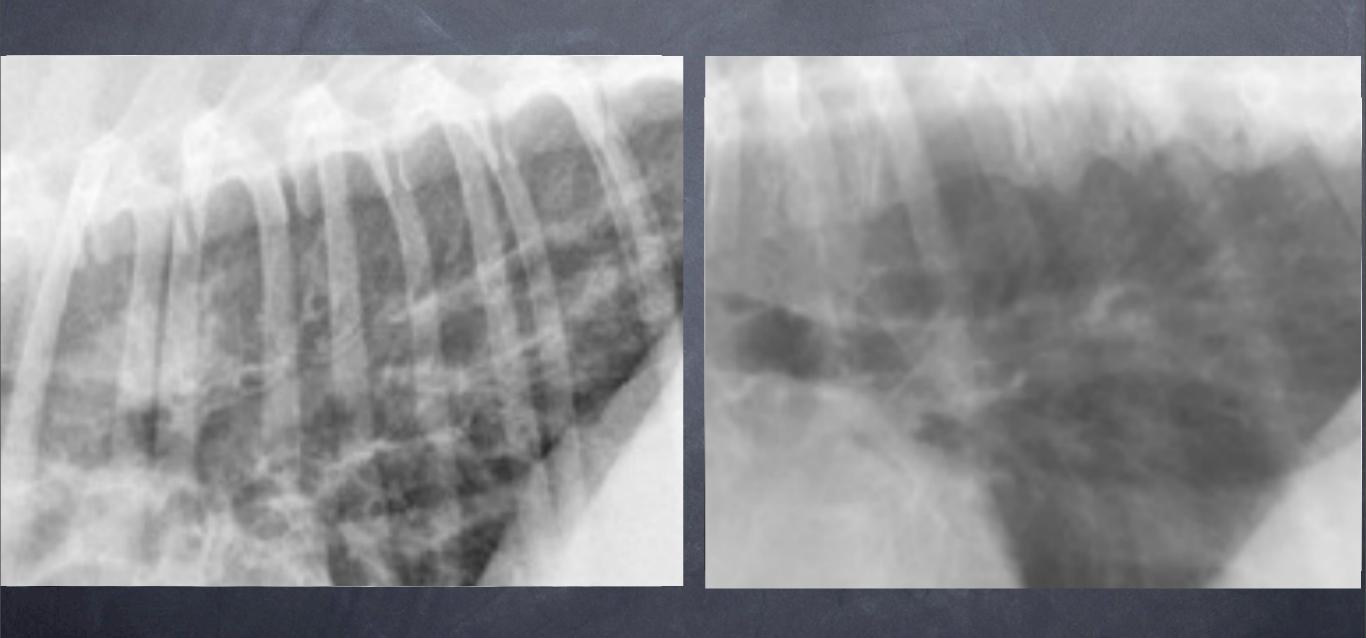
Interstitial Differentials

- Artifact expiratory, obesity
- o "old-dog" lungs
- Pneumonitis
 - o viral, parasitic, metabolic, toxic
- Alveolar disease in transition
- Pulmonary fibrosis
- ARDS
- Neoplasia RARE (LSA, mets)





