IMAGING 1

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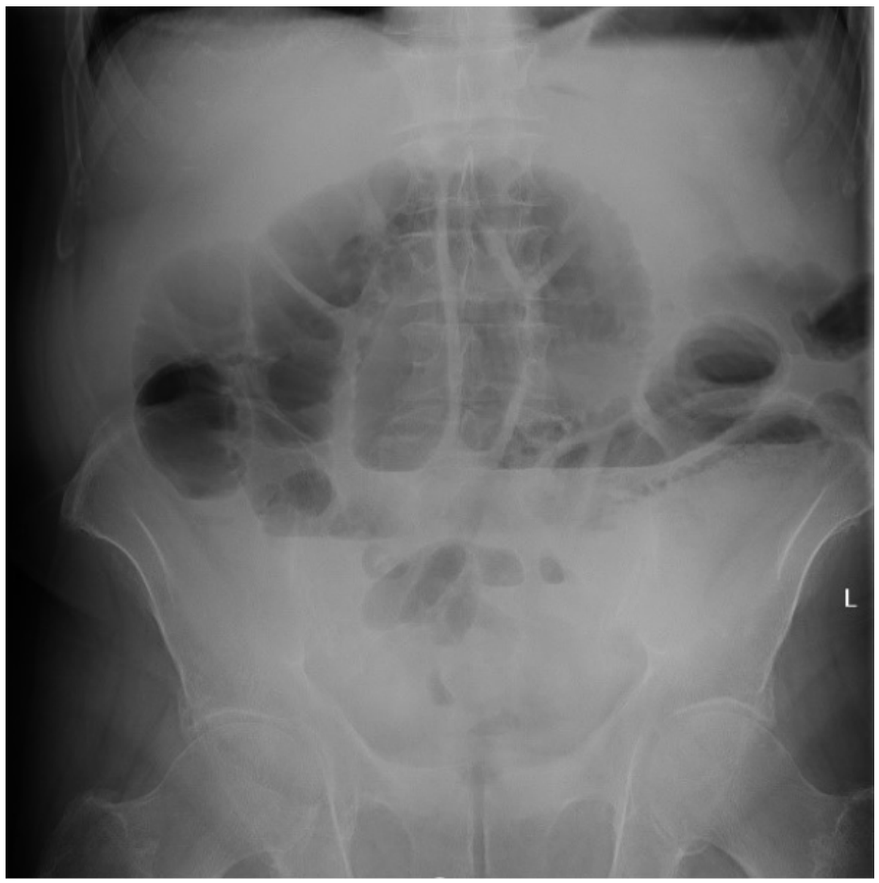
with kind cooperation by Peter Matkulčík & Miriama Šmajerová

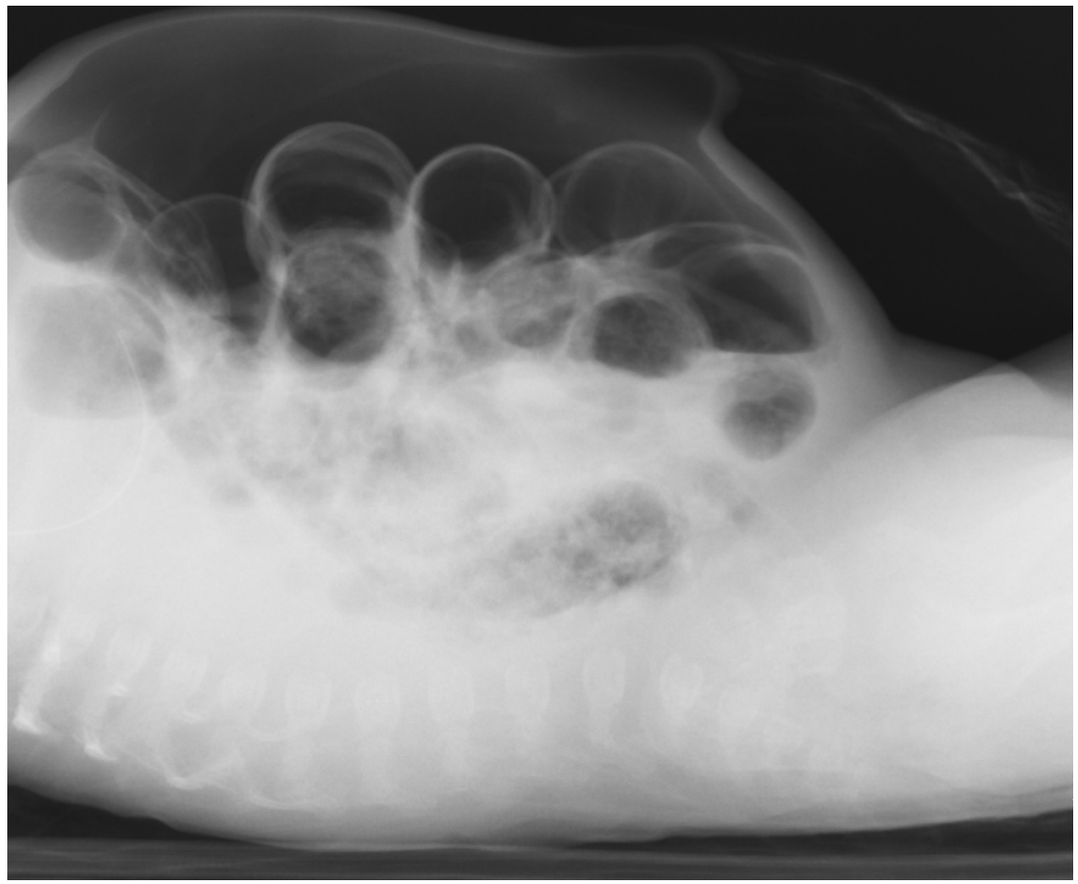
HELLO CLINICIAN, WE ONLY SUPPORT AND PARTICULARIZE YOUR CLINICAL WORKING DIAGNOSIS.

ileus
pneumoperitoneum
subphrenic abscess
gallbladder stones and choledocholithiasis
scaphoid fracture
skull impression
rib fracture
pneumonia
pneumothorax
pericardial effusion
pleural effusion
vertebral compression fracture
hip fracture
march fracture e.g. 5th metatarsal

N. B. Despite of often crucially important, remains the imaging an auxiliary method - like all other paraclinical examinations.

