Case 1

Asbestos Plaques

- Common in ship building areas
- Associated with Mesothelioma
- Increased risk of Ca Lung
- Asbestosis is when there is ILD (fibrosis) and don’t call this asbestosis
- Medico-legal implications
Case 2

- Cardiomegaly, Atrial Calcification

- Establish chamber enlargement: LV type

- Hunt for cause: Is it pressure or volume overload?

- Atrial enlargement findings?
Case 3

- **CXR:** Left apical consolidation: Run through causes and DDx

- **CT:** air crescent sign: Aspergilloma
Case 4

- MR Spine
- Sequences: T1 and T2 weighted
- ? Is the normal marrow signal, is this normal
- NO: Diffuse marrow infiltration
- DDx: Mets, myeloma, lymphoma
- Important Case !!!
Case 5

- NG tube in RLL bronchus: pick up the phone!

- Coil in the RLL what is it and why is it there?

- It's an embolisation coil for pulmonary AVM

- Causes and associations of pulm AVM?

- When do you treat and what are the treatment options?
Case 6

- Medullary Nephrocalcinosis
- Auntminnie
- Run through the script
Case 7

- Rheumatoid arthritis

- Systematic Approach (Read the technique presentation)

- Key fx: B/L symmetric polyarthropathy, peri-articular osteopaenia, erosions (pick up one lesion and describe)

- DDx: why is this RA and not others

- Remember: In routine practice you would always compare with old films
Case 8

- Spina Bifida: Good film with multiple findings
- Renal calculi
- Bladder calculi
- VP shunt
- Osteotomy
- Associations and complications
Case 9

- Superior mediastinal mass

- Standard film: Must pass film: Run through the SCRIPT for mediastinal masses

- How do you establish Dx: Biopsy

- How do you approach?
Case 10

- Old TB: Thoracoplasty
- Examiners fond of TB
- Old time treatments
- Signs of active TB
- If active always do isolation and contact tracing
Thank You

Sameer