

Clinical Image

Covid 19 Chest Imaging

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Received: 04 May 2020; **Accepted:** 15 May 2020; **Published:** 20 May 2020

Citation: Emre Pakdemirli, Yasser Al Obudi, Muhammad Affan Zamir. Covid 19 Chest Imaging. Journal of Radiology and Clinical Imaging 3 (2020): 067-068.

Keywords: Covid-19; Chest x-ray; Radiological diagnosis

Abbreviations: CXR- Chest X-Ray; HRCT- High-resolution Computerized Tomography; RT-PCR- Reverse Transcription Polymerase Chain Reaction

1. Clinical Image

A 61-year-old man admitted to the acute assessment unit presented with a ten-day history of coughing, fever and worsening dyspnea requiring high levels of supplemental oxygen, and failed to respond to

antibiotic treatment. The admission chest x-ray (CXR) was unremarkable; however his blood tests were deranged with a low albumin 22 g/L (normal range: 35-50 g/L), a relatively low Basophils 2%, 0.01 (normal range: 0.02 – 0.5) 10⁹/ L and a raised C-Reactive Protein 74 mg/L (Normal range: 0-5 mg/L). Three days later, a repeat CXR demonstrated significant changes coinciding with atypical pneumonic consolidation (Figure 1), presenting as a block like consolidative lesions involving both the lateral and peripheral aspect of the lung. Subsequently, High-resolution CT of the lungs

revealed bilateral upper lobe ground-glass opacity in the anterior, posterior and lateral aspect, predominately involving the peripheral lung space and manifesting as thick crescents like opacities (Figure 2) and bi-basal consolidation. A radiological diagnosis of Covid-19 was made, which was

subsequently confirmed by COVID-19 RT-PCR testing. After a ten-day admission and high oxygen requirement, the patient made a substantial recovery and completed a full course of IV antibiotics (Co-amoxiclav and Clarithromycin); he was then discharged home without any oxygen requirements.



Figure 1: Chest x-ray of a 61-year-old man three days after admission shows significant changes manifested as atypical pneumonic consolidation (arrows). These bilateral crescent-like consolidative lesions appear mainly in the peripheral aspect of the lung more prominent on the right side (arrows).

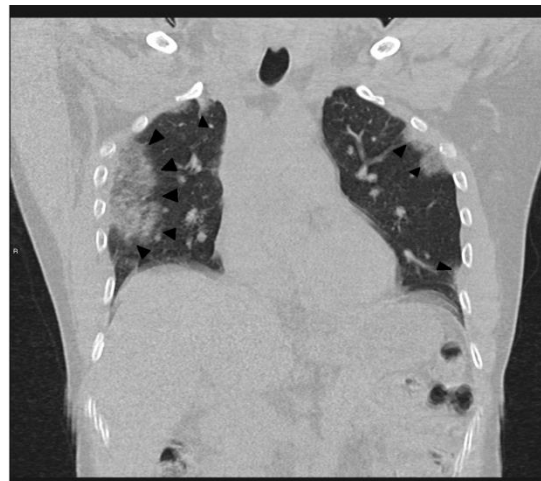


Figure 2: A subsequent High-resolution CT of the lung was performed following the CXR. The HRCT demonstrates upper lobe ground-glass opacity in the anterior, posterior and lateral aspect, predominately involving the peripheral lung space and manifesting as thick crescents like opacities and bi-basal consolidation (arrowheads).



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