ILEUS



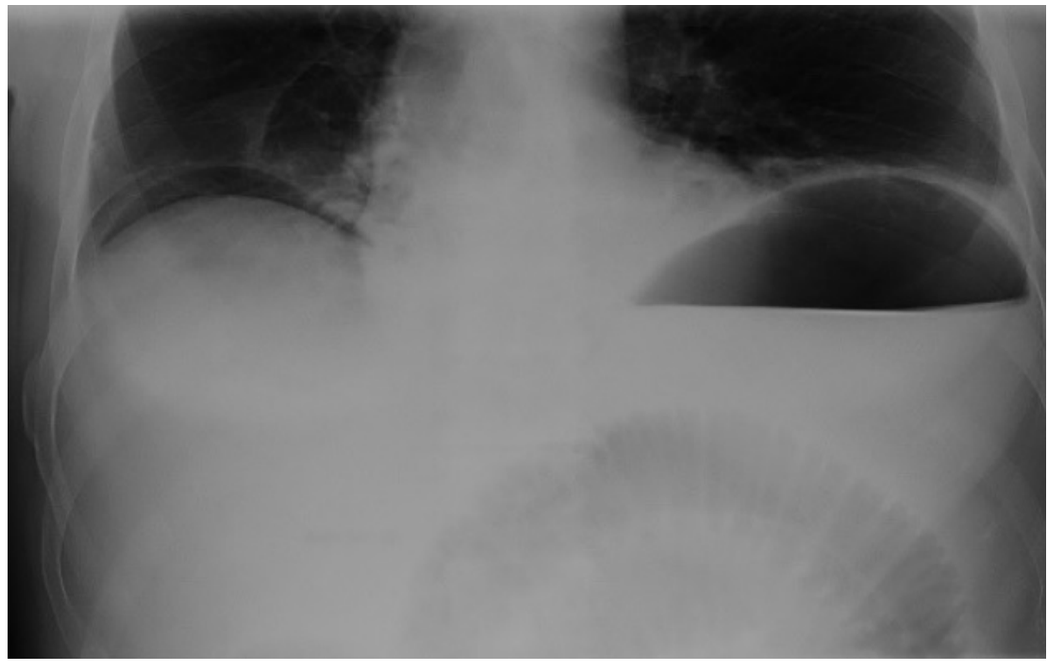


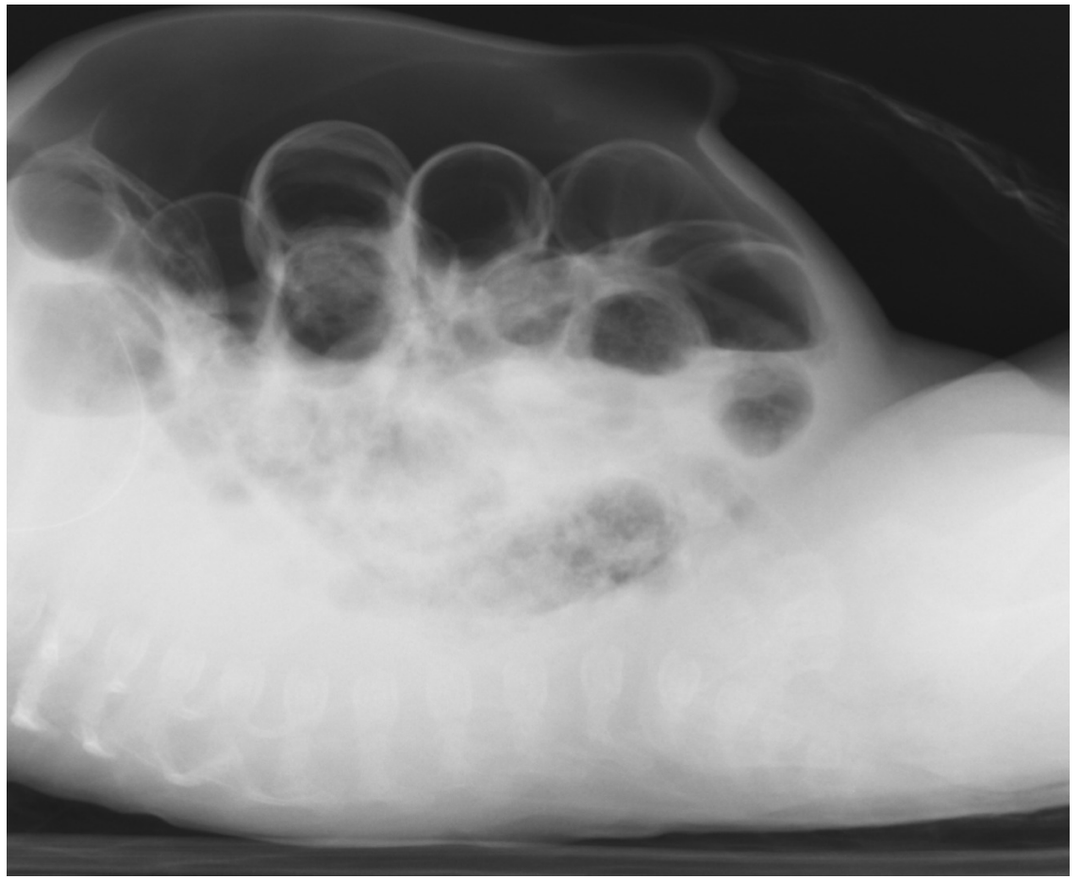
HYDROAERIC SYNDROMA
THE LEVELS IN DILATED SMALL BOWEL

EXCLUDE OR CONFIRM (!) UMBILICAL, GROIN AND FEMORAL HERNIA

N. B. Abdominal pain, nausea, vomiting, abdominal distension, failure to pass flatus and feces. Hyperactive – vigorous peristalsis at the beginning of the obstruction is followed by minimal or no bowel sounds, localised tenderness and rebound phenomena.

PNEUMOPERITONEUM

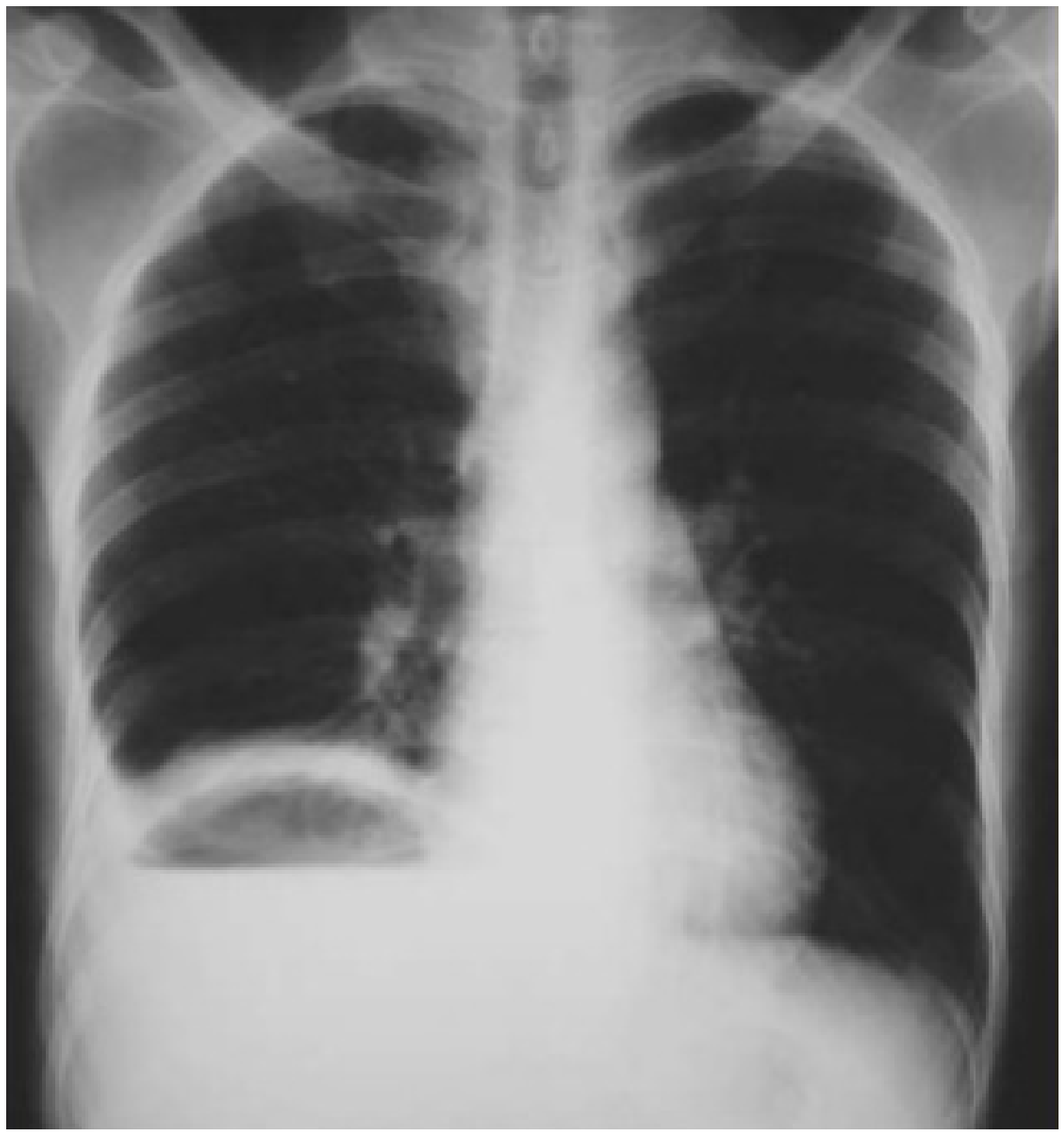


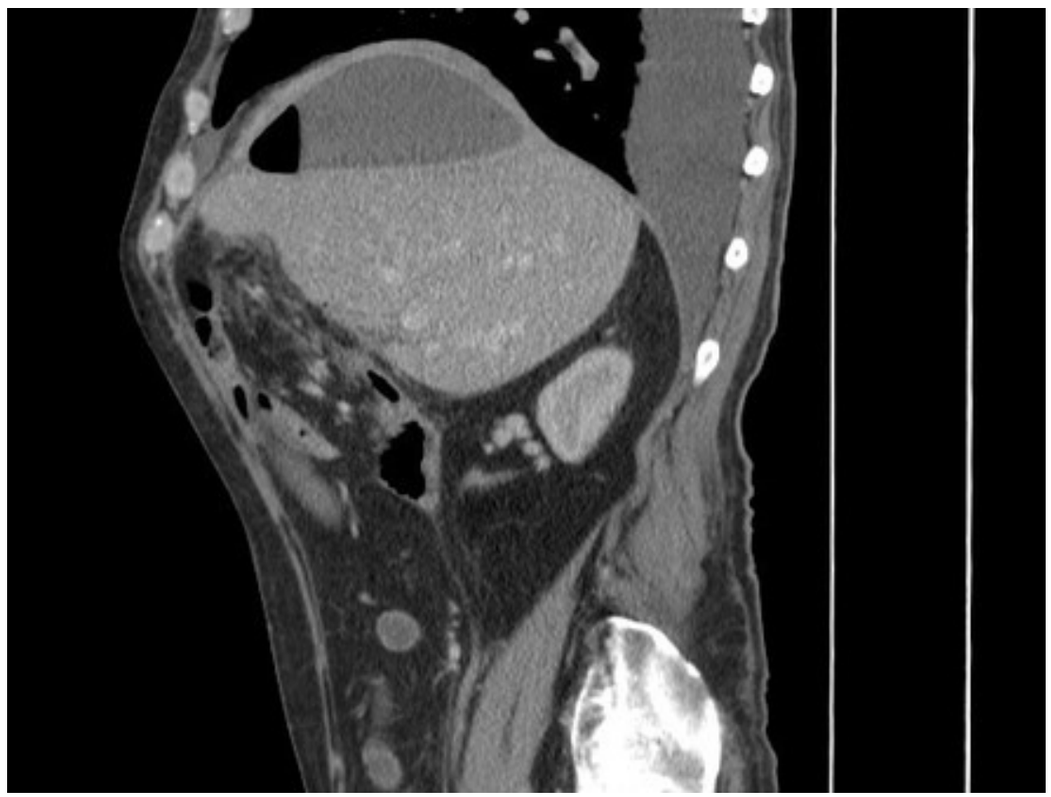


GAS SICKLE IN THE SUBFRENIC AREA

N. B. X-rays centered in upright position subphrenically (do not mistake for the bubble of gas within the stomach); or in lying patient horizontally confirm presence of free gas behind the abdominal wall. This situation corresponds as a rule with abdominal guarding – défense musculaire.