Bronchial vs. Interstitial

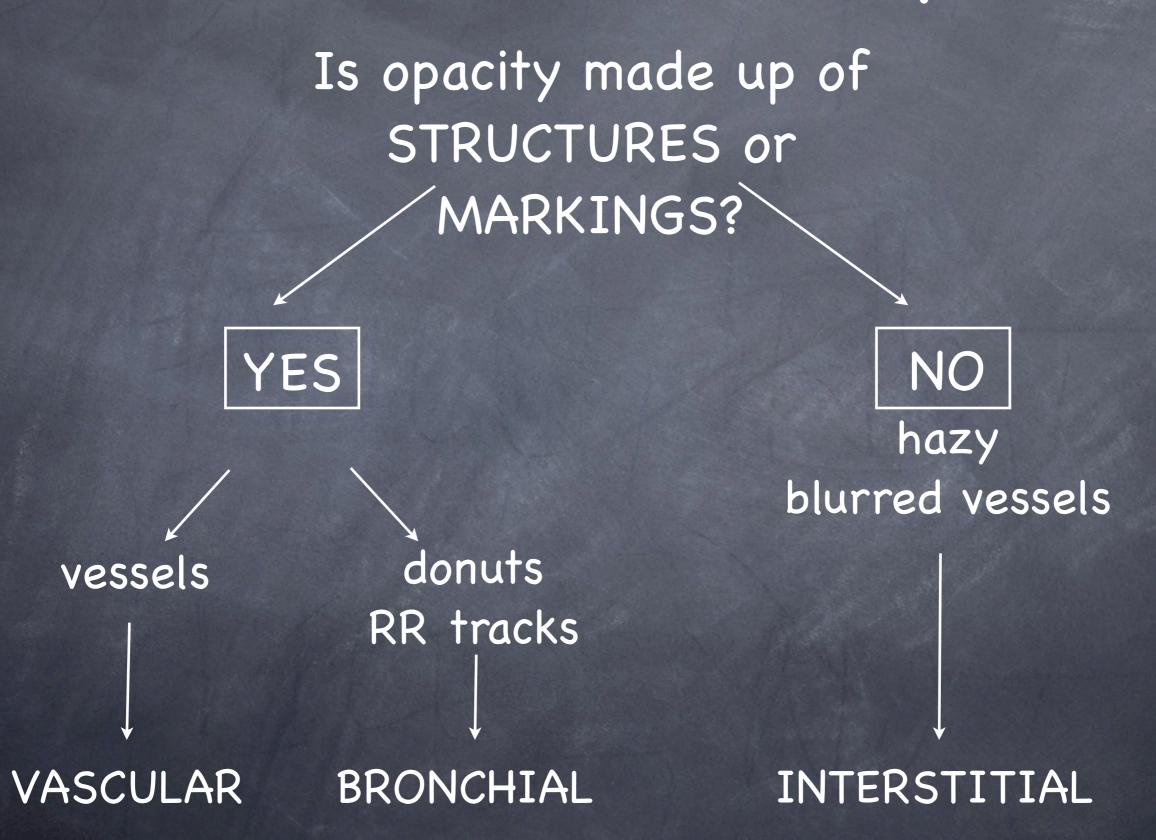


Bronchial vs. Interstitial





DIFFUSE increased opacity





Alveolar pattern

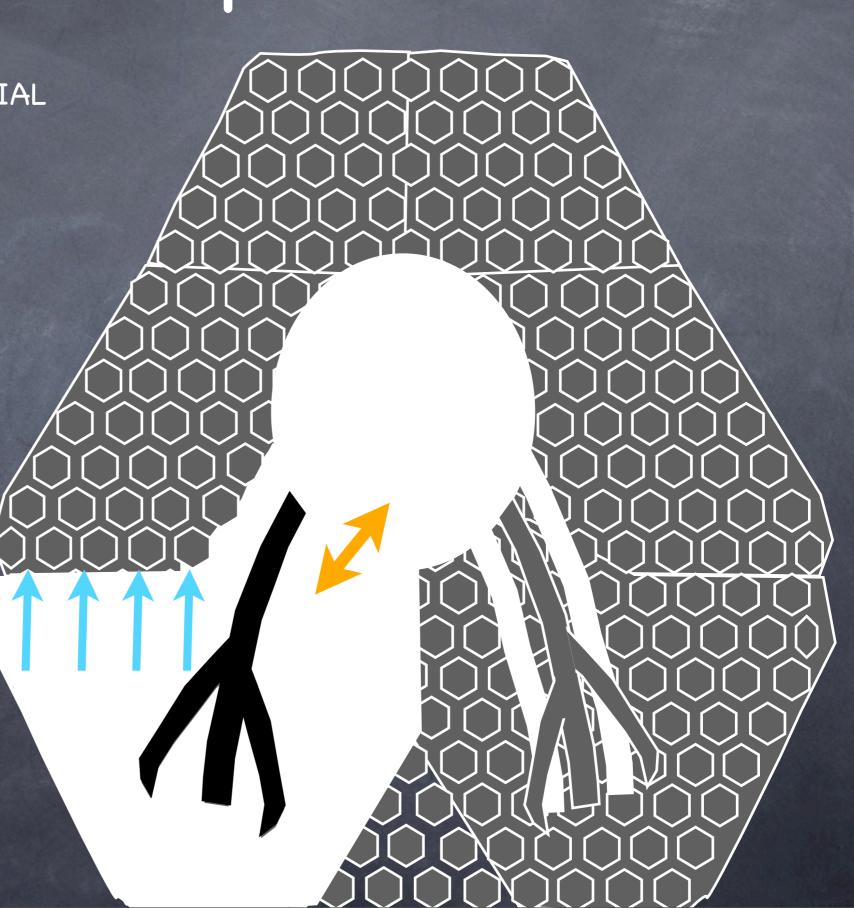
- What you will see...
 - FOCAL or MULTIFOCAL distribution
 - Uniform fluid opacity fluffy to solid

