Idiopathic interstitial lung diseases

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Topic:	Chest
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Keywords:	Idiopathic interstitial lung diseases, Idiopathic pulmonary fibrosis, Interstitial lung diseases
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Learning objectives

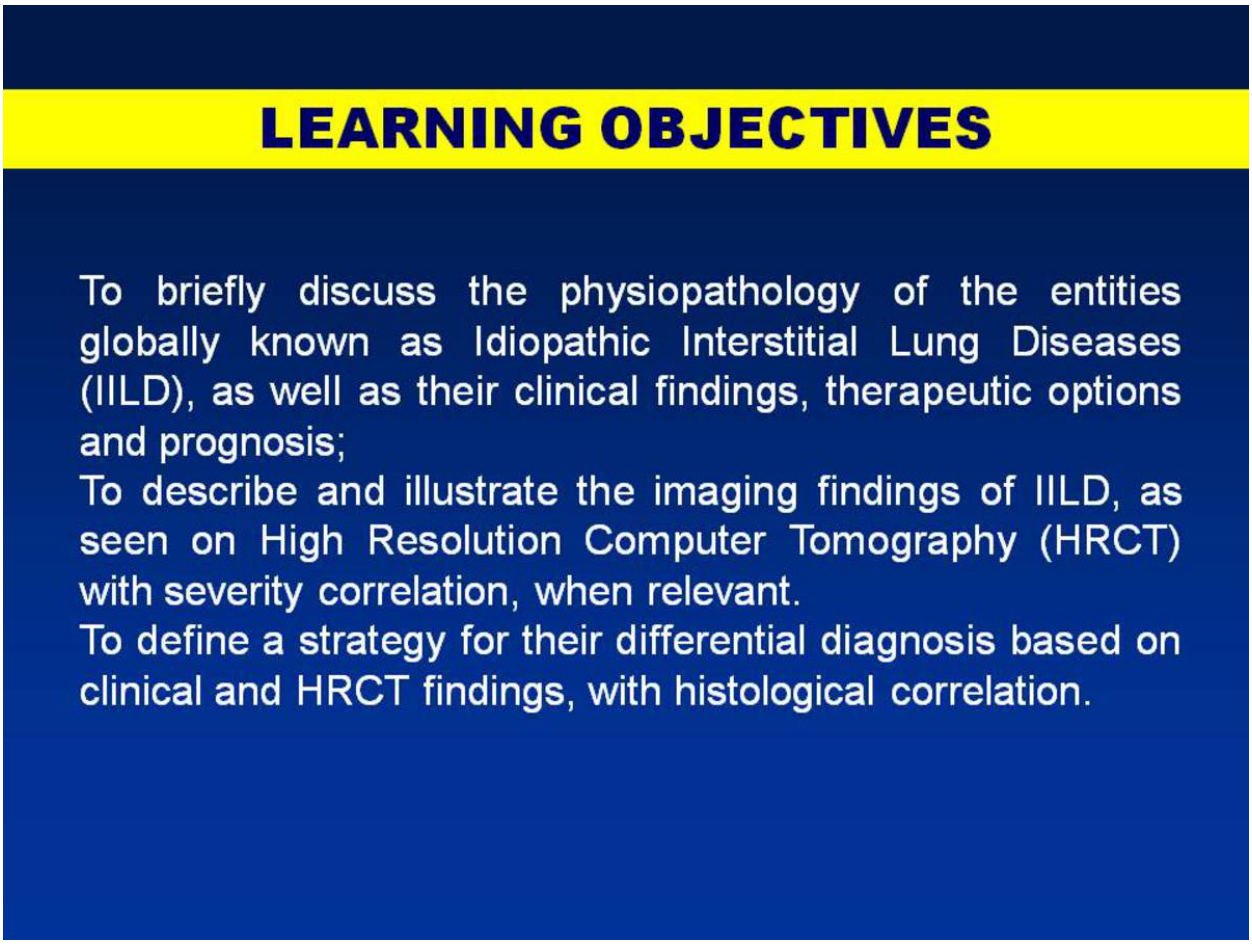

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

Background

Background

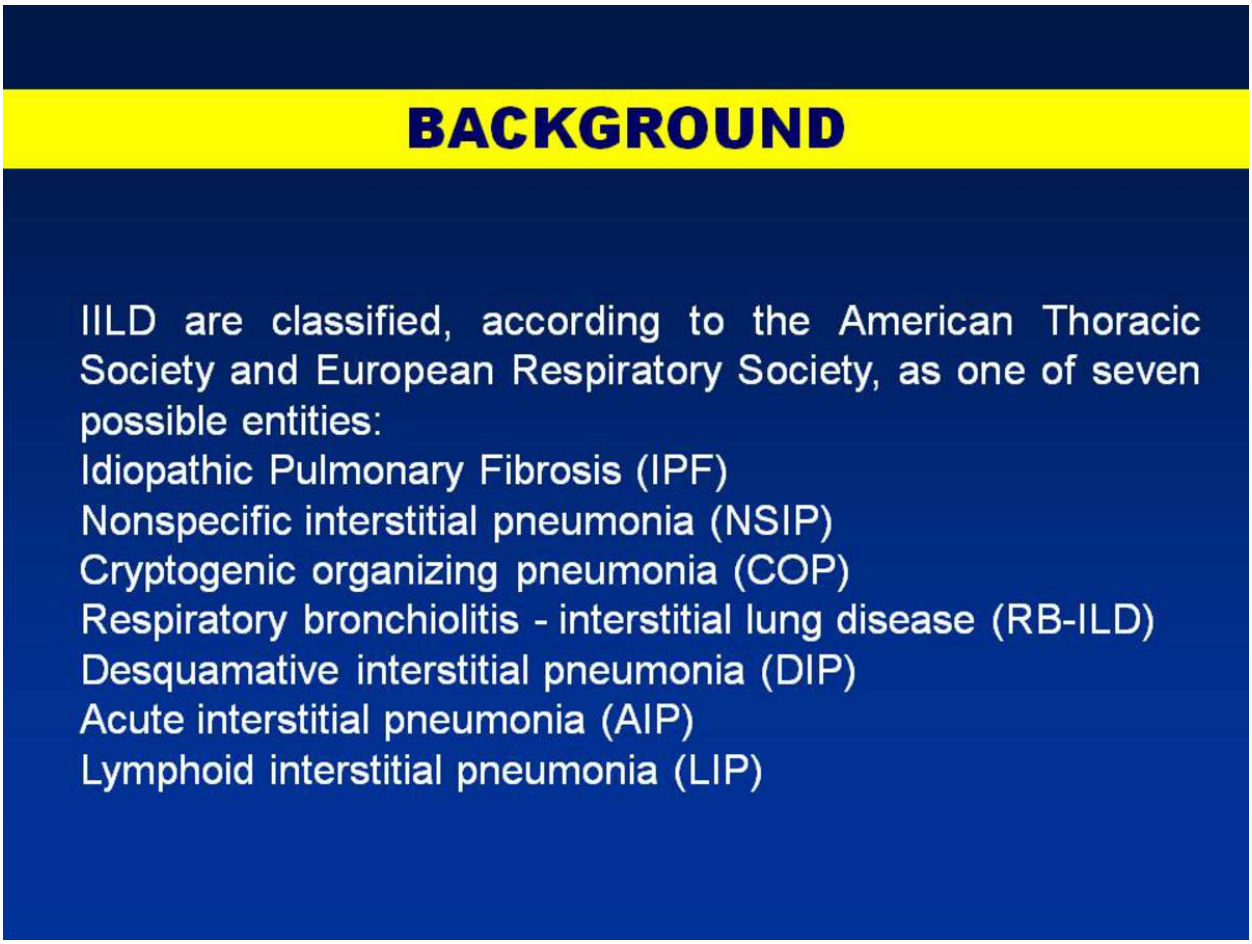

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

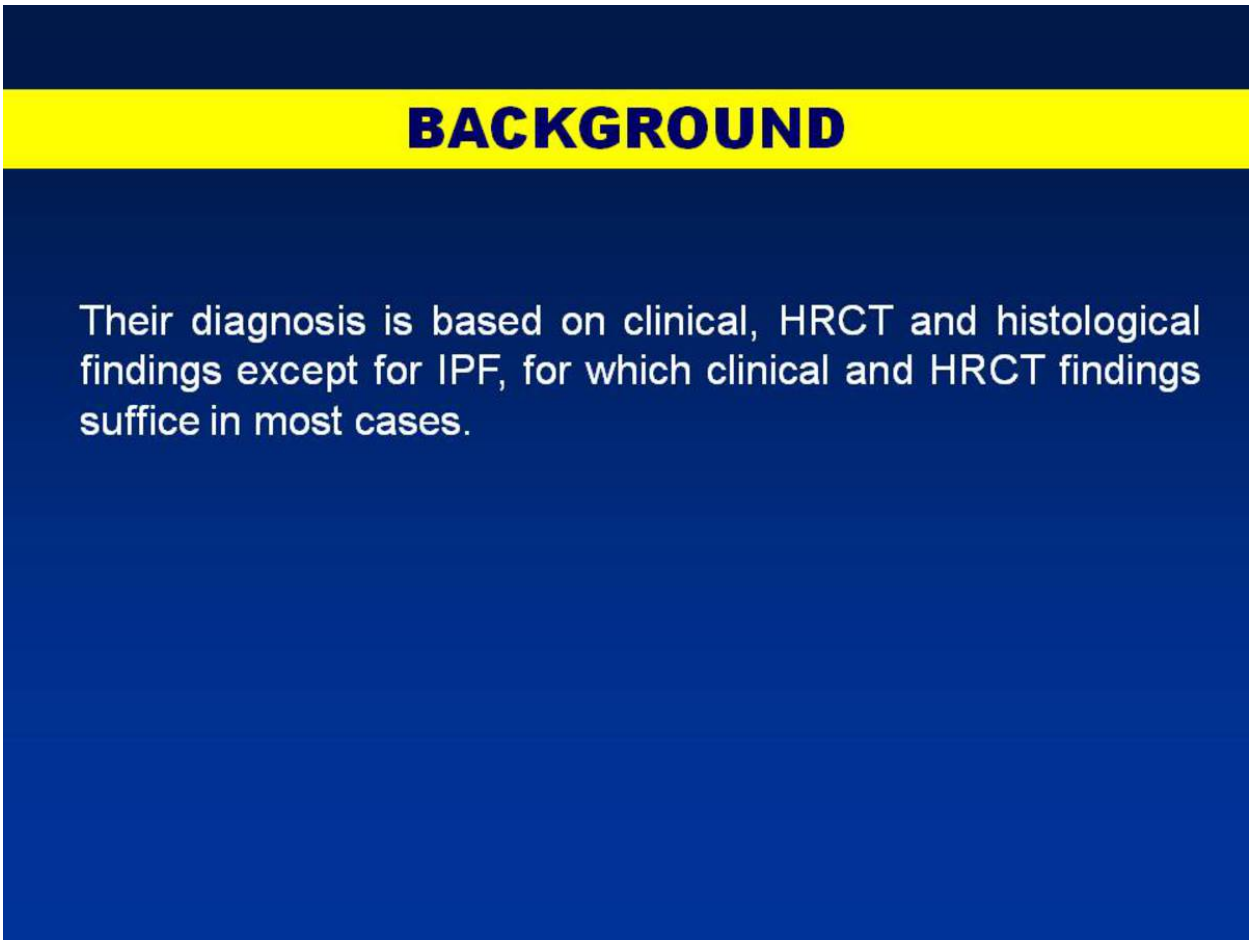

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

Imaging findings OR Procedure details

