

RADIOLOGY CASES

JN BRJET

By

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Session 1

CASE 1

CASE 1

History

- Female patient , 25 years
- Cough , Fever (Suspected Covid 19)





Chest/F/26Y
dy 025148
17976/m

2023/11/16/20 22:5

WL: -596 WW 141

SW: 2.05 mm



50 mm

male patient 20 y.o.
Chest CT scan
y: 025148
17980mm: 1

2021/11/16/202

SW: 0.58



Tree-in-bud

Tree-in-bud describes the appearance of an irregular and often nodular branching structure, most easily identified in the lung periphery.



Tree in bud

Infection *Tuberculosis*
MAC (mycobacterium avium)
bacterial, fungal

Airway disease (i.e. cystic fibrosis or bronchiectasis)
ABPA (Allergic bronchopulmonary aspergilosis (rare))

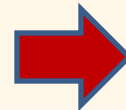
COVID-19

Typical findings

Multifocal groundglass opacities
Peripheral and basal distribution
Unsharp demarcation
Vascular thickening
Round
Crazy paving
Ground glass and Consolidations
(Reversed) halo
Spider web

Atypical findings

Central or peribronchovascular
More apical distribution
Lymphadenopathy *



Very Atypical

Cavitation - calcification
Tree-in-bud, bronchiolitis
Nodular pattern
Mass
Pleural thickening