- Due to:
 - cells/fluid filling alveoli

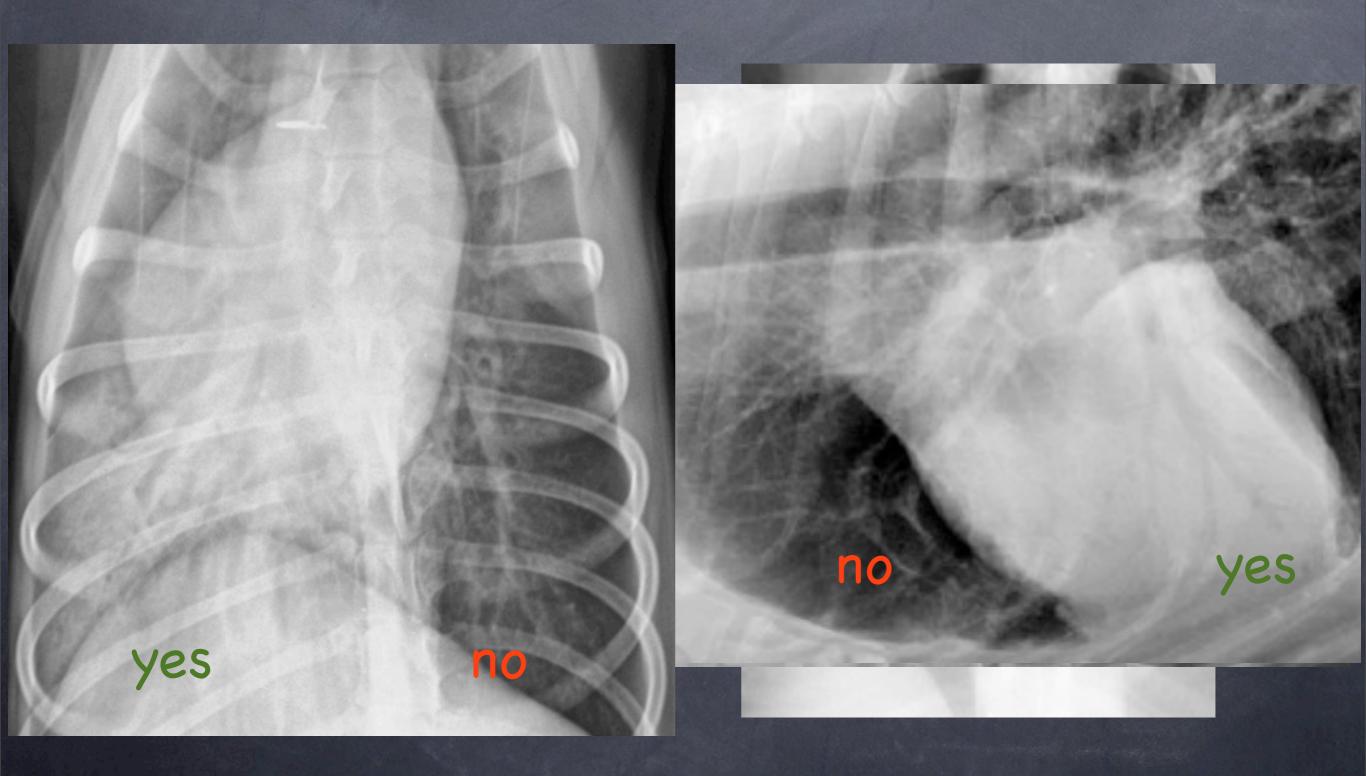


Alveolar pattern

- continuum with INTERSTITIAL
 - AIR BRONCHOGRAMS
 - LOBAR SIGN
 - SILHOUETTE SIGN

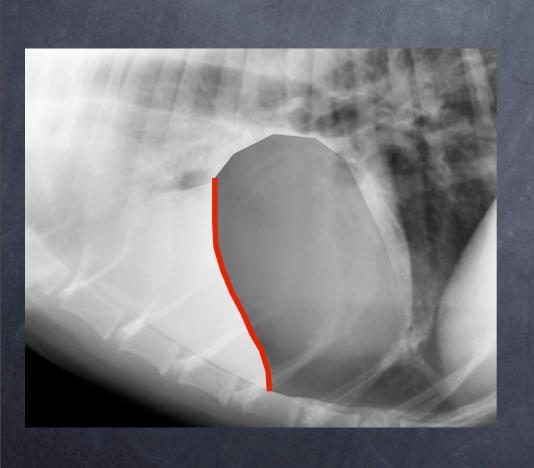


Air Bronchogram



Lobar sign

- Periphery of lobe affected
- Abrupt demarcation between diseased and normal lung
- ODON'T confuse with PLEURAL FISSURES