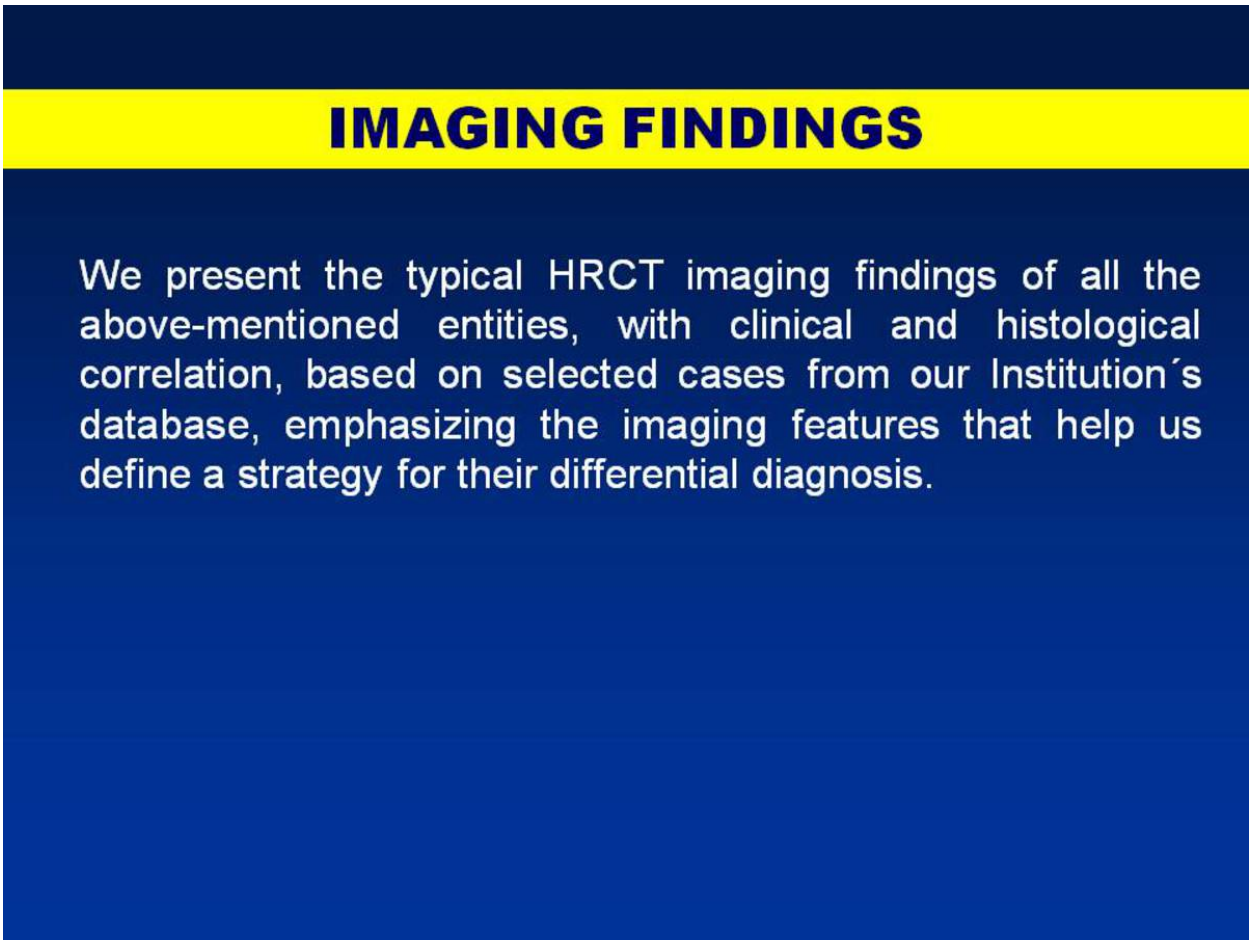

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

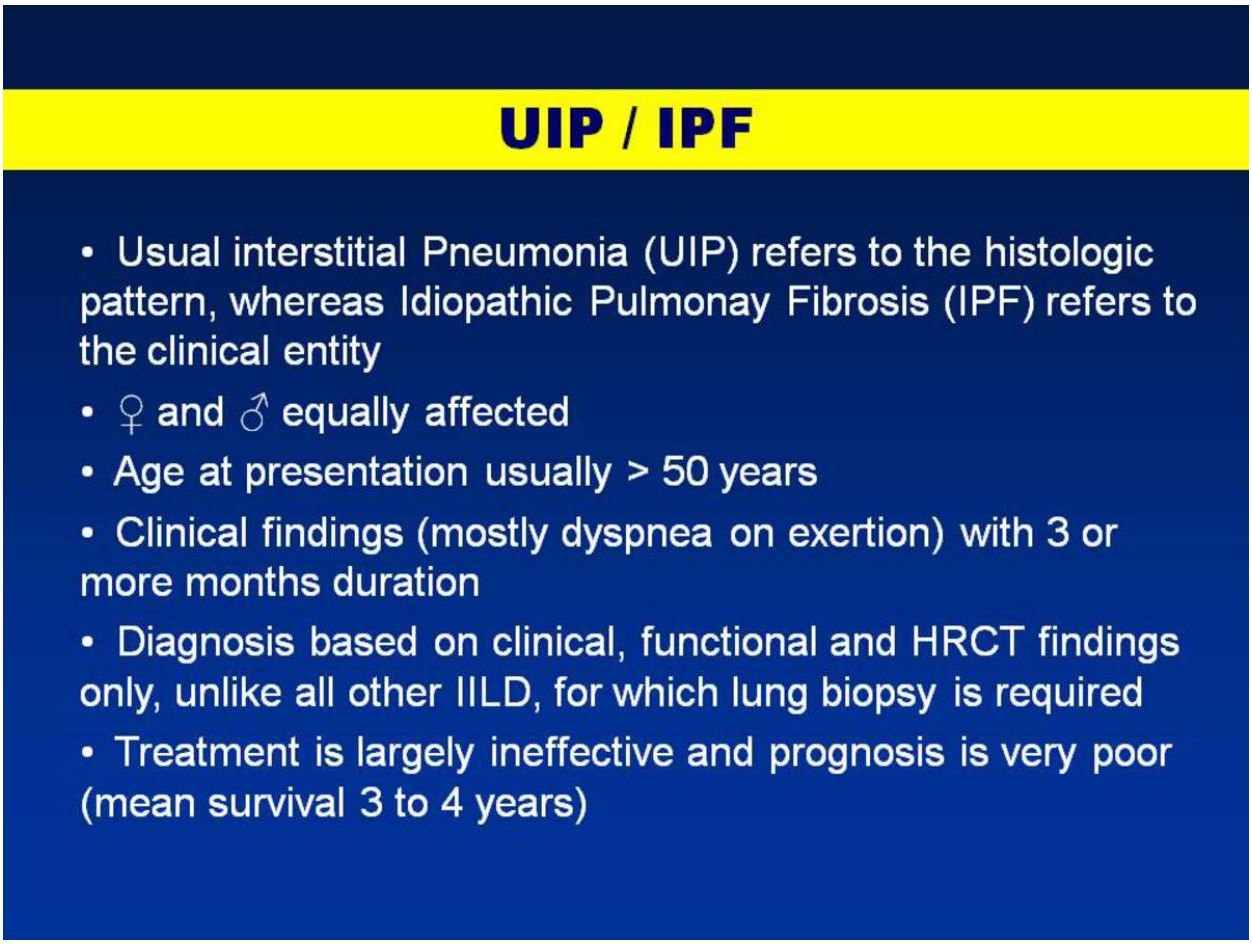

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

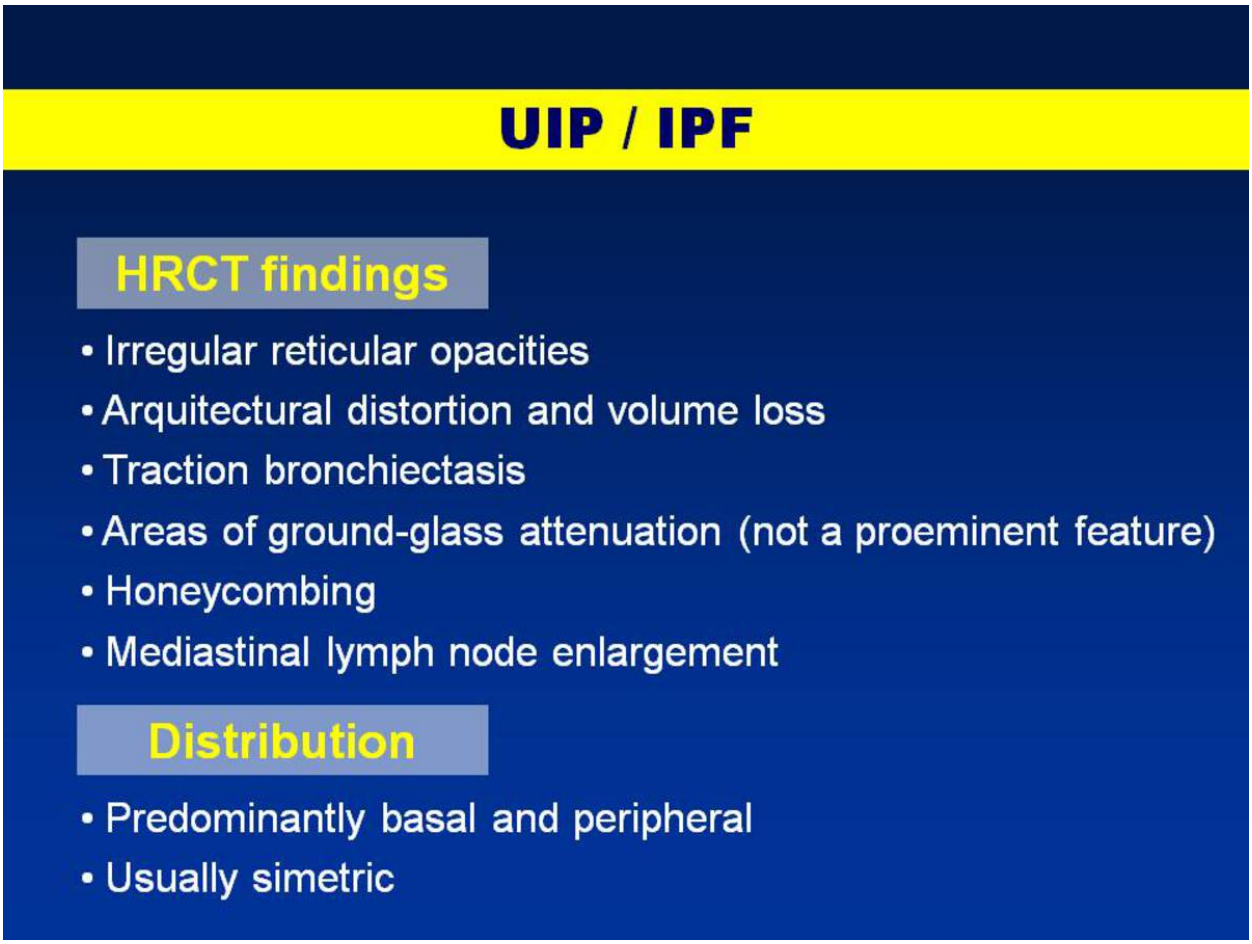

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

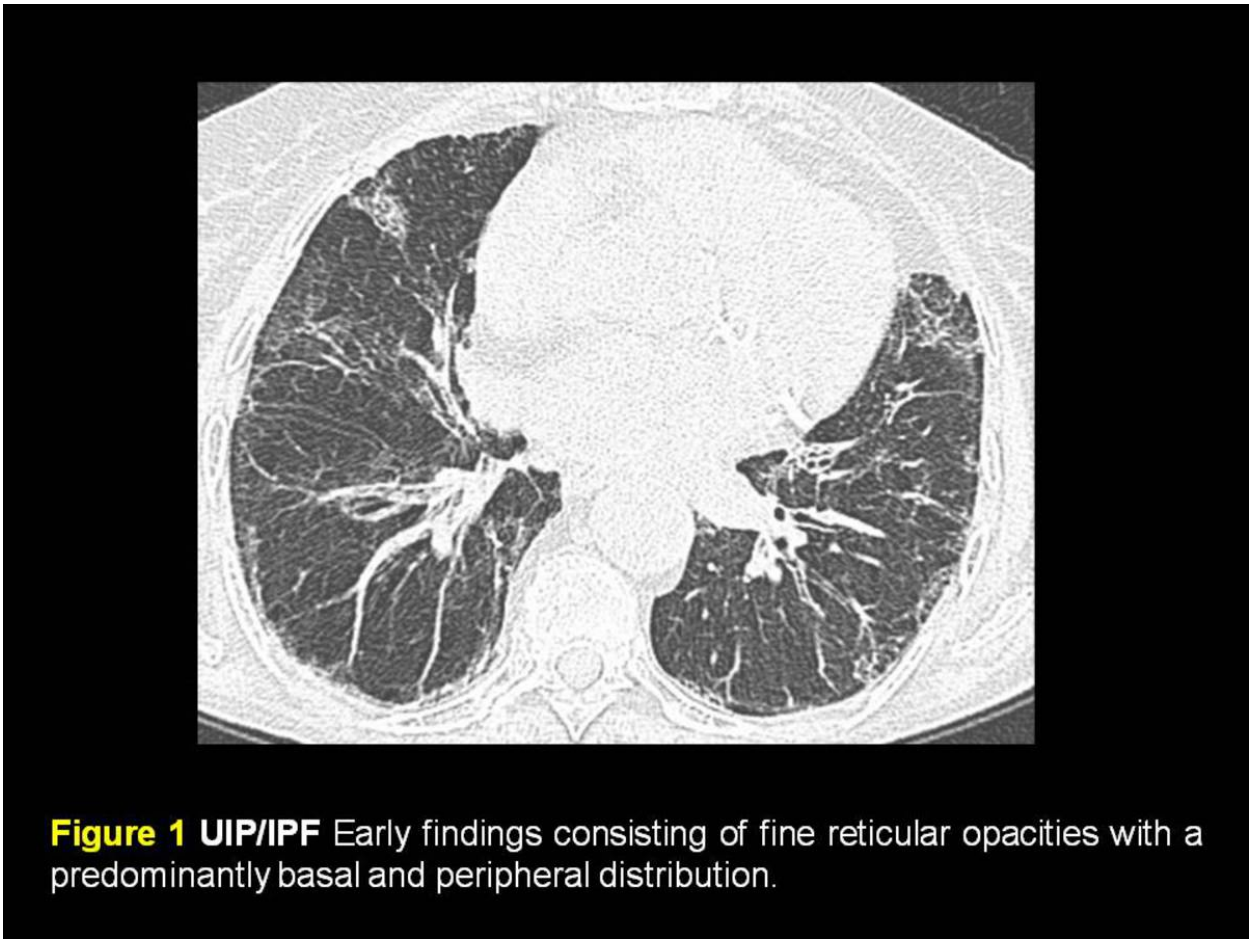