CASE 2

CASE 2

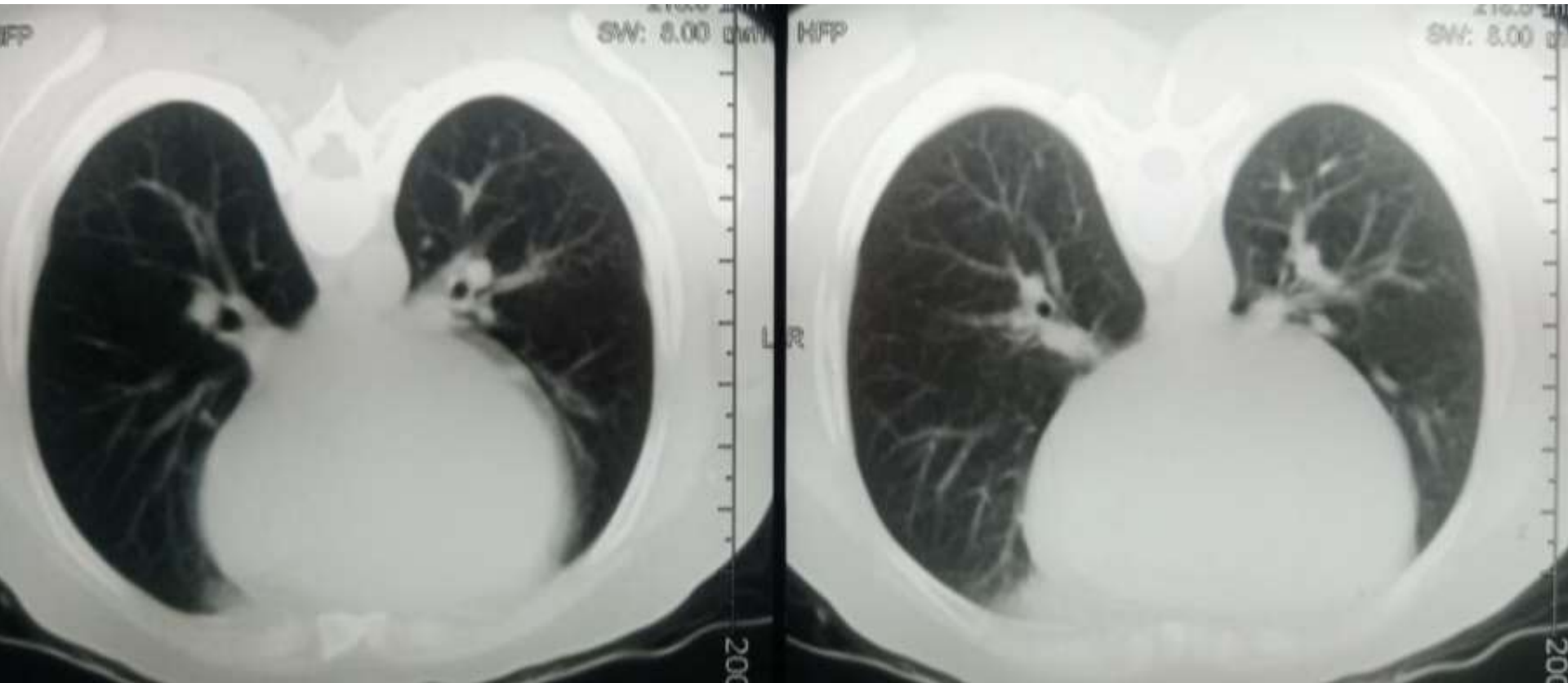
History

- Female patient , 45 years
- Cough.
- (Contacting Covid 19 infected family member)



Bilateral Basal Posterior Reticulation Densities

Complementary Prone CT



Previous Seen Reticulation Densities disappeared

Incidental Finding Due to gravity Changes

→ **Diagnosis**

(CORAD 1)