SUBPHRENIC ABSCESS

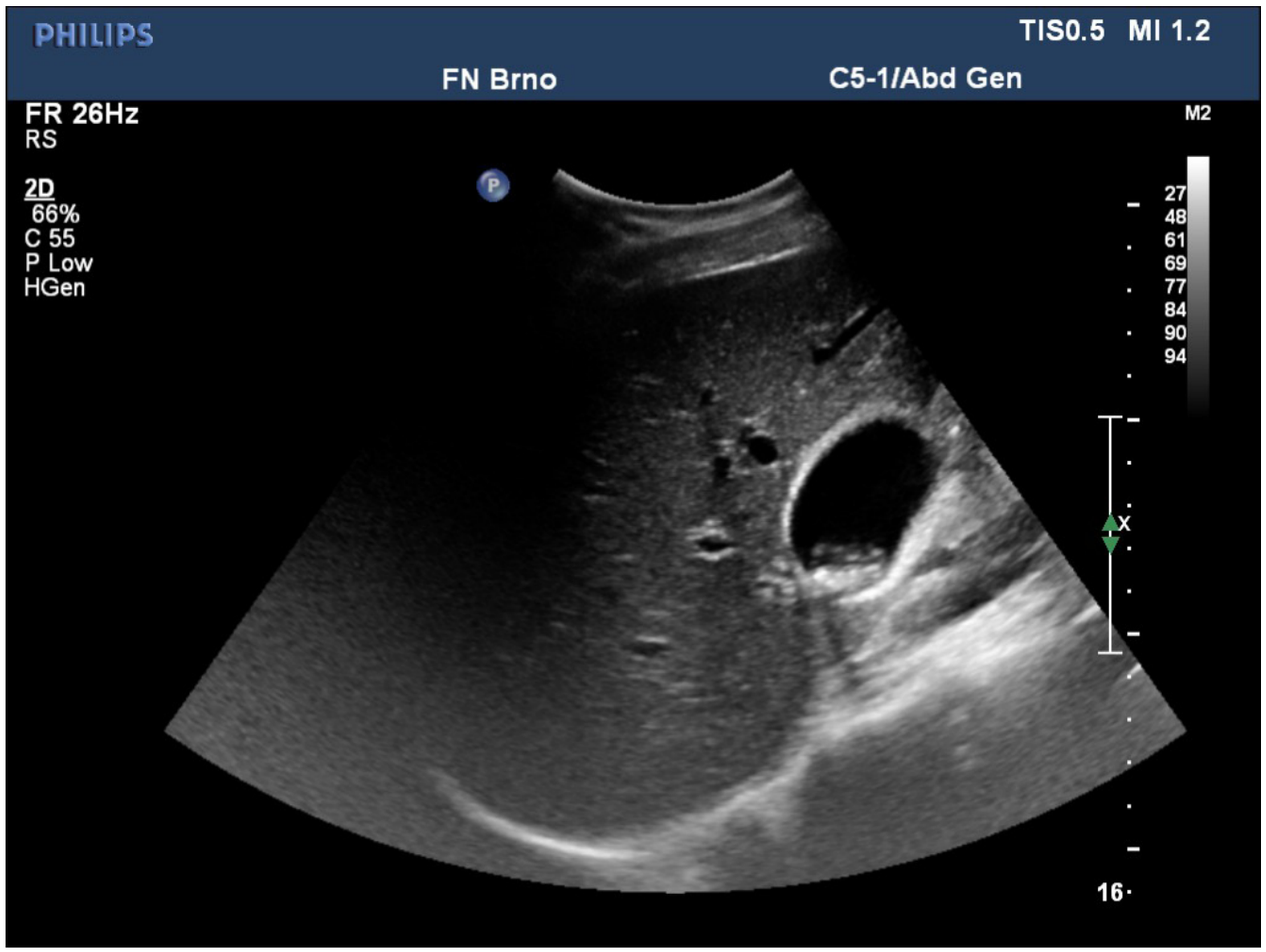


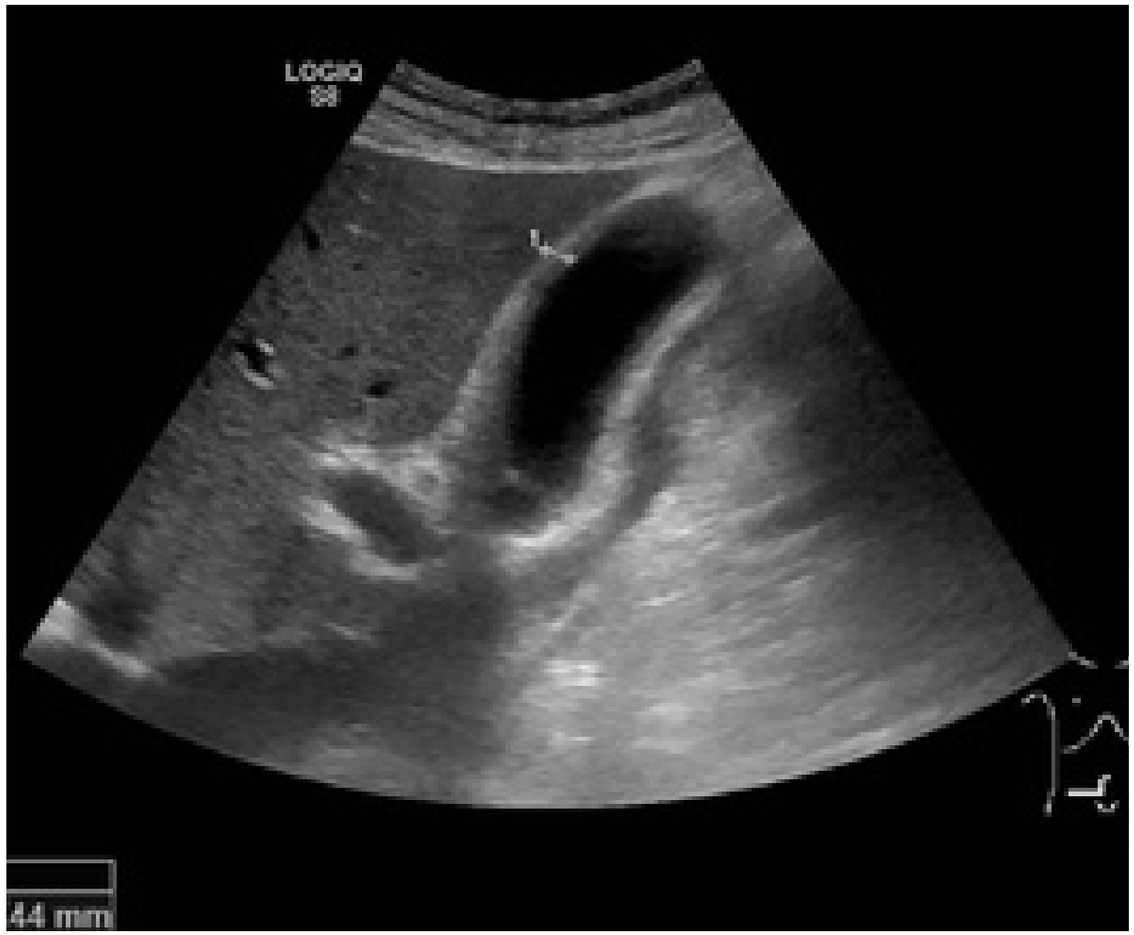


FEVER OF UNCERTAIN ORIGIN

N.B. Postoperative fever of uncertain origin in patient after abdominal intervention approximately one or more weeks after the operation encourages surgeon to consider this.