Figure 1 UIP/IPF Early findings consisting of fine reticular opacities with a predominantly basal and peripheral distribution.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

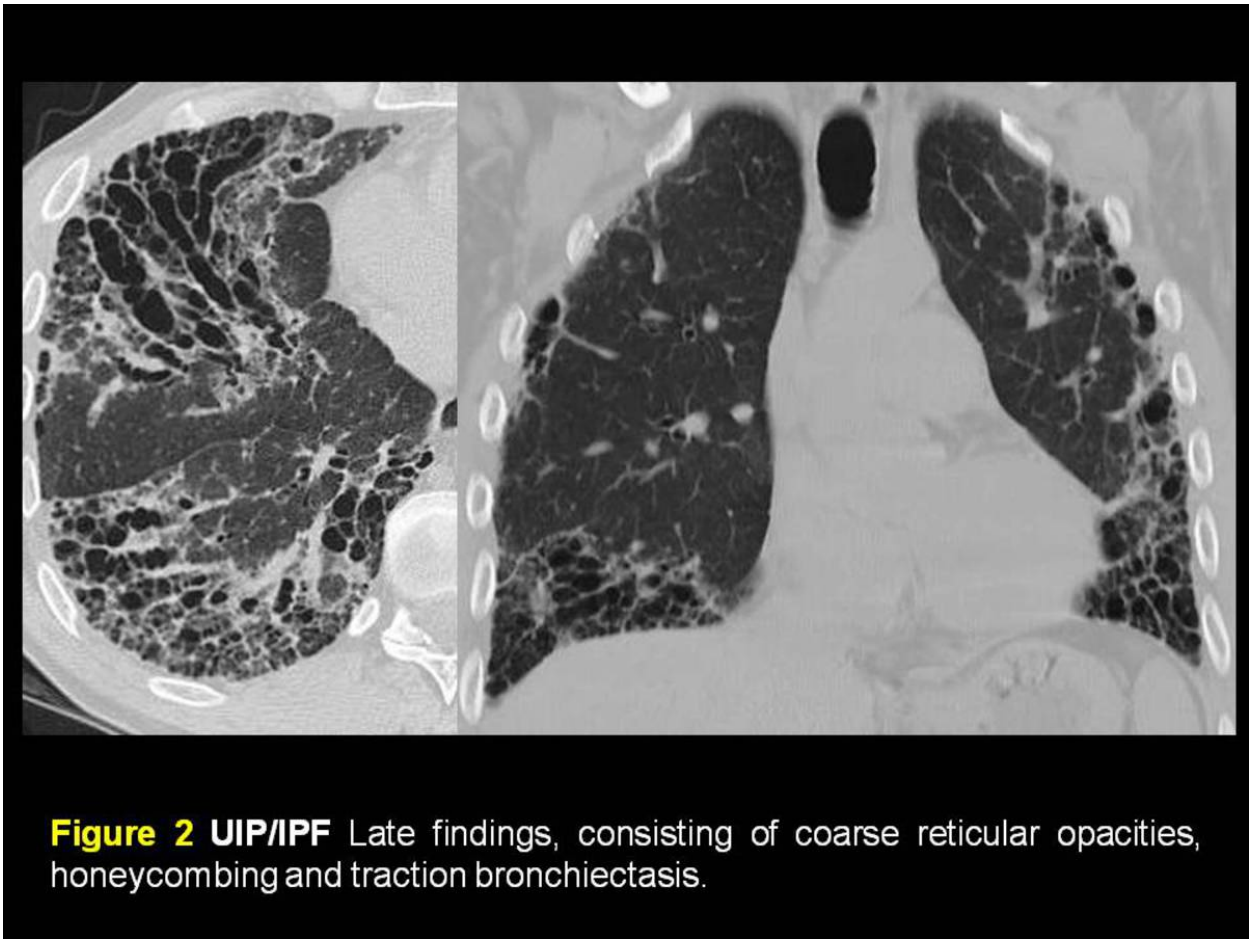

Figure 2 UIP/IPF Late findings, consisting of coarse reticular opacities, honeycombing and traction bronchiectasis.

