

# Radiology Rounds

Michael K. McLennan, MD, FRCPC



A



B



Figure 1. Axial helical computed tomographic images of the thorax following dynamic intravenous contrast injection. All three images were pictured on the mediastinal window settings (rather than the lung parenchyma window) and are shown around the level of the hila: A) At the level of the main pulmonary artery trunk and branches; B) Right main pulmonary artery in long axis and left main pulmonary artery in transverse section; C) At the level of the heart and lower lobe pulmonary artery branches (arrow shows left lower lobe pulmonary artery).

C



## CLINICAL HISTORY

A 43-year-old woman came to an emergency department with acute shortness of breath and pleuritic chest pain. She was a smoker and had recently returned from a business trip to the Orient. She had no contributing medical history, was afebrile, and had no notable findings on physical examination. A chest radiograph was obtained; results were normal. A contrast-enhanced helical computed tomography (CT) scan (Figure 1) revealed her condition.

## The most likely diagnosis is:

1. Sarcoidosis with bilateral hilar adenopathy
2. Acute pulmonary embolism
3. Infiltrating small cell carcinoma with mediastinal invasion
4. Results of the CT angiogram are normal

Answer on page 1987

Dr McLennan is a Staff Radiologist at the Markham Stouffville Hospital in Markham, Ont. This is his last of almost 100 Radiology Rounds published in Canadian Family Physician starting in 1988.