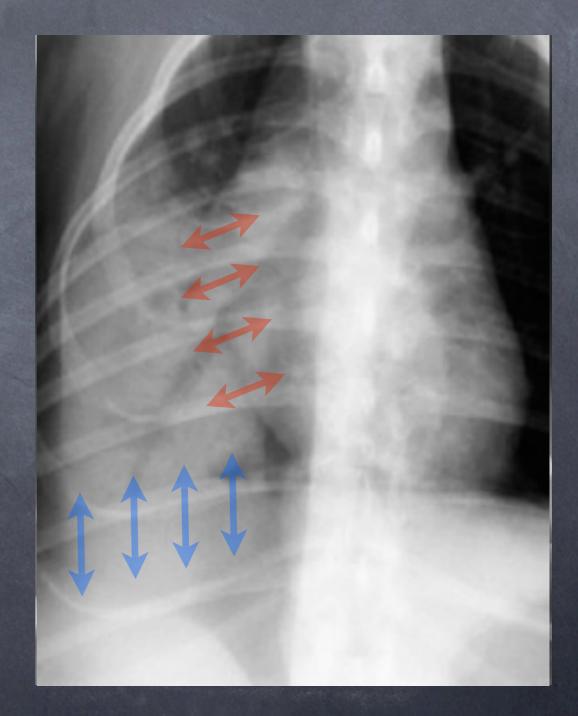






Silhouette sign

- Adjacent to ST structure
- Effacement of margins
 - o cardiac silhouette
 - o pulmonary vessels
 - ø diaphragm



Alveolar pattern

- BIG 3 Differentials:
 - hemorrhage, contusions
 - pneumonia
 - · edema
- Other Differentials:
 - Atelectasis
 - Neoplasia
 - Lung lobe torsion

- * BLOOD
- * PUS
- * WATER

Alveolar

Location?