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

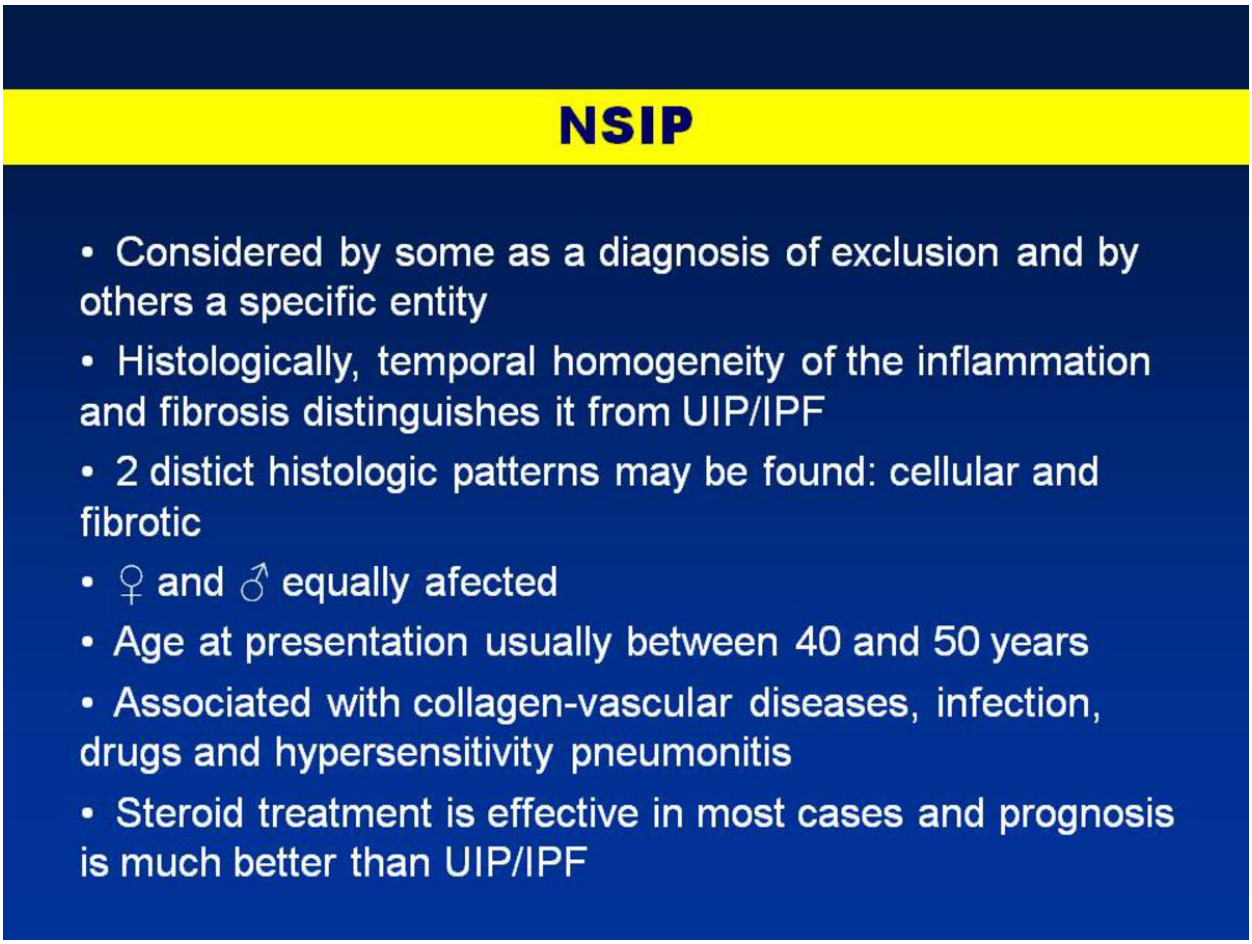

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

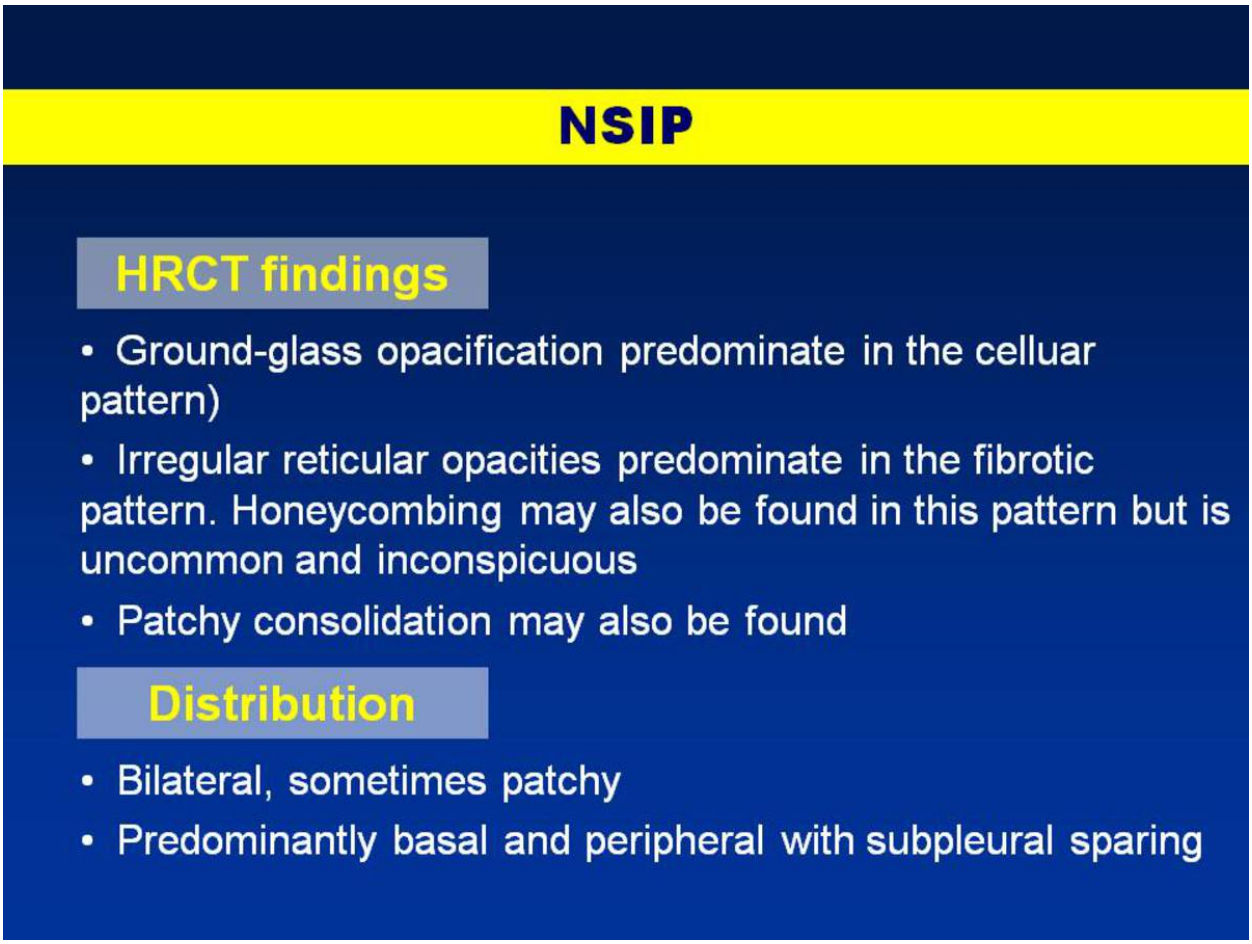

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

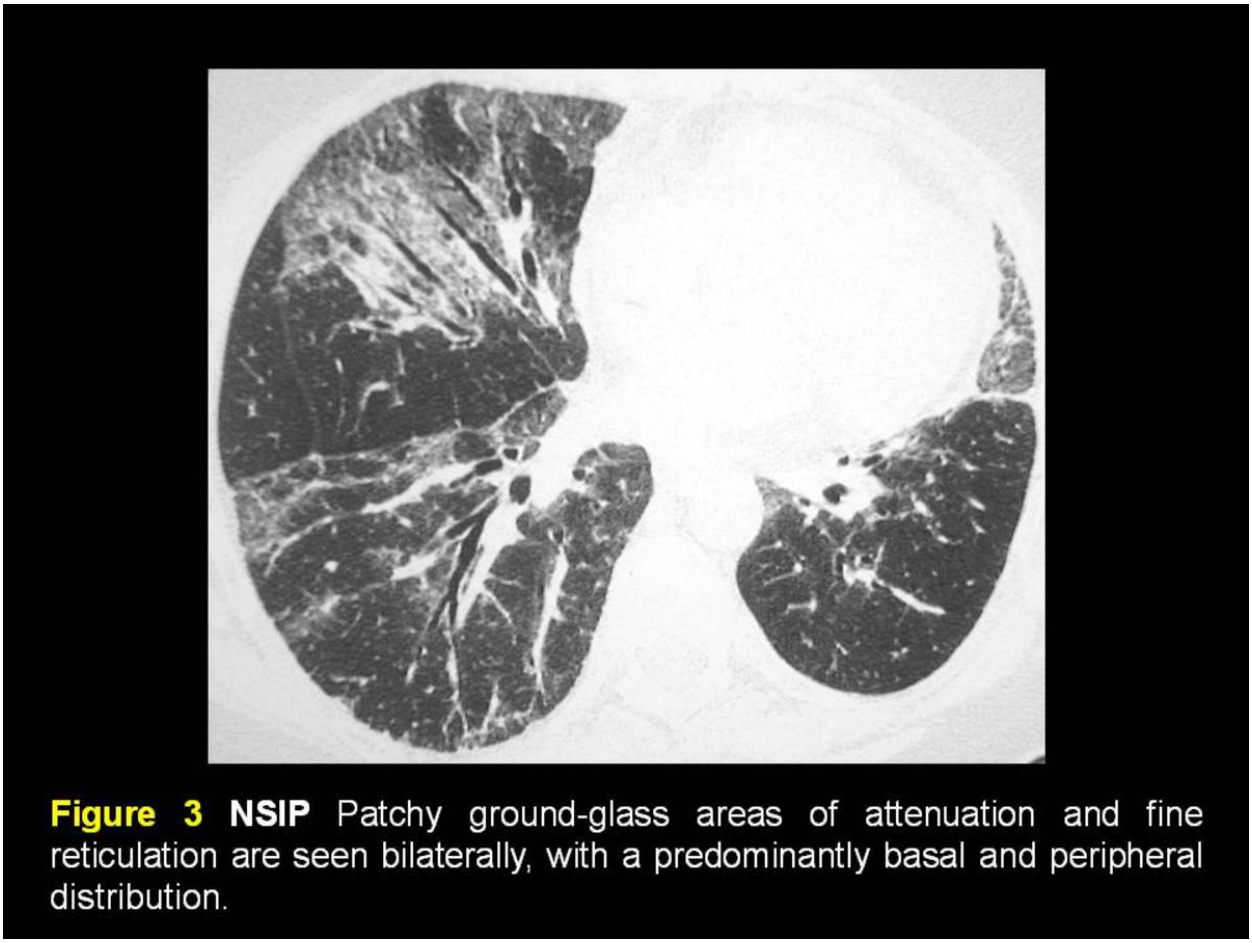

Figure 3 NSIP Patchy ground-glass areas of attenuation and fine reticulation are