CHOLECYSTOLITHIASIS
CHOLECYSTITIS

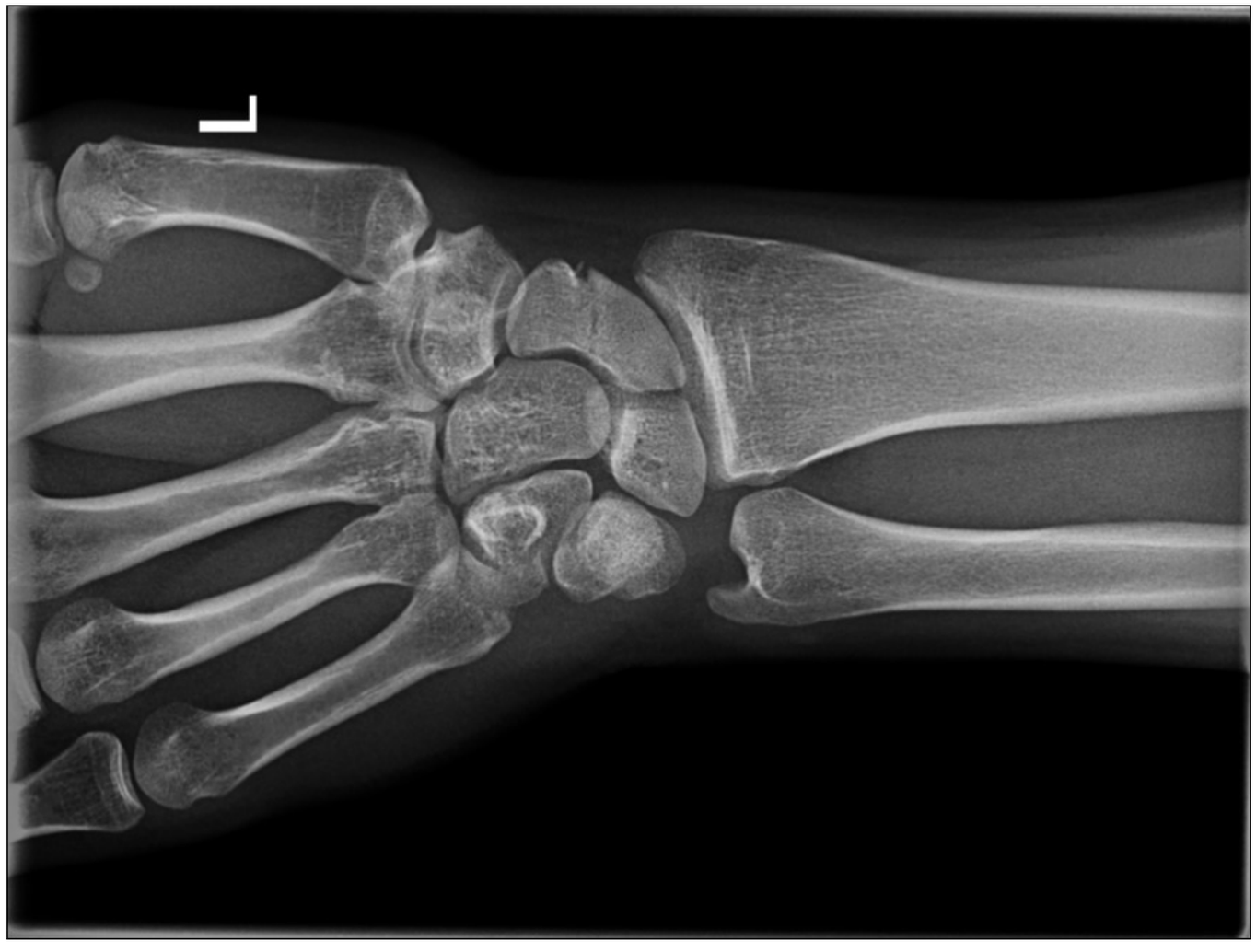




SELECT CEAREFULLY PTS FOR IMMEDIATE SURGERY AND ELECTIVE TREATMENT

N. B. Typical gallstone attack / biliary colic is relatively simple diagnosis. The biliary dyspepsia needs more endeavour.

SCAPHOID FRACTURE

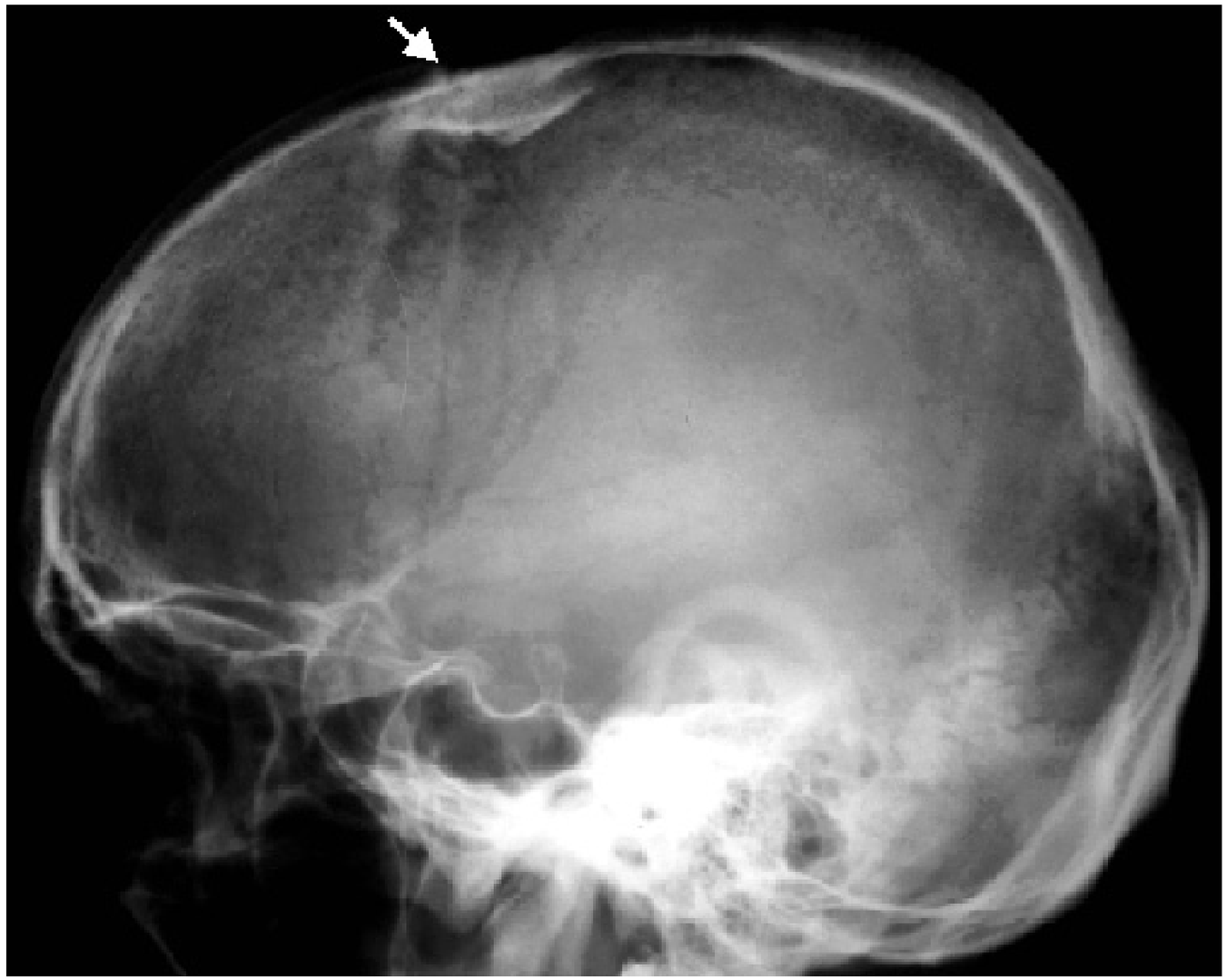


BEAR IN MIND RADIAL FOSSA / SNUFFBOX / FOSSA LA TABATIÉRE

N.B. Closely after injury can be X-ray finding silent. Strong clinical suspection justify appropriate immobilisation including MP I joint. The patient is invited to follow up X rays ten days later.

Amidst all body organs the hand possesses highest respect of surgeons.

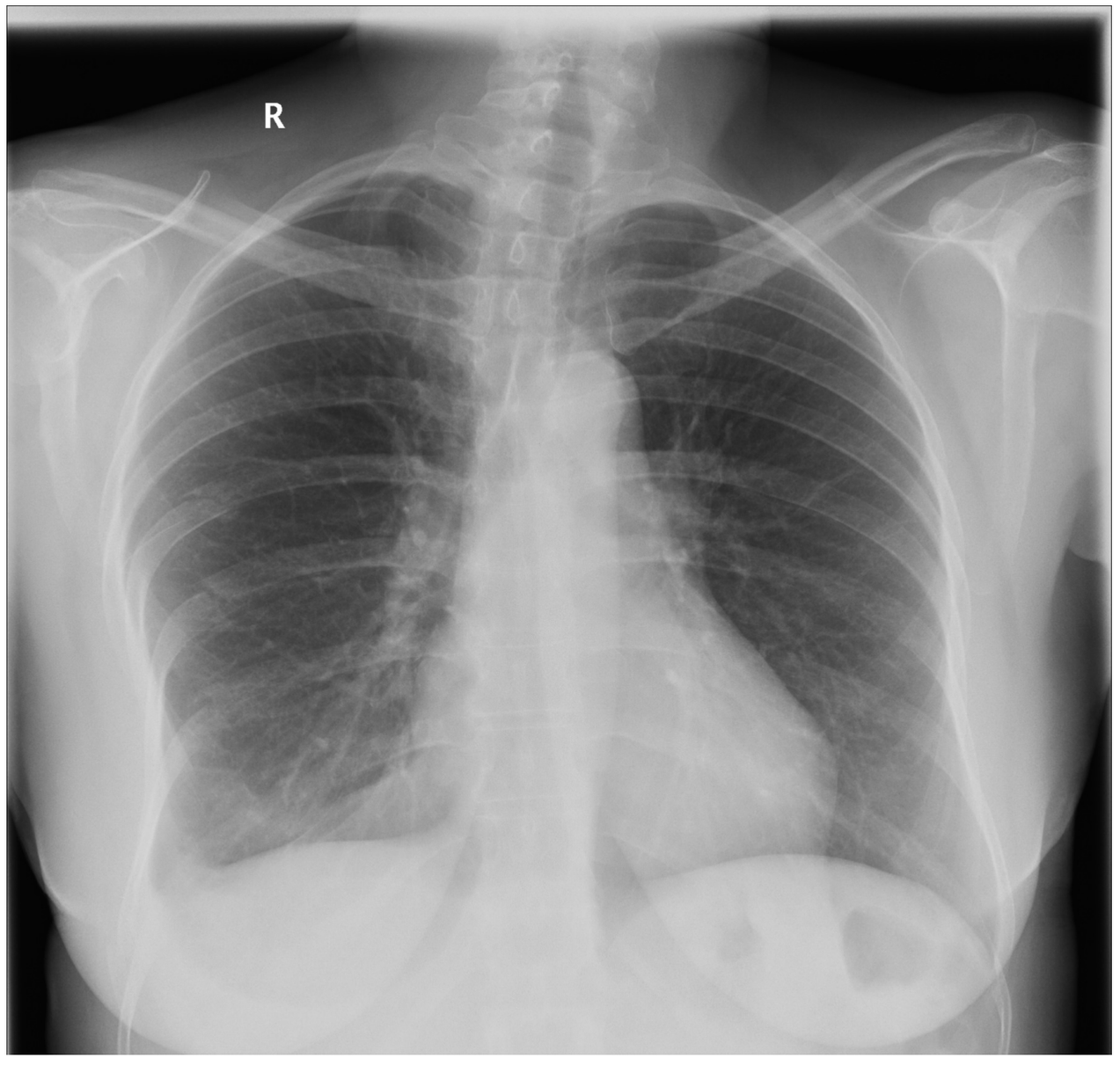
SKULL IMPRESSION



PONDER THE STATUS OF PUPILS

N. B. The diagnosis of the fracture of the cranial portion of the skull is usualy clearer as its basilar fracture. Do not forget repeated investigation to exclude or confirm this by the rhinorrhea, otorhea, and/or periorbital ecchymosis.

