09:16:20 From Syeda Jafri To Everyone:

how can we differentiate pericardial fat from mass lesion

09:23:47 From Benjamin Pippard To Everyone:

would you confidently identify that as azygos lobe from CXR alone, or would further evaluation with CT be warranted?

10:26:26 From Georgia Tunnicliffe To Everyone:

What was the app called?

10:27:21 From Rachel Benamore To Everyone:

its the IASLC

10:33:35 From Syeda Jafri To Everyone:

thymoma vs pericardial cyst

10:33:41 From Syeda Jafri To Everyone:

how to differentiate

10:34:00 From Rajit Shail To Everyone:

When do you request CT chest with contrast and when is it non contrast

10:34:09 From Syeda Jafri To Everyone:

pericardial cyst vs thymoma...how to differentiate

10:34:57 From Hamidullah Mansoor To Everyone:

when changing lung view to soft tissue view, what happens technically, I mean to radiation?

10:35:11 From Syeda Jafri To Everyone:

contrast mixture in SVC vs clot-how to differentiate

10:37:02 From Emma Helm To Everyone:

Answers to some questions in chat:

10:38:09 From Emma Helm To Everyone:

Thymoma vs pericardial cyst - different compartments of the mediastinum. Cysts should be less dense. Cysts should not enhance but tumours will enhance with contrast.

10:38:28 From Emma Helm To Everyone:

Q: when changing lung view to soft tissue view, what happens technically, I mean to radiation?

10:39:37 From Emma Helm To Everyone:

A: Changing the view is done by changing display parameters after the scan has been done. So no effect on dose.

11:40:21 From Ricky Jones To Everyone:

so the dots are end on lines or webs

11:45:32 From Rachel Benamore To Everyone:

dots can be due to thickened peripheral bronchi or end on interstitial lines

11:49:34 From Kay Por Yip To Everyone:

I lots of times struggle with differentiating ground glass on CXR with poor penetrance issues - any tips on that?

11:49:50 From Tahseen Azim To Everyone:

Can you plz explain air bronchogram

11:50:18 From Kay Por Yip To Everyone:

😃 Good to know that even radiologists struggle. Thanks!

11:50:52 From Dodda Siddappa Satish Hulikunte To Everyone:

Is there a way to differentiate CPFE vs emphysema with UIP IPF

11:50:56 From cara weldrick To Everyone:

I find it difficult to sometimes tell difference between interstitial changes versus alveolar changes? as it reticular versus GG

11:53:01 From Rachel Benamore To Everyone:

Is there a way to differentiate CPFE vs emphysema with UIP IPF? Not reliable on CXR. On HRCT, CPFE just means fibrosis and emphysema so will encompass UIP and emphysema

11:53:31 From Mark Meller To British Thoracic Society(Privately):

Is there a way to differentiate CPFE vs emphysema with UIP IPF. Can be very difficult! Often we don't know, somethimes more classic. This is where MDTs are key to discuss and

correlate imaging with Hx and PFTs and resp physician opinion.

11:54:02 From Rachel Benamore To Everyone:

I find it difficult to sometimes tell difference between interstitial changes versus alveolar changes? as it reticular versus GG. Yes, exactly so. On CXR you need to decide

where what you are looking at is airspace disease (GGO, consolidation) or lines and dots (ILD)

11:54:07 From British Thoracic Society To Everyone:

Answer from Mark: Is there a way to differentiate CPFE vs emphysema with UIP IPF. Can be very difficult! Often we don't know, somethimes more classic. This is where MDTs are

key to discuss and correlate imaging with Hx and PFTs and resp physician opinion.

11:55:50 From Mark Meller To British Thoracic Society(Privately):

I find it difficult to sometimes tell difference between interstitial changes versus alveolar changes? as it reticular versus GG Agaon can be very hard and can co-exist.

I try to look at Xryas as say I think it is more interstitial or air space. This is where HRCT is extremely helpful. Rachel's point about alwayslooking at any recent CTs with the CXR and

building a bank of pattern recognition is very helpful.

11:56:28 From British Thoracic Society To Everyone:

Answer from Mark: I find it difficult to sometimes tell difference between interstitial changes versus alveolar changes? as it reticular versus GG Agaon can be very hard and can

co-exist. I try to look at Xryas as say I think it is more interstitial or air space. This is where HRCT is extremely helpful. Rachel's point about always looking at any recent CTs with

the CXR and building a bank of pattern recognition is very helpful.