seen bilaterally, with a predominantly basal and peripheral distribution.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

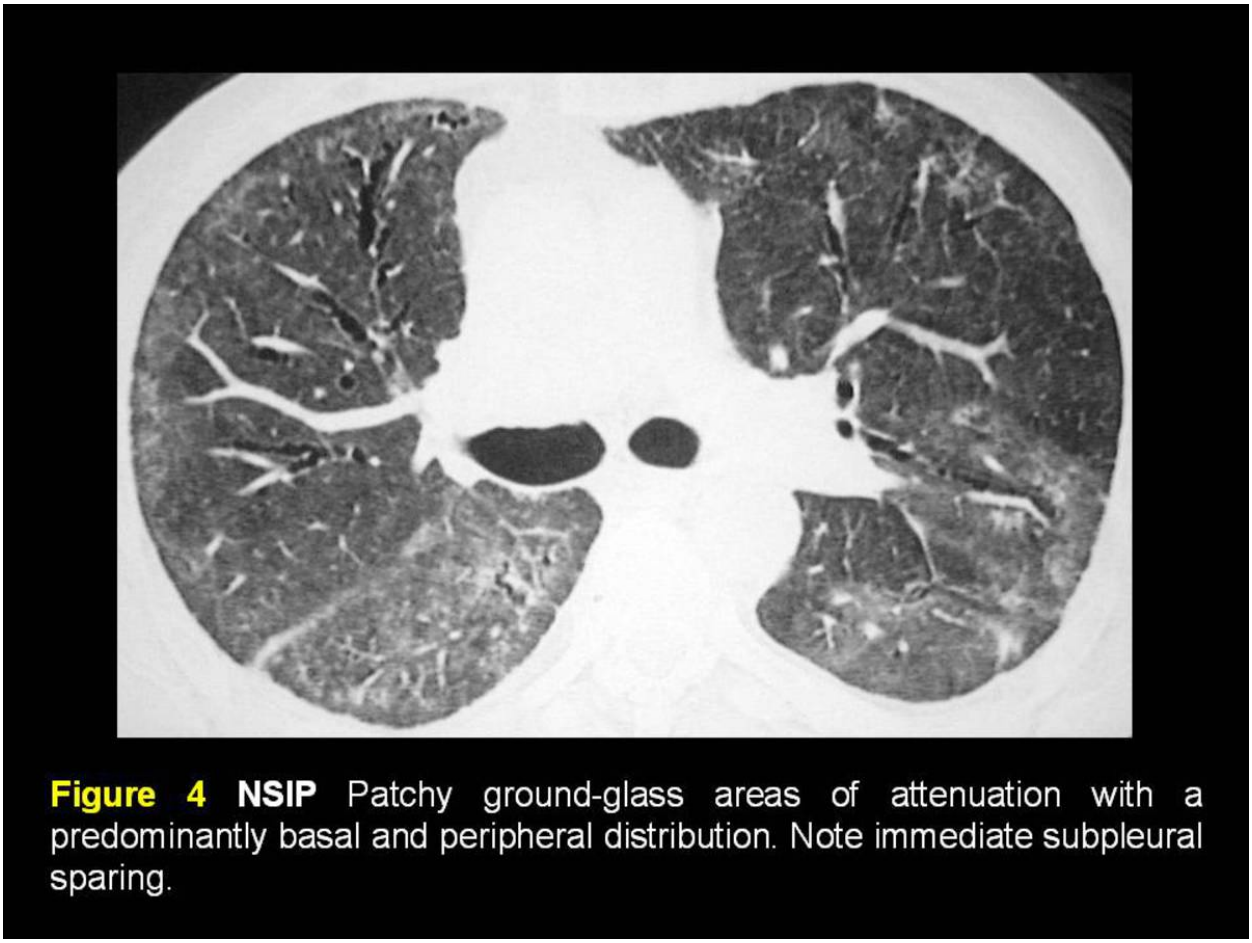

Figure 4 NSIP Patchy ground-glass areas of attenuation with a predominantly basal and peripheral distribution. Note immediate subpleural sparing.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