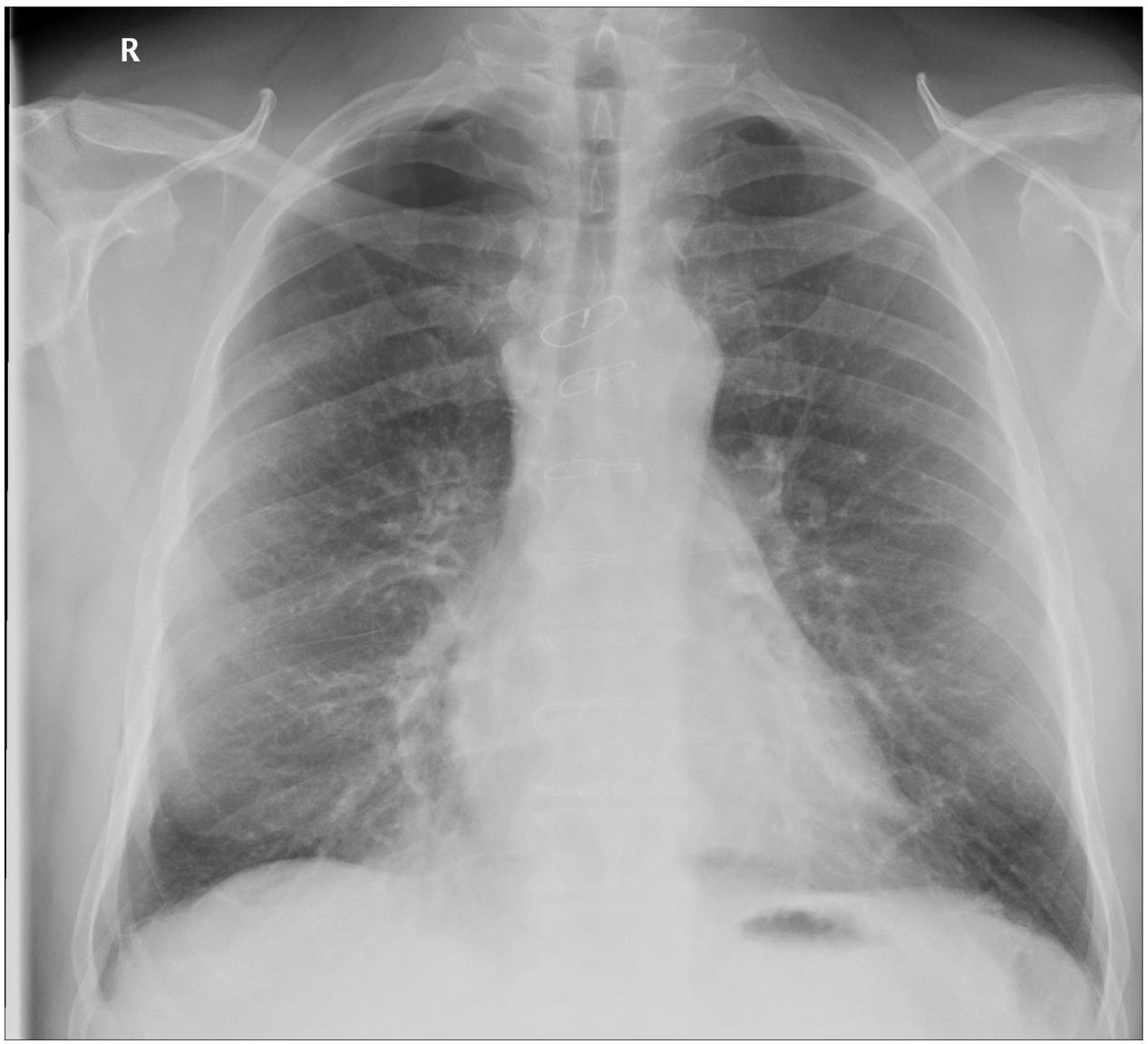
RIB FRACTURE



SEARCH FOR BONE CREPITATION BY GENTLE PALPATION. THE PAIN DOMINATES.

N.B. Do not forget potential PNO. Auscultate the lungs! Do not forget potential injury of the spleen and the liver. Examine the abdomen! Adequate treatment of pain prevents pulmonary inflammation, in COPD patients and smokers especially.

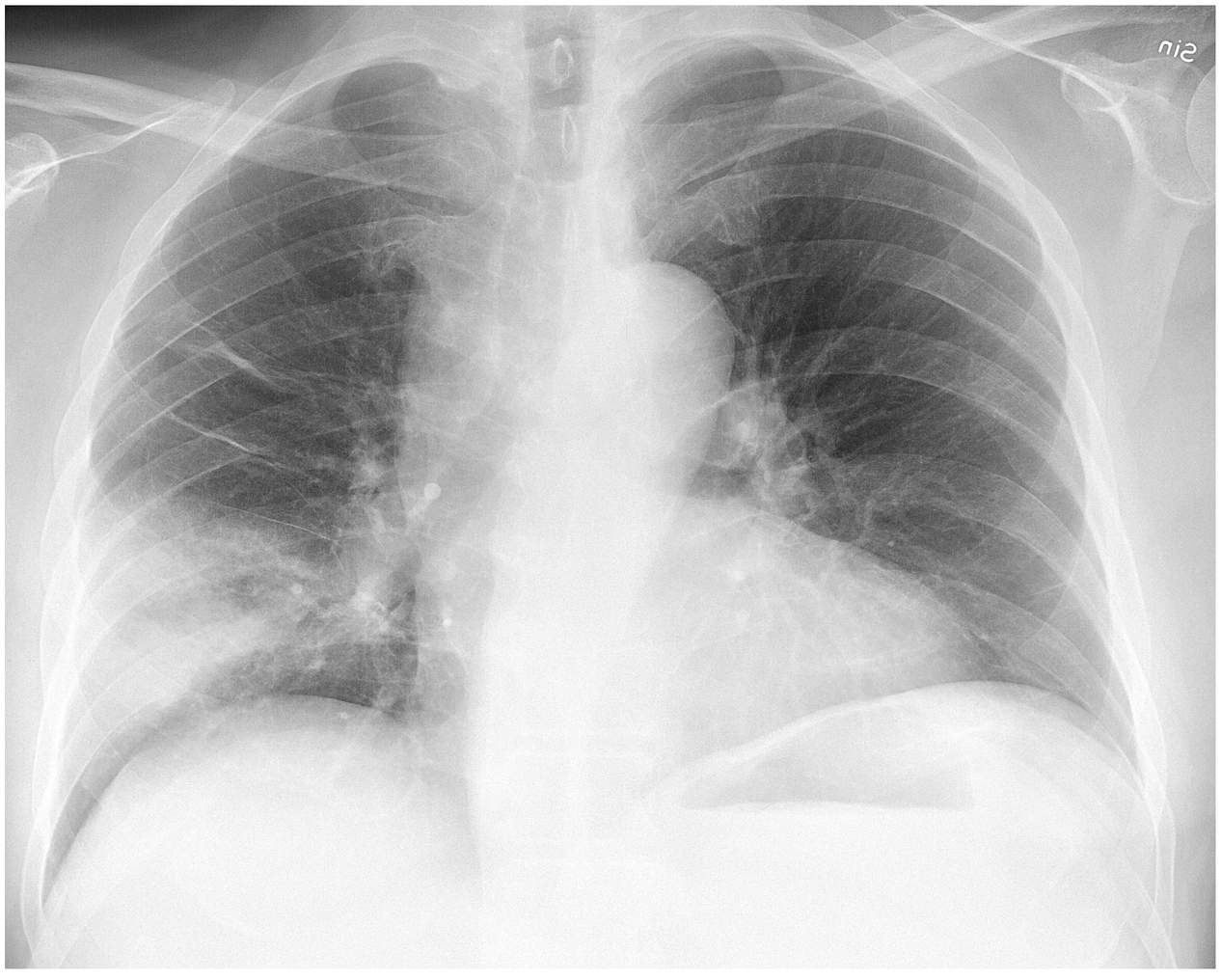
PNEUMOTHORAX



COMPARE CAREFULLY BRONCHOVASCULAR PATTERN IN THE RIGHT AND LEFT UPPER, MEDIUM, AND LOWER PULMONARY FIELD.