11:58:02 From Sughra Alawi To Everyone:

Which is best used for ILD

12:06:09 From Lucy Webb To Everyone:

would lymphangitis give rise to smooth or nodular interlobular thickening?

12:06:34 From Rachel Benamore To Everyone:

I'm not sure what you are asking? Do you mean which modality is best to characterise ILD? If so, CT is much much better than CXR

12:07:07 From Rachel Benamore To Everyone:

lymphangitis can cause both smooth and nodular interlobular septal thickening. Heart failure NEVER causes nodular thickening

12:50:39 From Rachel Benamore To Everyone:

you can get cysts in fibrotic HP. Air trapping manifests as lobular hyperlucency, which can also look black

13:00:59 From Emily Bartlett To Everyone:

Differentiation cysts from traction bronchiectasis: yes this is possible - to call something traction bronchiectasis/bronchiolectasis (smaller airways) you really want to be

able to see a connection to more proximal airways. By contrast, honeycomb cysts are typically layered and subpleural and stacked on top of each other, and not connected more proximally

to an airway. Of course, there are other "cystic" lung diseases where there are free standing cysts (with thin walls) in the lung parenchyma

13:03:52 From Rachel Benamore To Everyone:

thanks Emily for your reply. Sometimes MinIP reformats can help in cases of uncertainty of traction vs honeycombing, to determine whether that connection with proximal airways

exists. Both findings are features of pulmonary fibrosis

13:21:20 From Syed Hassan To Everyone:

can we say Abnormal scan with multiple matched VQ defects in both lungs would favour airway disease then?

13:22:47 From Rachel Benamore To Everyone:

yes, or emphysema

13:23:02 From Rachel Benamore To Everyone:

or ILD!

13:23:10 From Rachel Benamore To Everyone:

all depends on the clinical scenario

13:28:09 From Rachel Benamore To Everyone:

MinIPs can also help accentuate a mosaic pattern as it makes the dark areas of lung look more obvious

14:20:25 From British Thoracic Society To Everyone:

Diffuse Lung Disease Tutorial - Please use this link to view the images on your device: https://www.pacsbin.com/collection/WkkjvjpkTF/review

14:49:43 From Sarah-Jane Morrison To Everyone:

can I please clarify if the comet tails/crows feet are something different from pleural-parenchymal bands?

14:50:03 From Rachel Benamore To Everyone:

Replying to "can I please clarify..."

they are all the same thing. The terms can be used interchangeably

15:38:06 From Randeep Karwal To Everyone:

for three density sign what exactly are the three distinct densities ?

15:38:33 From Rachel Benamore To Everyone:

Replying to "for three density si..."

lung that is too black (hyperinflated), lung that is too shite (GGO) and normal lung

15:38:43 From Rachel Benamore To Everyone:

Replying to "for three density si..."

white!

16:32:38 From Lucy Webb To Everyone:

Should you CT before fully drained if querying a pleural malignancy specifically or any malignancy ?

16:37:02 From Jenny King To Everyone:

how often should people with benign pleural thickening be followed up to ensure not developing malignant disease?

16:50:28 From Muhammad Tufail To Everyone:

How do we quantify pleural effusion on CT?

16:50:44 From Nadia Matei To Everyone:

how do you measure size of pleural effusion on |CT as often see reports stating large pleural effusions but they appear much smaller on USS?

16:53:15 From Georgia Tunnicliffe To Everyone:

Can you explain "split pleural sign"?

16:53:18 From Qasim Javed To Everyone:

Is HRCT chest better than normal contrast CT in identification of loculations

16:53:26 From Hamidullah Mansoor To Everyone:

Could You please explain the phases of enhancement used in contrast chest CT? the venous and arterial phase and it is role for diagnosing different chest pathologies?

16:54:06 From Rajit Shail To Everyone:

What is normal pleural thickness range?

16:56:06 From Tariq Quadri To Everyone:

3. 6 12.24 moths interval scan what is time zero hers

16:59:11 From Gaurav Ahuja To Everyone:

How to identify bronchopleural fistula on CT? Thank you.

17:01:56 From Wang Lim To Everyone:

If CTPA has been done which ruled out PE, but due to ongoing haemoptysis, and you want to evaluate for bronchial artery bleeding (?embolisation), do you need to repeat another

CT for systemic arterial phase? Or is the CTPA good enough to comment on the bronchial artery.