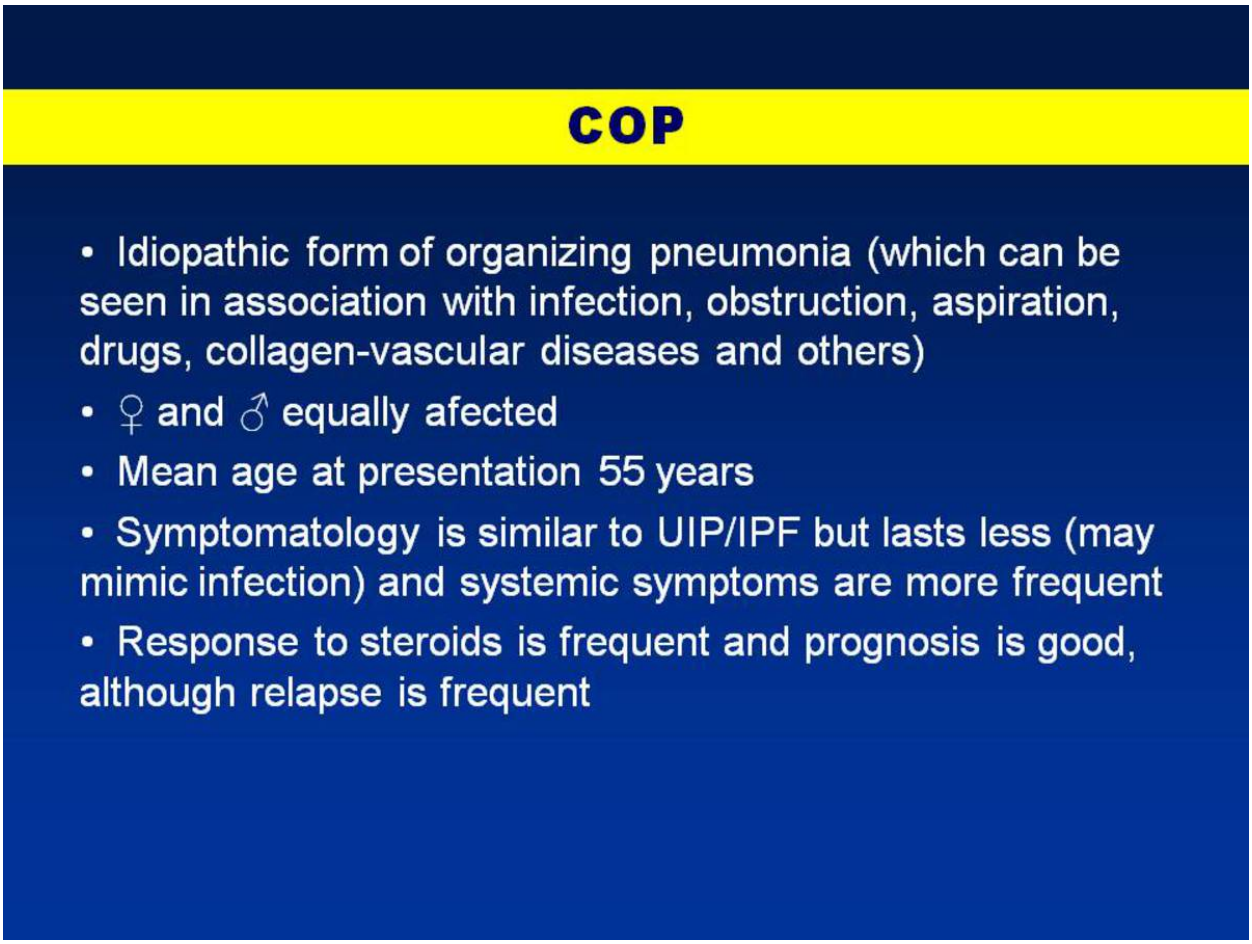

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

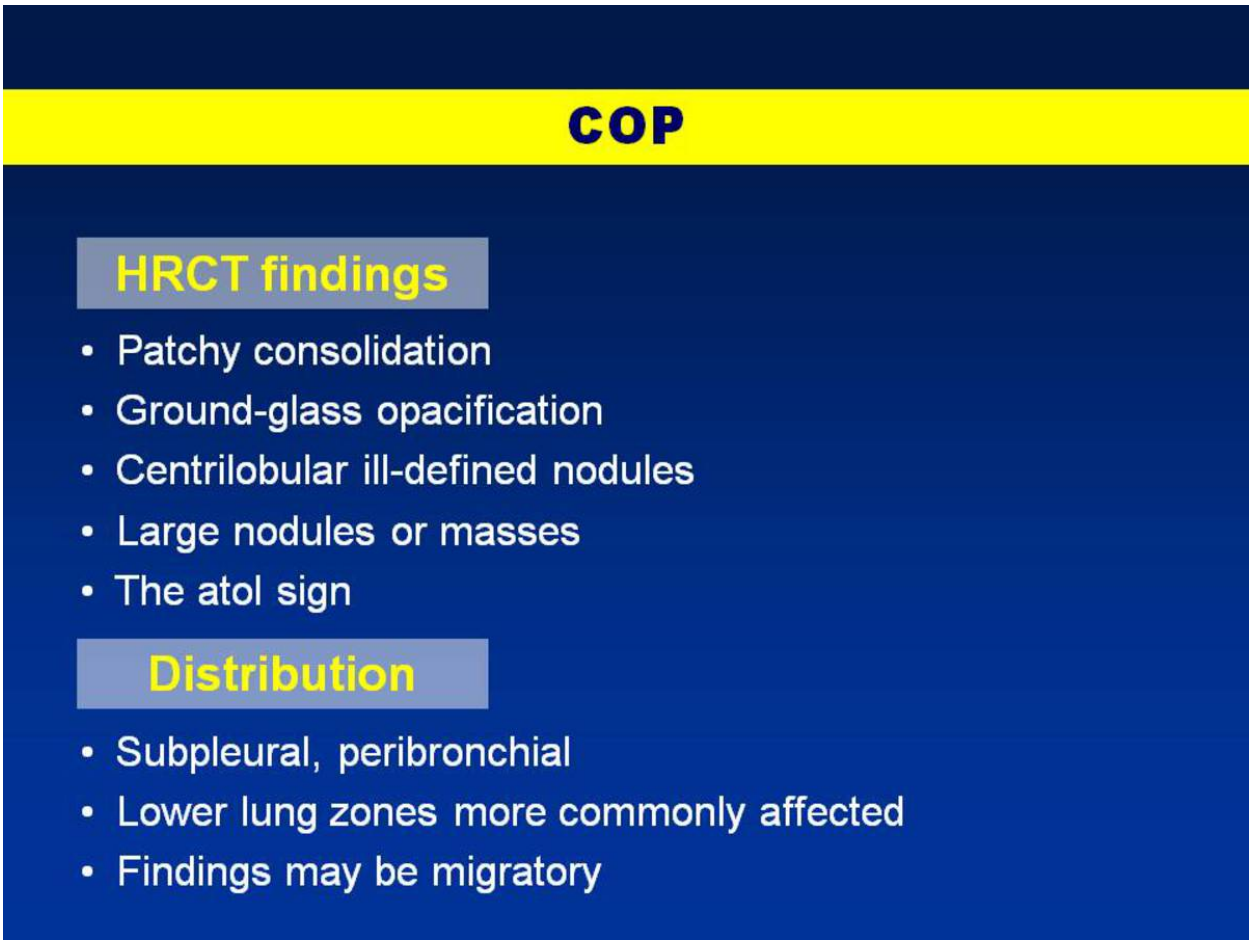

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

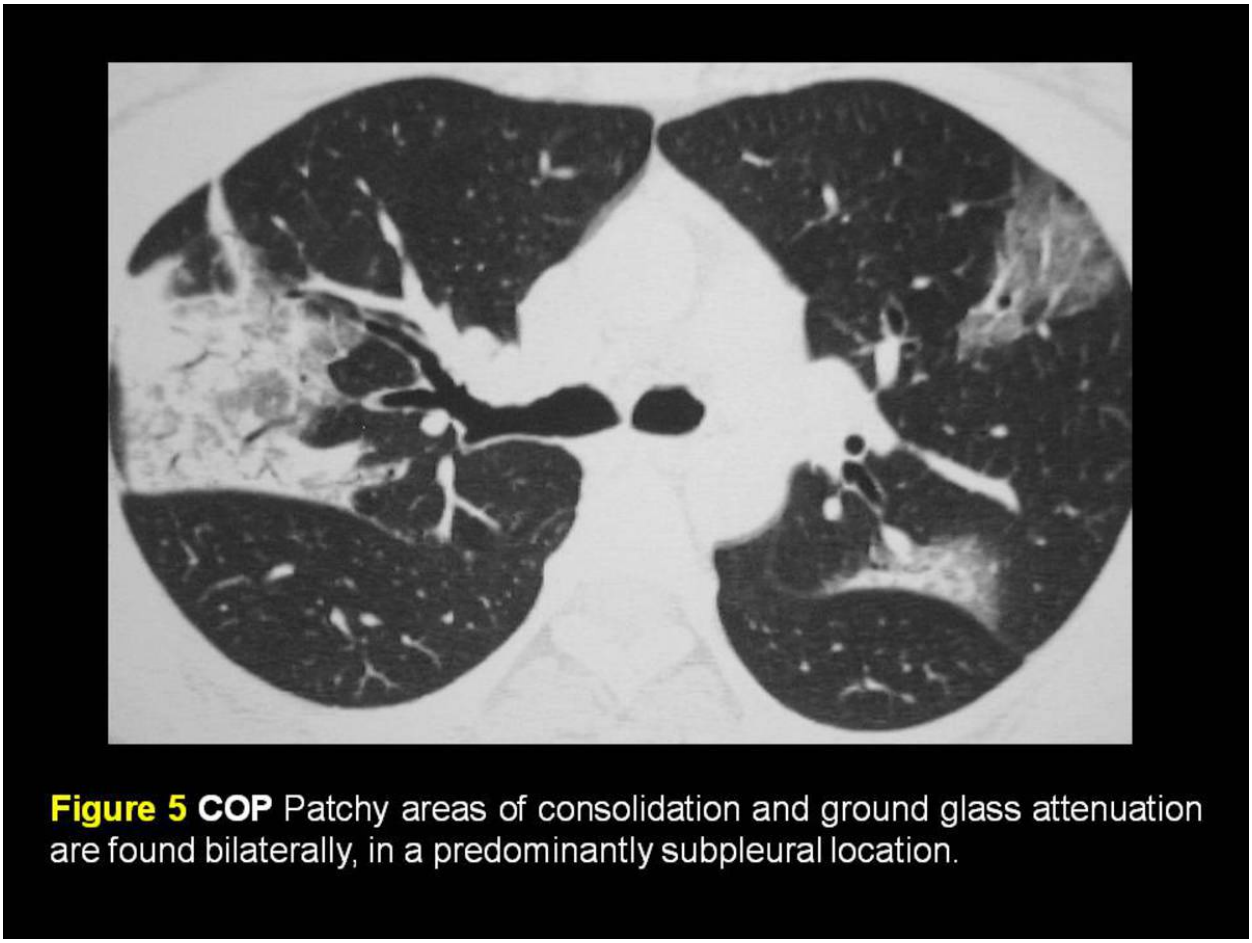

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