N. B. Thoracic pain, exertion dyspnea, cough...or only shortening of the breathing.

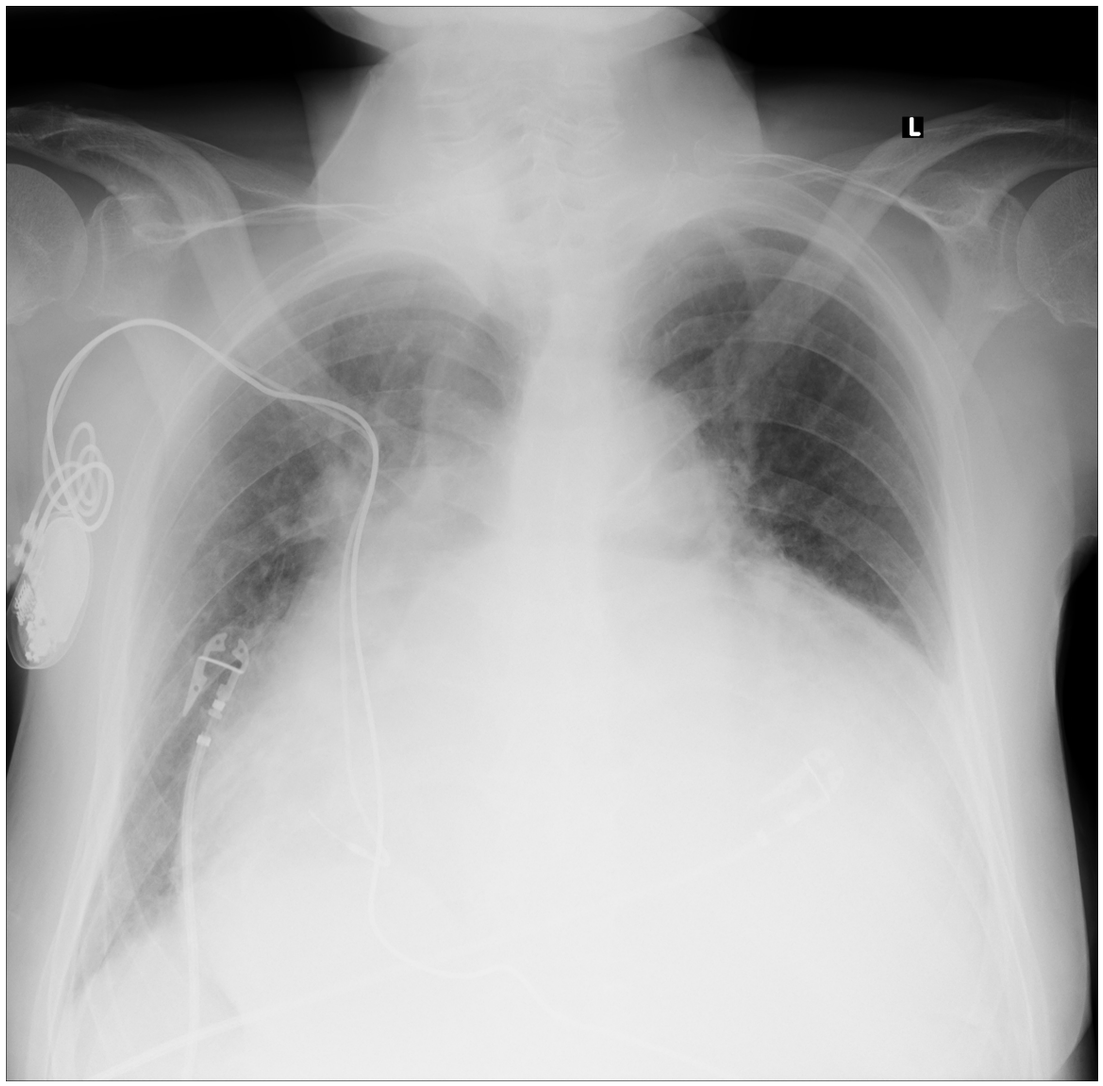
PNEUMONIA

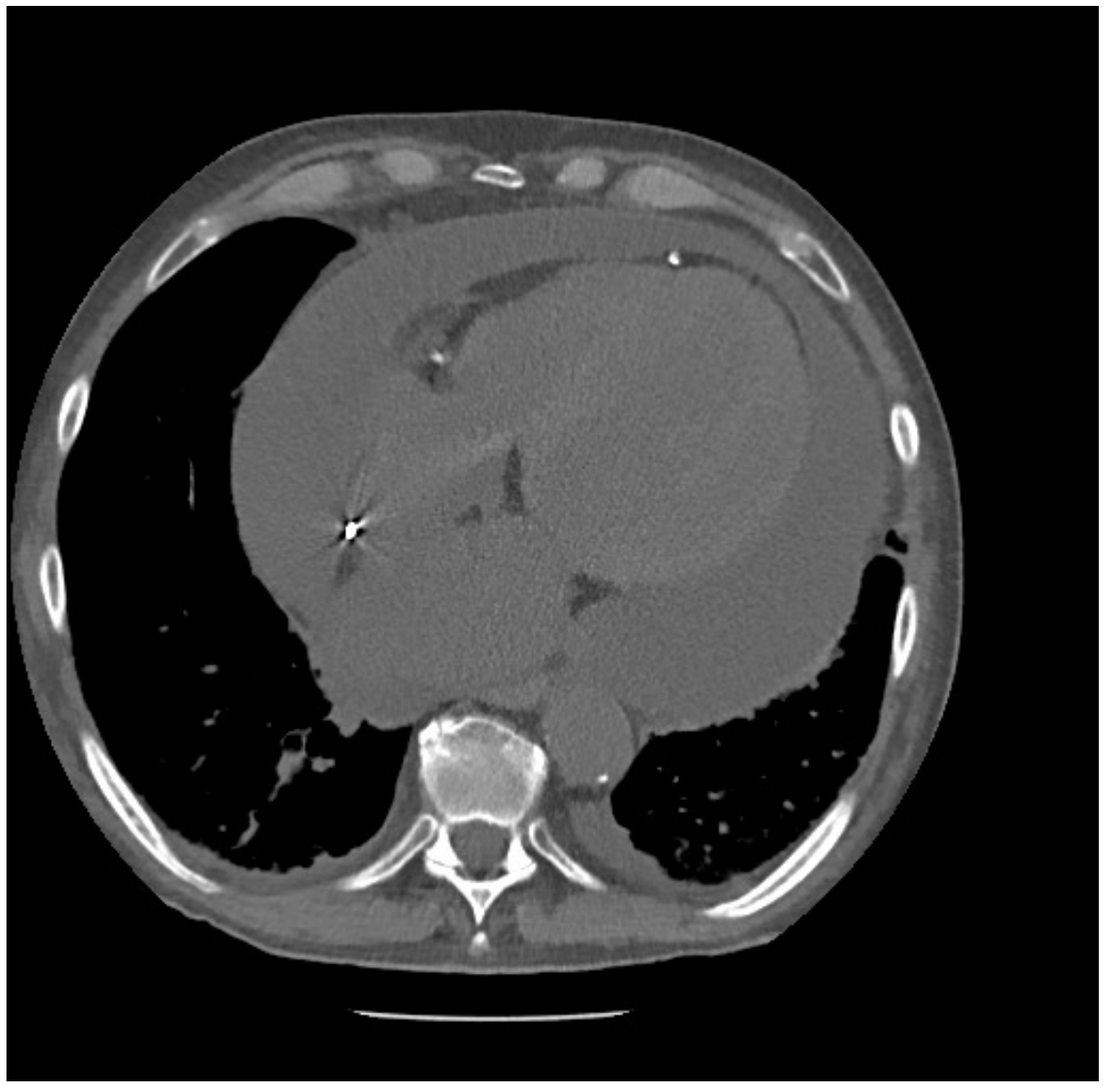


THE PREVENTION REQUIRES STOP SMOKING PREOPERATRIVELY AND POSTOPERATIVE EXERCISING

N.B. Pneumonia would have at the beginning discrete auscultatory finding. What dominates in clinical feature? The alteration in the general status, dyspnea, fever, tachycardia. X-rays could confirm or exclude the clinical suspection... three days later after its onset.

