Practical diagnosis management

(workshop)

Wiwatana Tanomkiat
Department of Radiology, Faculty of Medicine,
Prince of Songkla University
Case 1
Code 3.16

A 48 year-old male with progressive dyspnea.
Case 1
Code 3.16
Case 1
Code 3.16
Case 1

Answer

- **Character**
  - Type :
  - Anatomical distortion :

- **Distribution**
  - Vertical :
  - Axial :
Associated finding: 

Radiologic discussion: 

Final diagnosis: 

1. What is the likely diagnosis? 
2. Can a confident diagnosis be made? 
3. What should be the next investigation? 
4. Is lung biopsy necessary?
A 59 year-old female, known case of right breast cancer with abnormal CXR.
Case 2
Code 5.23
Case 2
Code 5.23
Case 2

Answer

- **Character**
  - Type: 
  - Anatomical distortion: 

- **Distribution**
  - Vertical: 
  - Axial: 
  - Intralobular: 
Case 2

Answer

What is the diagnosis and is surgical biopsy necessary?

• Associated finding :
• Radiologic discussion :
• Final diagnosis :

Practical diagnosis management
A 62 year-old female, known case of colonic mass, then loss follow up. Now presented with chronic cough.
Case 3
Code 2.4
Case 3
Code 2.4
Case 3

Answer

- **Character**
  - Type :
  - Anatomic distortion :

- **Distribution**
  - Vertical :
  - Axial :
  - Intralobular :
Case 3

Answer

Can specific diagnosis be made with confidence?
What should be the next investigation?
Case 4
Code 3.2

A 44 year-old female with progressive dyspnea.
Case 4
Code 3.2
Case 4

Answer

- **Character**
  - Type :
  - Anatomical distortion :

- **Distribution**
  - Vertical :
  - Axial :
• Associated finding : 
• Radiologic discussion : 
• Final diagnosis : 

Can confident diagnosis be made? 
What is the next investigation? 
Is surgical lung biopsy necessary?
A 51 year-old male presented with progressive dyspnea for 3 months and minimal cough without hemoptysis.

PH : Heavy smoking.
Case 5
Code 5.6
Case 5
Code 5.6
(23/05/2549)
Case 5
Answer

• Character
  • Type :
  • Anatomic distortion :

• Distribution
  • Vertical :
  • Axial :
  • Intralobular :

Anatomic distortion:
Distribution:

Character:
  • Type :
  • Intralobular :
• Associated finding : 
• Radiologic discussion : 

Case 5 Answer

Are HRCT findings typical of UIP pattern?
A 40 year-old male, known case of CA nasopharynx, presented with dyspnea on exertion for 3 months.
Case 6
Code 2.9
Case 6

Answer

- **Character**
  - Type :
  - Anatomic distribution :

- **Distribution**
  - Vertical :
  - Axial :
  - Intralobular :
• Associated finding  :
• Radiologic discussion  :

Case 6
Answer

What is most likely diagnosis? Can the diagnosis be made with confidence? What should be the next investigation?
A 40 year-old female wit SLE and polymyositis presented with dyspnea.
Case 7
Code 3.12
Case 7 Answer

- **Character**
  - Type : 
  - Anatomical distortion : 

- **Distribution**
  - Vertical : 
  - Axial : 

Case 7
Answer

What is the most likely diagnosis?
Can diagnosis be made with confidence?
Is surgical biopsy necessary?
A 63 year-old male with chronic cough for 2 months, to rule out miliary tuberculosis.
Case 8
Code 2.1
Case 8

Answer

• Major character
  • Type: 
  • Anatomic distortion: 

• Minor character
  • Type: 
  • Anatomic distortion: 

• Distribution
  • Vertical: 
  • Axial: 
  • Intralobular: 

• Anatomic distortion: 

Distribution
Case 8

Answer

Are the HRCT findings typical of tuberculosis? What should be the next investigation?
Case 9
Code 5.7.1

- A 63 year-old male with chronic productive cough for 1 year.
- History of smoking 1 pack per day for 47 years.
Case 9
Code 5.7.1
Case 9
Code 5.7.1
Case 9

Answer

- **Character**
  - Type : 
  - Anatomical distortion : 

- **Distribution**
  - Vertical : 
  - Axial : 
  - Intralobular : 

Character

Type

Anatomical distortion:

Vertical

Axial

Intralobular
Case 9

Answer

Are HRCT findings typical of UIP? What should be the next investigation?
A 53 year-old male, known case of rectal cancer.
• **Character**
  • Type :  
  • Anatomical distortion :

• **Distribution**
  • Vertical :  
  • Axial :
Case 10

Answer

What is the likely diagnosis?

What is the proper management?
A 62 year-old female with chronic cough for 4 years.
Case 11 Answer

- **Character**
  - Type :
  - Anatomic distortion :

- **Distribution**
  - Vertical :
  - Axial :
  - Intralobular :
• Associated finding
• Radiologic discussion

What is the likely diagnosis?
Can the diagnosis be made with confidence?
What is the next investigation?

Case 11
Answer
• A 32 year-old male with chest pain for 2 weeks.
• History of smoking for 1 pack per day total 10 years.
• The CXR showed spontaneous pneumothorax then he was referred to evaluate cause.
Case 12
Code 5.18
• Character
  • Type : 
  • Anatomical distortion : 

• Distribution
  • Vertical : 
  • Axial : 
  • Intralobular : 

Case 12
Answer
• Associated finding : 
• Radiologic discussion :

What is the most likely diagnosis? Is the surgical lung biopsy necessary?
Final diagnosis: Langerhans cell histiocytosis. Treated with supportive treatment, clinically stable.
• A 55 year-old male gardener present with progressive dyspnea on exertion for 3 months.

• PH : Heavy smoking 20 pack-year and quit for 15 years
He had worked in a mine for 1 year when he was 20 years old.
Case 13

Answer

• **Major character**
  • Type : 
  • Anatomic distortion : 

• **Distribution**
  • Vertical : 
  • Axial : 
  • Intralobular : 

Practical diagnosis management (workshop)
Case 13

Answer

What is the most likely diagnosis? Is the surgical lung biopsy necessary?
A 73 year-old male presented with progressive dyspnea for 1 year and progressive crescendo typical chest pain for 3 months.

- PH: Heavy smoking.

- The physical examination reveals clubbing fingers.
The CXR on 23/04/2556 revealed diffuse reticular infiltration in both lungs, prominent in lower parts.

He also had positive stress test.

The patient then was sent to perform HRCT and CAG.
Case 14
Code 5.2
• Character
  • Type
  • Anatomical distortion

• Distribution
  • Vertical
  • Axial
  • Intralobular
What is the most likely diagnosis?
What is the next investigation?
Thank you