CASE 3

CASE 3

History

- Male patient , 70 years , loin pain
- **Abd US Back Pressure**

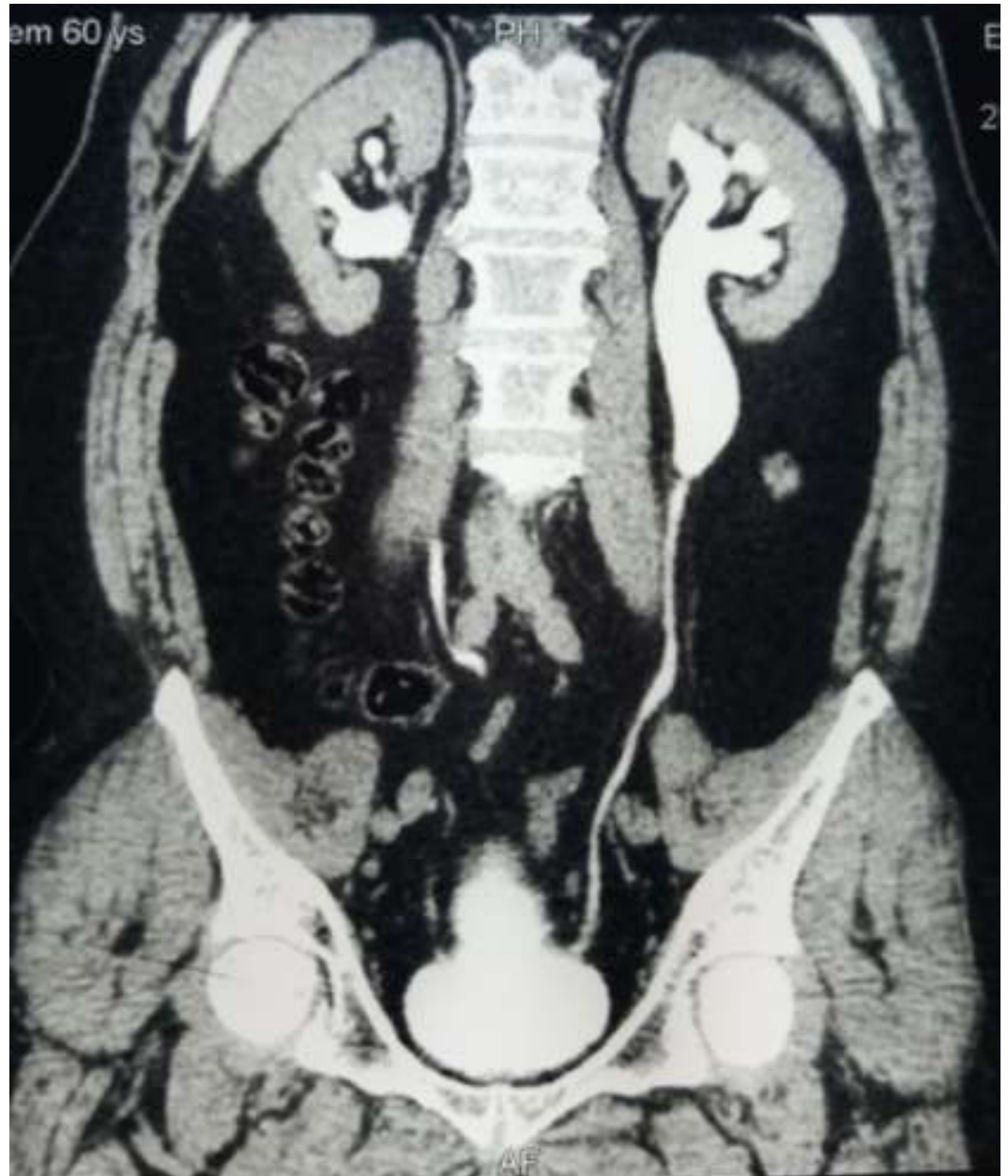
CTU

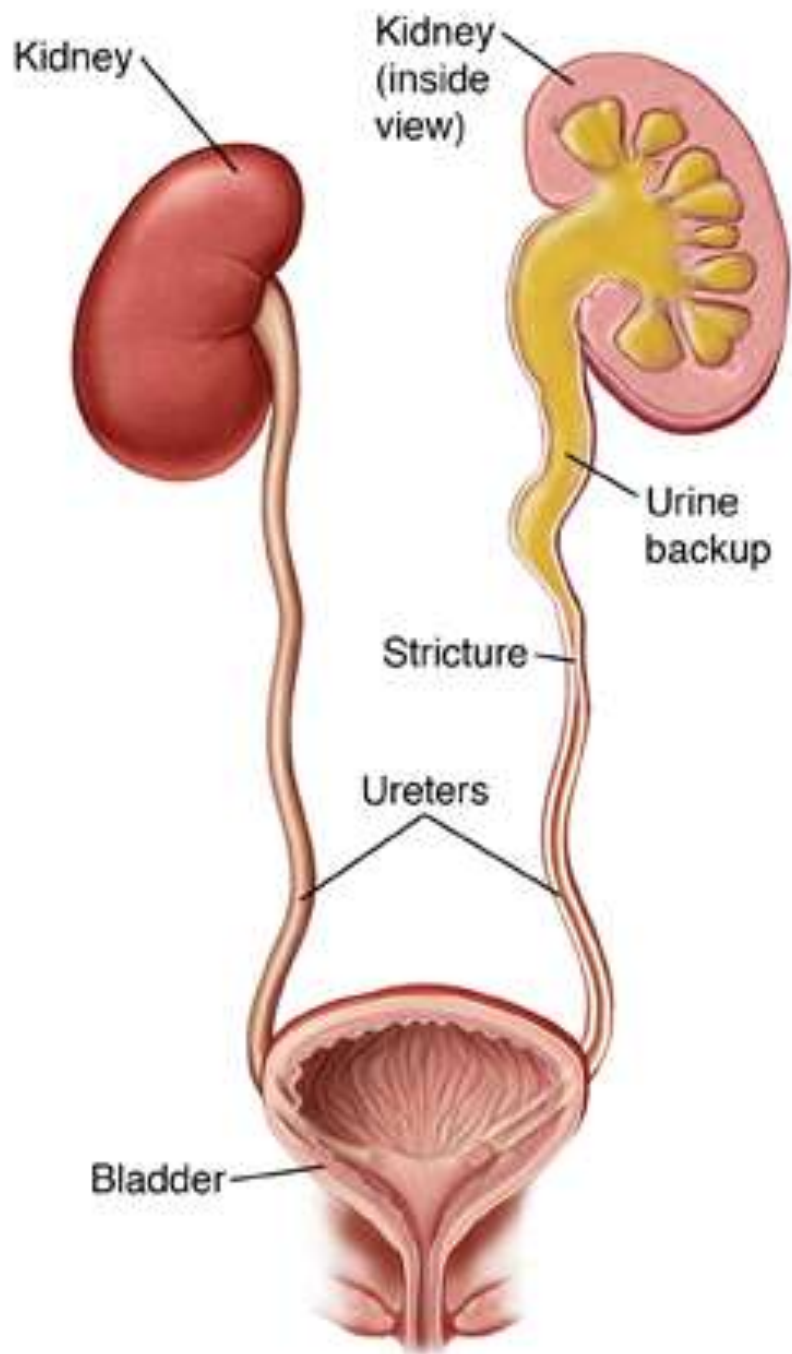
Coronal Reformate Non enhanced CTU



CTU +C

Coronal Reformate
enhanced CTU





CASE 4

CASE 4

History

-Male patient , 14 years

- Rt side Abdominal **stab wound**



Previous US

Left Kidney: Normal site and size. Regular outline. Normal parenchymal thickness and echopattern. No stones or back pressure changes. No masses