PERICARDIAL EFFUSION

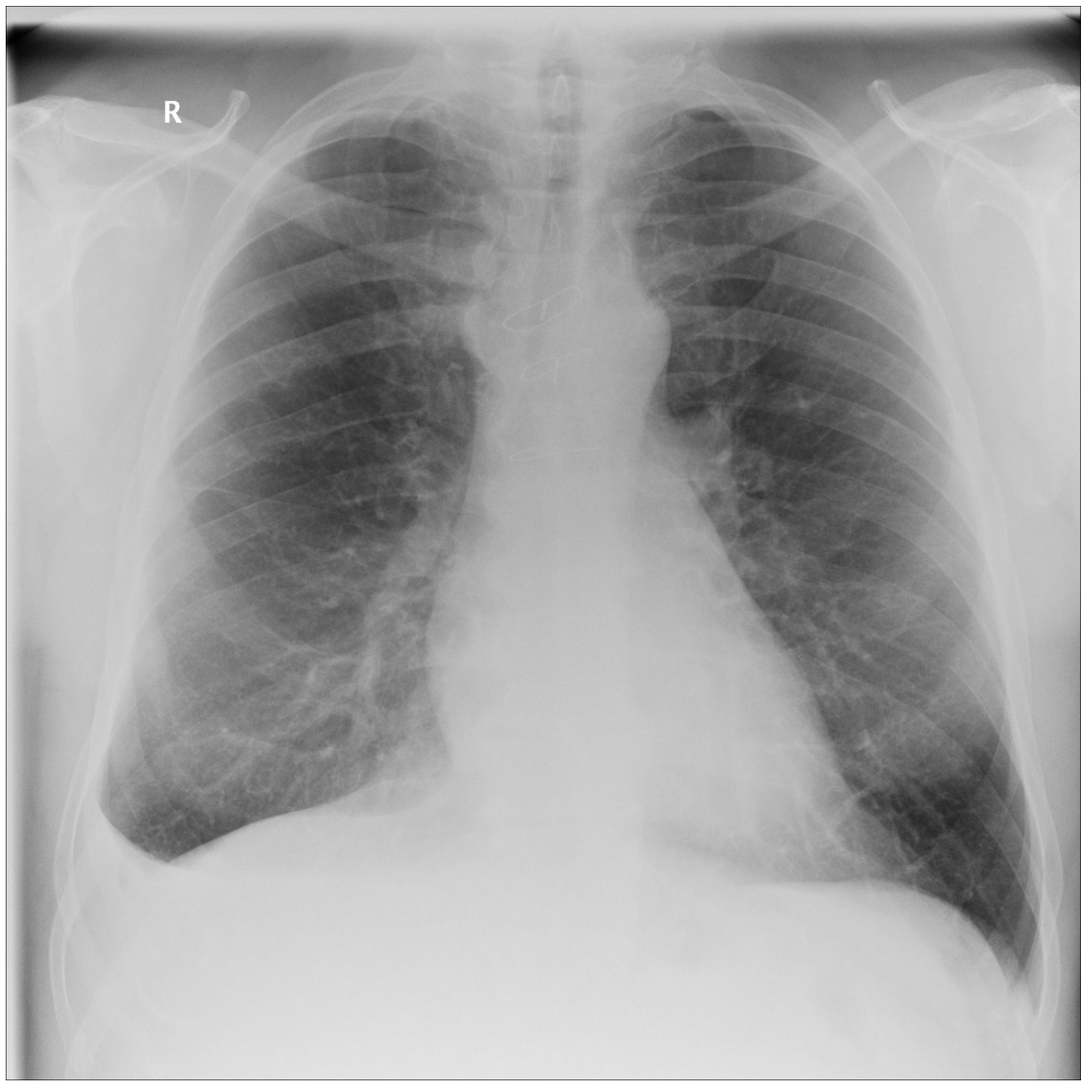




PERICARDIAL FRICTION RUB DYSPNEA WITH TREND TO ARTERIAL HYPOTENSION, AND BRADYCARDIA

N.B. Excessive amount of fluid can lead to cardiac tamponade

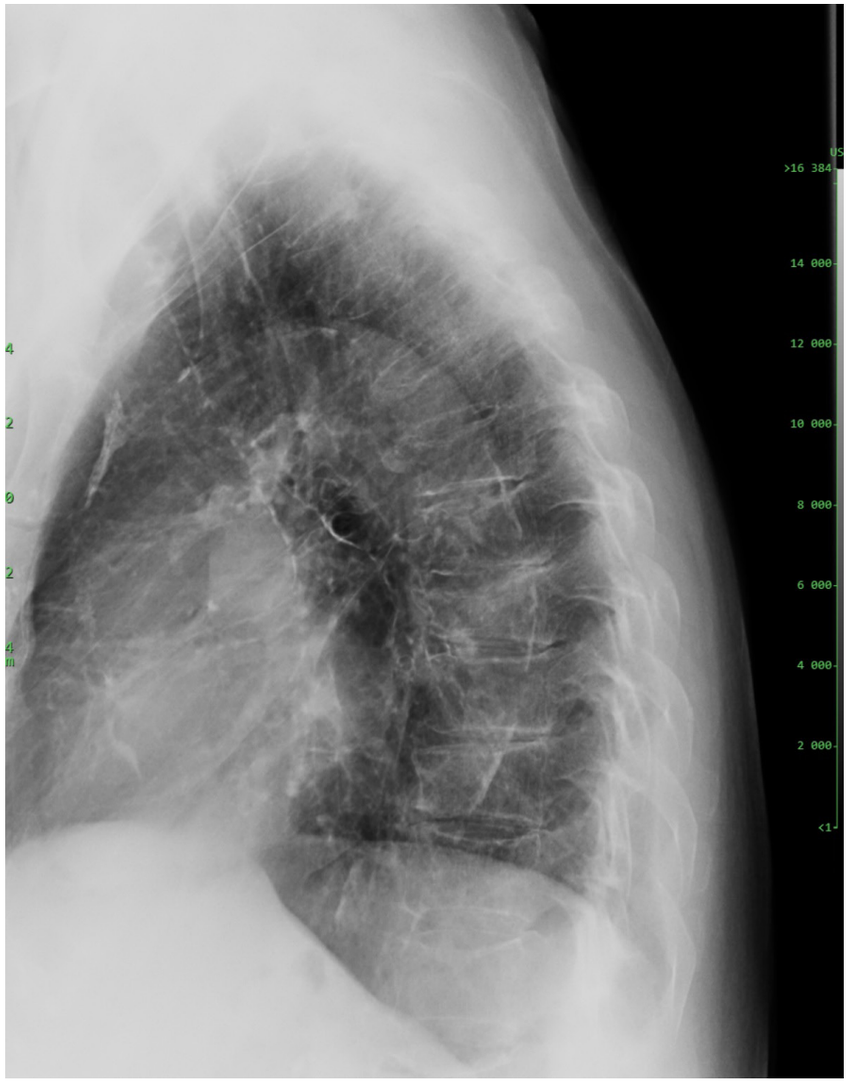
PLEURAL EFFUSION

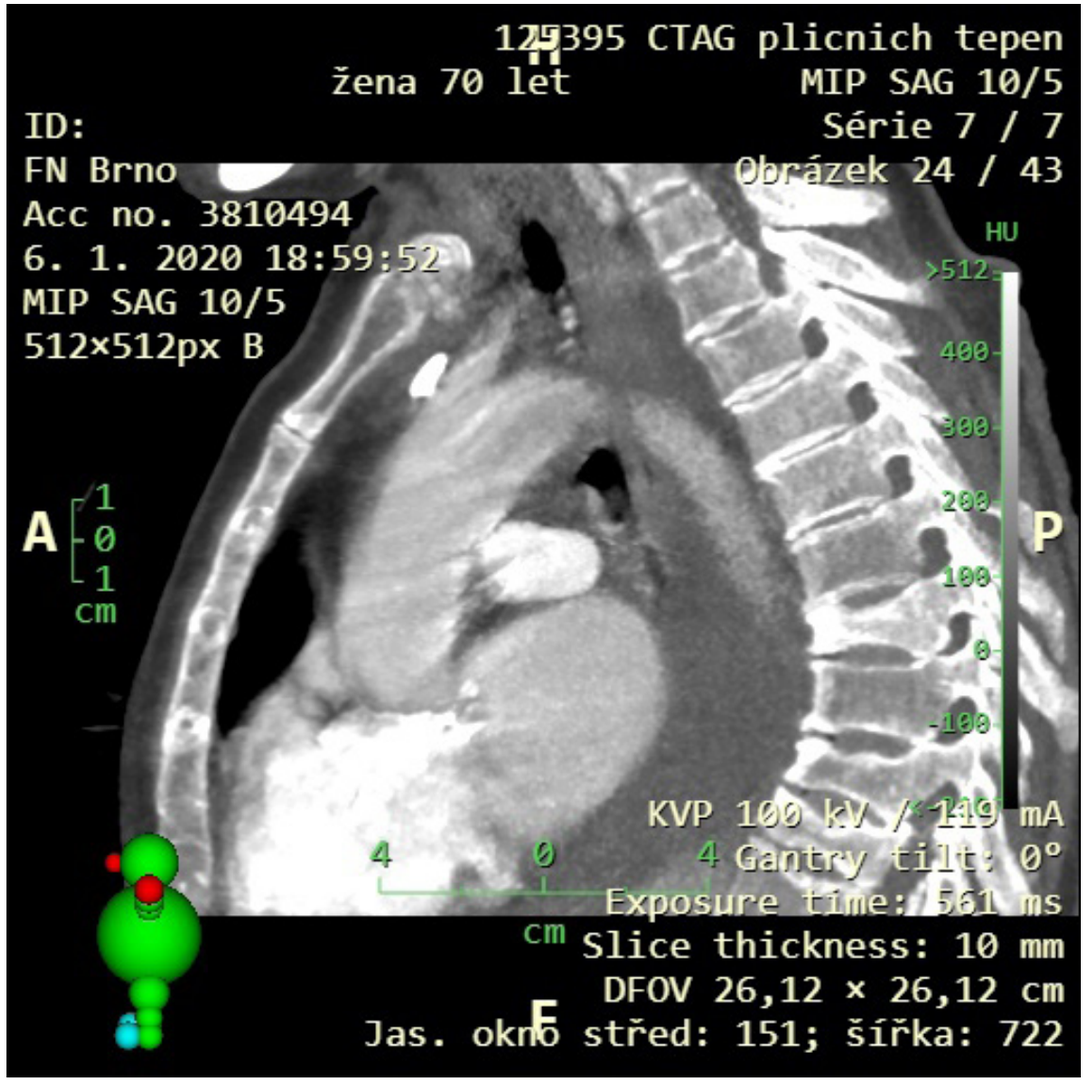


IN SURGICAL PATIENTS RELATIVELY FREQUENTLY SEEN AS REACTIVE PROCESS CAUSED BY ABDOMINAL PATHOLOGY.

