Answer

Answer to question 1: Given the uniformity (all look the same), size (pinhead size), and diffuse distribution (central and peripheral, no postural movement), this must be diagnosed as a miliary pattern.

Answer to question 2: No. In the presence of an aortic configuration there are no signs of interstitial edema. The changes show no postural movement. No effusion.

Answer to question 3: Chronic bronchitis or senile emphysema is certainly present (barrel chest and thickened hila indicative of preexisting pulmonary arterial hypertension). However, the individual densities are too uniform, too large, and too diffusely distributed for micronodules in bronchitis.

Answer to question 4: The shadow in broad contact with the pleura on the left side exhibits a pattern of thin calcification. It represents a chronic pleural induration consistent with tuberculous pleuritis.

Evaluation: Suspicion of miliary tuberculosis from reactivated pulmonary tuberculosis. The CT chest scan performed the same day (**Fig. 3.87**) confirms this suspicion.

Epicrisis: The patient died 7 days later despite immediate initiation of tuberculostatic therapy. The autopsy revealed massive miliary tuberculosis with reactivation in the vicinity of a calcified induration on the left side with local caseous pneumonia.

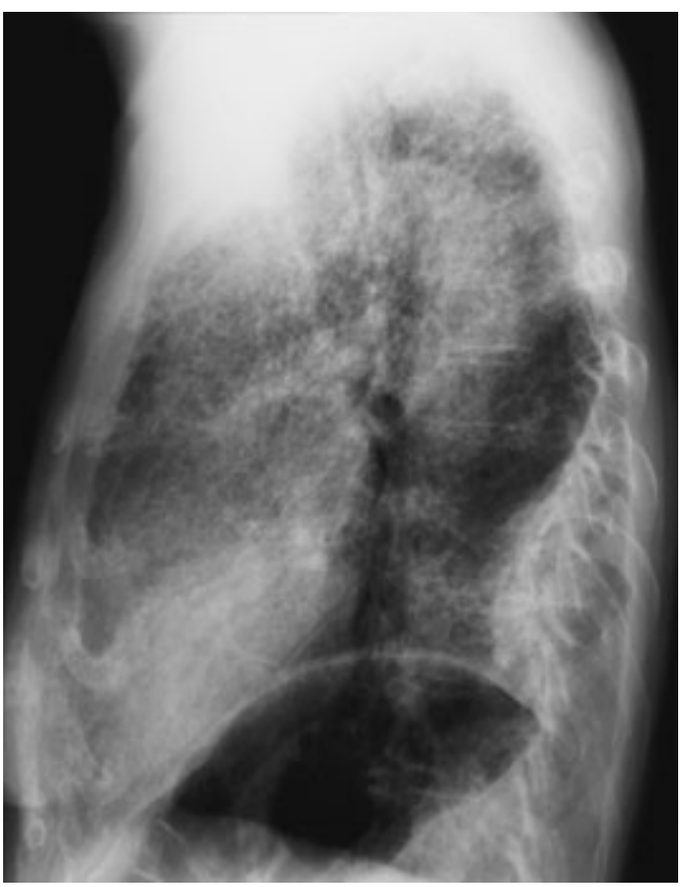

Fig. 3.86 **Lateral view of the patient in Fig. 3.85.**

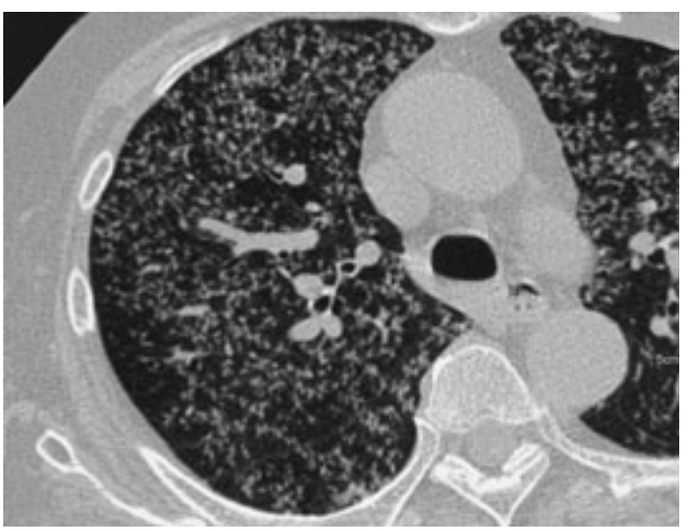

Fig. 3.87 **CT findings on the day of admission.** Pronounced random pattern of nodular shadowing. The morphology is consistent with sarcoidosis, but this is improbable given the patient's age. A report of previous findings mentioned no abnormalities, which eliminates pneumoconiosis. The tentative diagnosis is miliary tuberculosis (senile tuberculosis).

Review Case 6

The patient is an 84-year-old woman with known absolute arrhythmia presenting in the outpatient department with palpitations (Fig. 3.88). No fever or dyspnea. Nonsmoker.

Question 1

Insofar as this is possible in only one plane, describe the heart configuration. Which heart chamber is definitely enlarged? (Previously discussed in Chapter 1.)

Question 2

How do you evaluate chest shape? Is COPD present? (Previously discussed in Chapter 2.)

Question 3

How do you evaluate the changes in the upper lung fields and hila? Is any other pathology present that might be related to the next chapter (Chapter 4)?

Hints

Note the left cardiac border.
Note the patient's age.
The patient is a nonsmoker.

Fig. 3.88 Patient presenting for diagnostic evaluation of cardiac arrhythmia.