CRANIOVENTRAL

HILAR

CAUDODORSAL

Pneumonia

Hemorrhage

Cardiogenic pulmonary edema

Hemorrhage

Non-cardiogenic pulmonary edema

Hemorrhage

NODULAR

Nodular Pattern

- AKA = structured interstitial
- What you will see...
 - FOCAL or MULTIFOCAL opacities
- Due to:
 - o nodules or masses
- MUST define characteristics of nodule(s)!!



Differentials for nodules

H ematoma - trauma

A bscess - foreign body

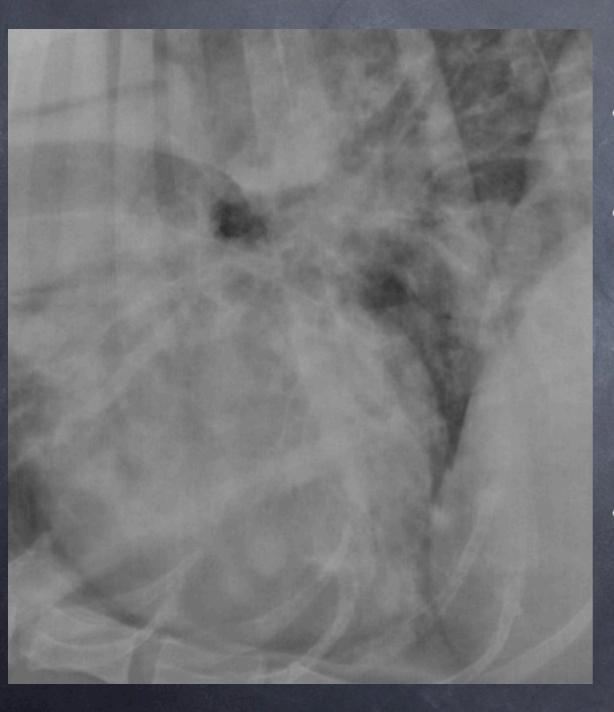
N eoplasia - primary and metastatic

G ranuloma - fungal, parasitic

B ulla - air or fluid filled



Nodule characteristics

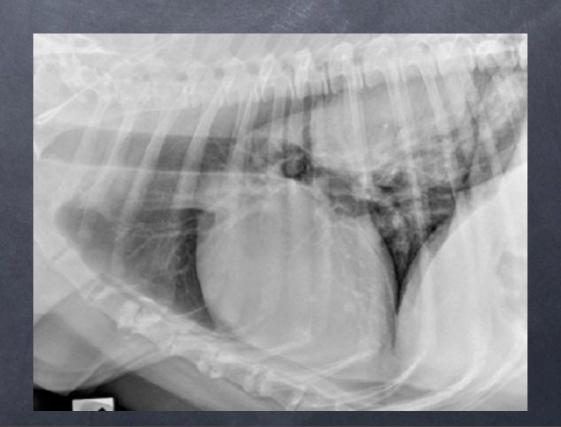


- NUMBER Single vs. Multiple
- SIZE overall and relative
 - nodule vs. mass (>3 cm)
 - similar vs. variable
- MARGINATION
 - mell defined vs. ill defined

Single Nodule/Mass

- WELL-DEFINED margins
 - NEOPLASIA!!
 - Primary vs. single metastatic nodule
 - > 3 cm more likely PRIMARY tumor
 - BULLA, HEMATOMA