N.B. Pleural rub at the beginning of pleuritis is later replaced by dull percussion and weakening of breath sounds.

VERTEBRAL COMPRESSION FRACTURE

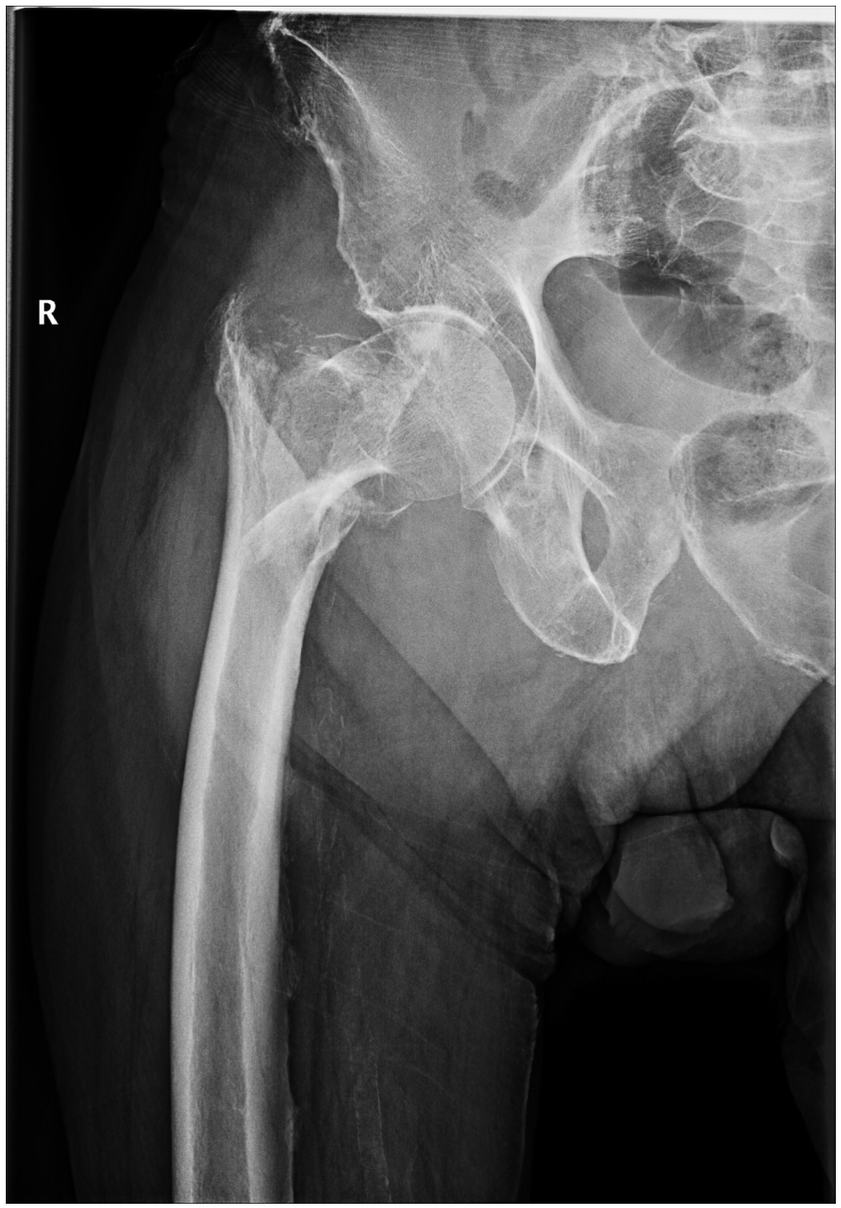




WIDE FIELD OF THORACIC PAIN HIDES MORE SURPRISES

N. B. Thorough patient history and careful physical examination result in exact early diagnosis - as in many other conditions.

HIP FRACTURE

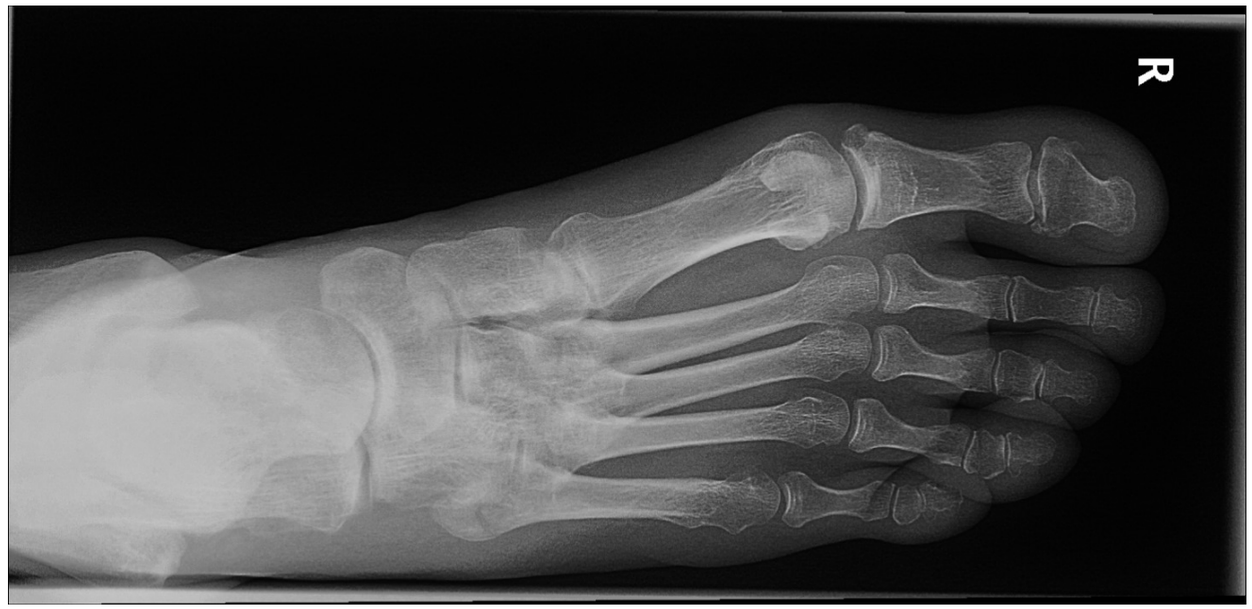


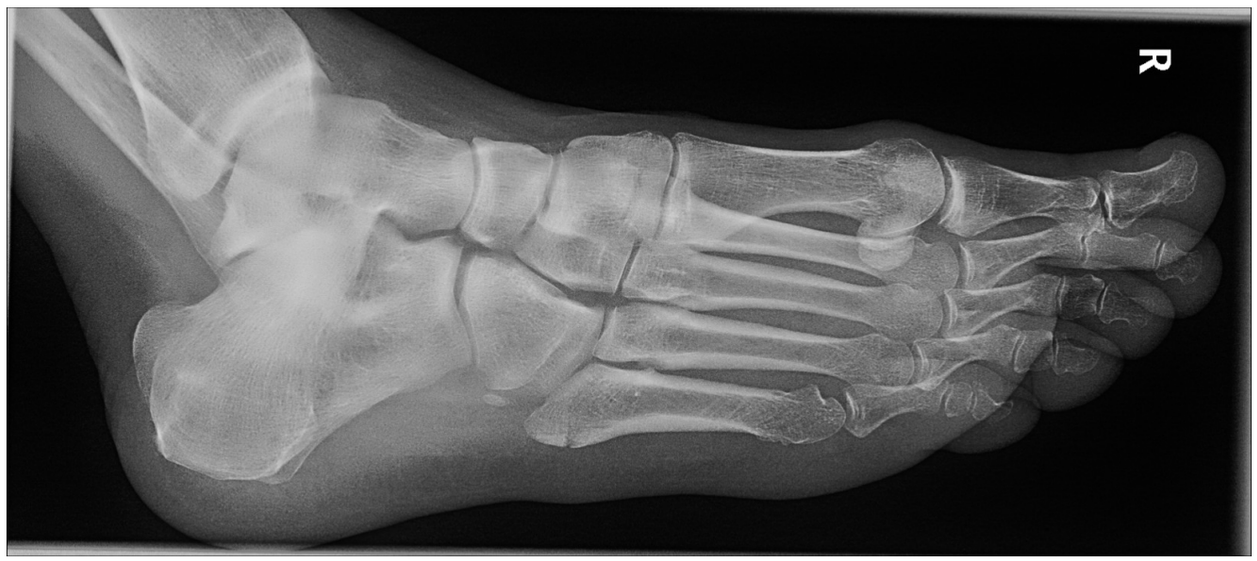
BECOME AWARE OF SHORTENING AND ROTATION OF INJURED LIMB

N.B. Consider the site of the injury: subcapital, transcervical, intertrochanterical, greater and lesser trochanter. Wedged subcapital fracture can be overlooked. What is important? The clinical feature.

MARCH FRACTURE

e.g. 5th METATARSAL BASE FRACTURE





UNACCUSTOMED LOAD IS UNHEALTHY

N. B. Tarsal or metatarsal bones are afflicted usually.

If you are in want to proof your physical condition, please do not this untrained.

Closing Remark

BENEFIT FOR PATIENT IS THE BEST GUIDELINE

SALUS AEGROTI SUPREMA LEX

CLOSE INTERDISCIPLINARY COOPERATION IS NEEDED

M ©th