Urinary Bladder: Average capacity, thin smooth wall, no stones or mural masses.

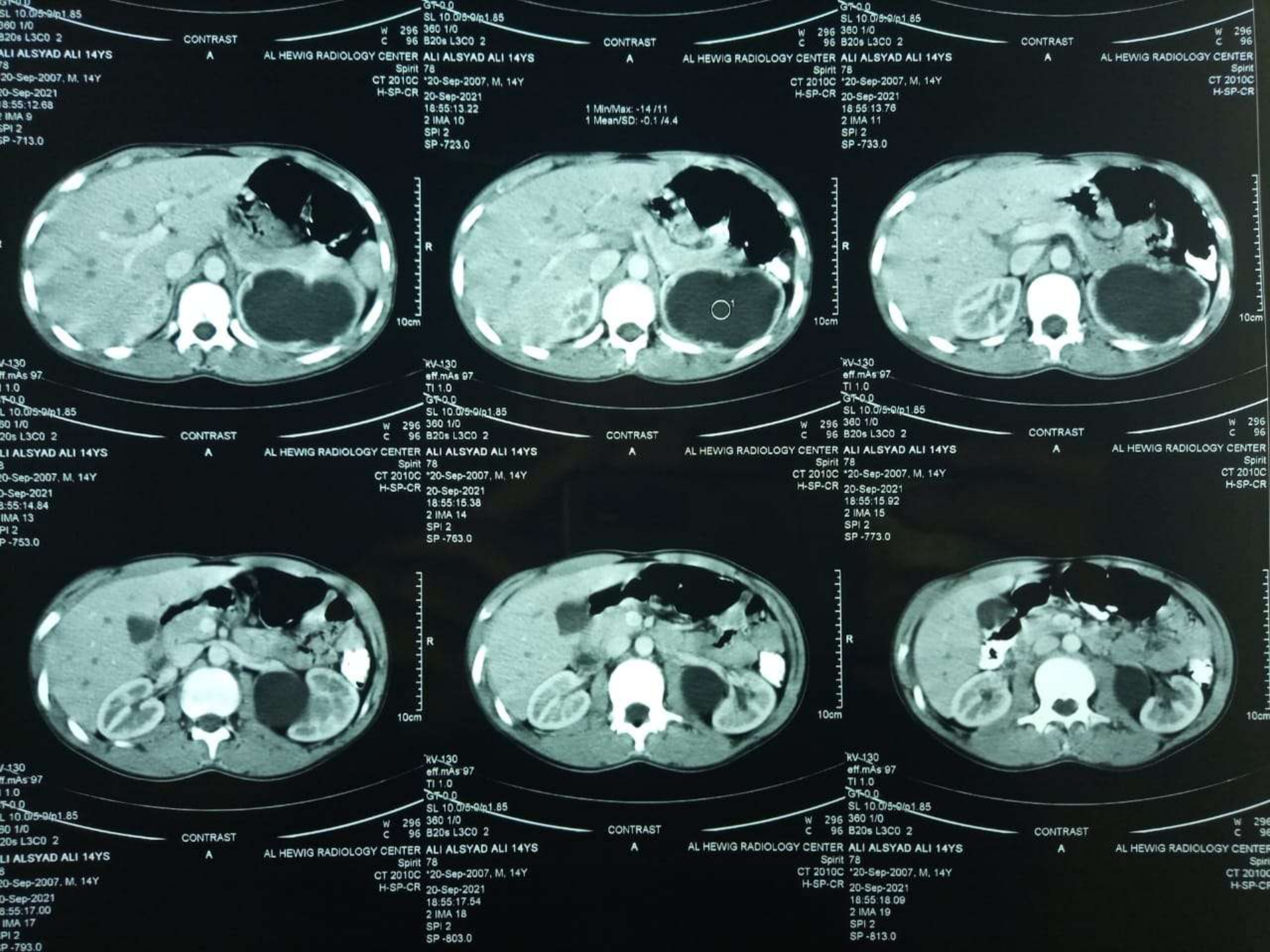
History of recent trauma (right side back STAP WAND) us examination revealed intact solid organ (liver spleen right =kidney and urinary bladder) no hematoma no free or localized collection no capsular laceration or contusion detected free hepatorenal and lienorenal bouches