- ILL-DEFINED margins
 - ABSCESS
 - **GRANULOMA**



Multiple Nodules/Masses

Fungal Pneumonia

Metastatic Neoplasia

ILL-DEFINED

MARGINS

WELL-DEFINED

SIMILARLY small, miliary

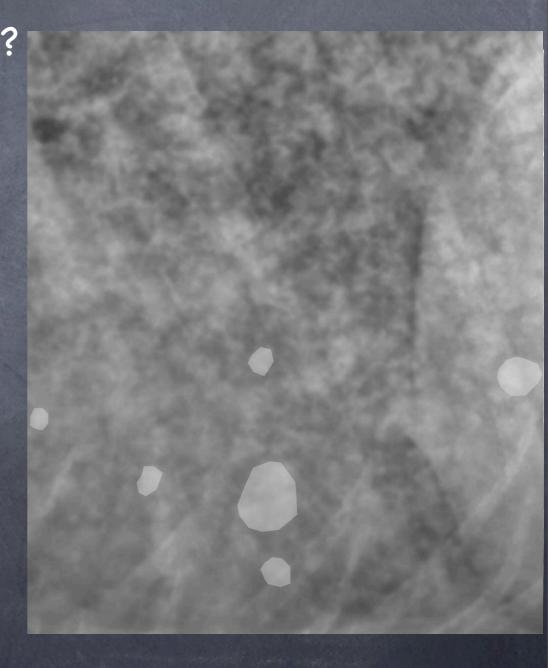
SIZE

VARIABLY

LYMPHADENOPATHY SYMPTOMATIC OTHER

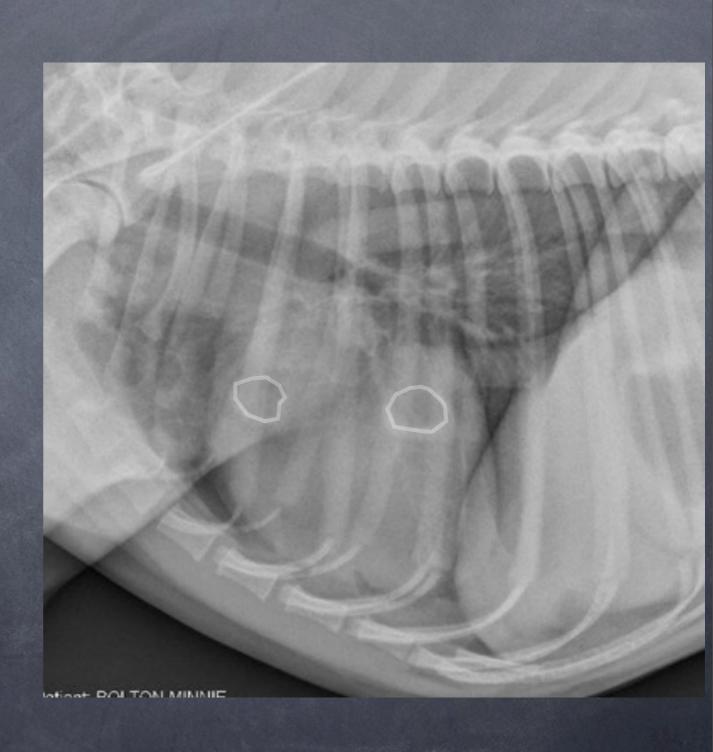
Margination

- If you see both ILL and WELL DEFINED?
- ILL DEFINED won't look WELL DEFINED BUT..
- WELL DEFINED can look ILL DEFINED
 - Due to:
 - respiratory motion
 - silhouetting
 - associated hemorrhage or inflammation



Cavitated Nodules

- Soft tissue and AIR
- WALL THICKNESS!!
- Differentials
 - HANG with necrosis
 - thick irregular wall
 - Bulla
 - thin wall



Nodular pattern

- BEWARE OF IMPOSTORS... REMEMBER REAL NODULES!
 - End on vessels
 - Surface structures
 - Pulmonary osteomas

- - size > 5mm
 - on BOTH views
 - ST opacity

SUMMARY

PATTERN

VASCULAR

SIGNS

enlarged pulm vessels

focal/multifocal nodules NODULAR 0 air bronchogram a ALVEOLAR silhouette sign lobar sign d INTERSTITIAL blurring of vessels **BRONCHIAL** railroad tracks, donuts

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