Well defined cystic lesion detected at left side of the upper abdomen seated to upper pole of left kidney measuring 5x6cm with lobulated surface ?? complex renal cyst (likely incidental finding)ⁿ for CT scan

Evaluation

**So Enhanced CT Abd
Was done**

Was done



Complementary US





T

UB

LT UPPER U

0

5

10

15

**The Key was
Coronal Reformat**



19.00.22.80
603 IMA 4
MPR CURVED

←L→



20-Sep-2021
19.00.22.80
603 IMA 5
MPR CURVED

←L→



D ALI 14YS

CONTRAST

W 302
C 96

AL HEWIG RADIOLOGY CENTER ALI ALSYAD ALI 14YS

Sprint 78

CT 2010C *20-Sep-2021 14:14:14

20-Sep-2021
19.00.22.80
603 IMA 10
MPR CURVED

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CONTRAST

W 302
C 96

AL HEWIG RADIOLOGY CENTER ALI ALSYAD ALI 14YS

Sprint 78

CT 2010C *20-Sep-2021 14:14:14

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603 IMA 12
MPR CURVED

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CONTRAST

AL HEWIG RADIO



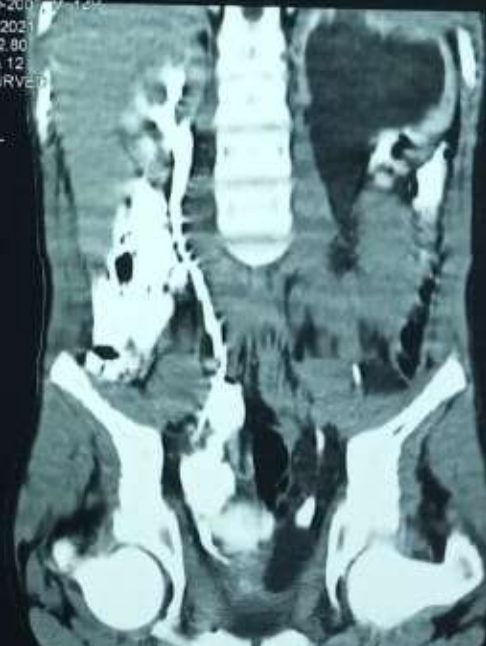
ED

W 302



CT 2010C *20-Sep-2021 14:14:14

20-Sep-2021
19.00.22.80
603 IMA 12
MPR CURVED



M, 14Y

CHILDREN'S HOSPITAL CENTER FOR DIABETES AND ENDOCRINOLOGY CENTER ALI ALSYAD ALI 14YS

AL HEWIG

Sprint 78
CT 2010C *20-Sep-2007, M, 14Y
20-Sep-2021
19:00:22.60
600 IMA 20
MPR CURVED



CONTRAST

W 302

Final Diagnosis

Double Ureter

With obstructed distal end Of Upper moiety Ureter





See you in the next case

Thank You

A M Abodahab – MD
Nov 2021