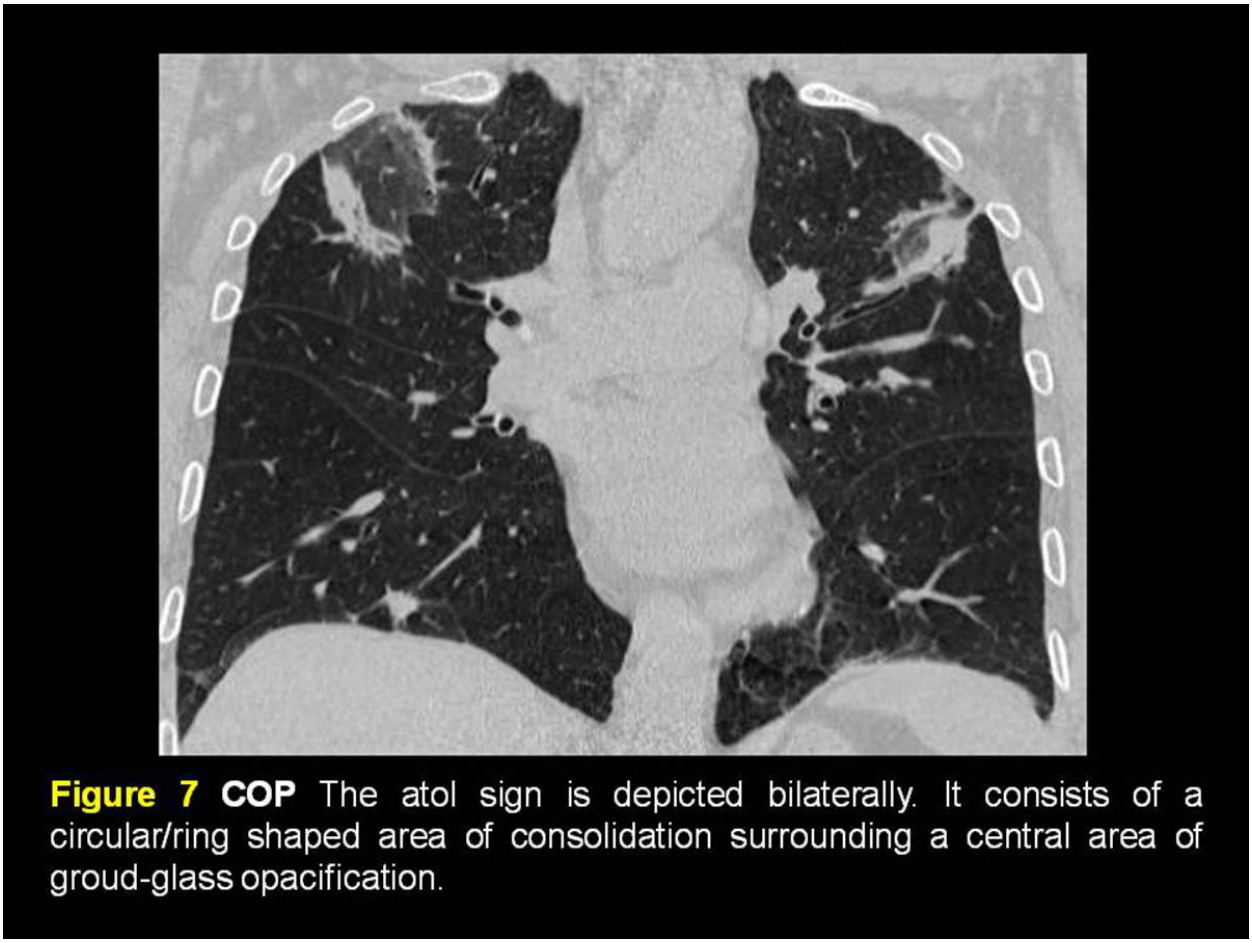

Figure 7 COP The atol sign is depicted bilaterally. It consists of a circular/ring shaped area of consolidation surrounding a central area of groud-glass opacification.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

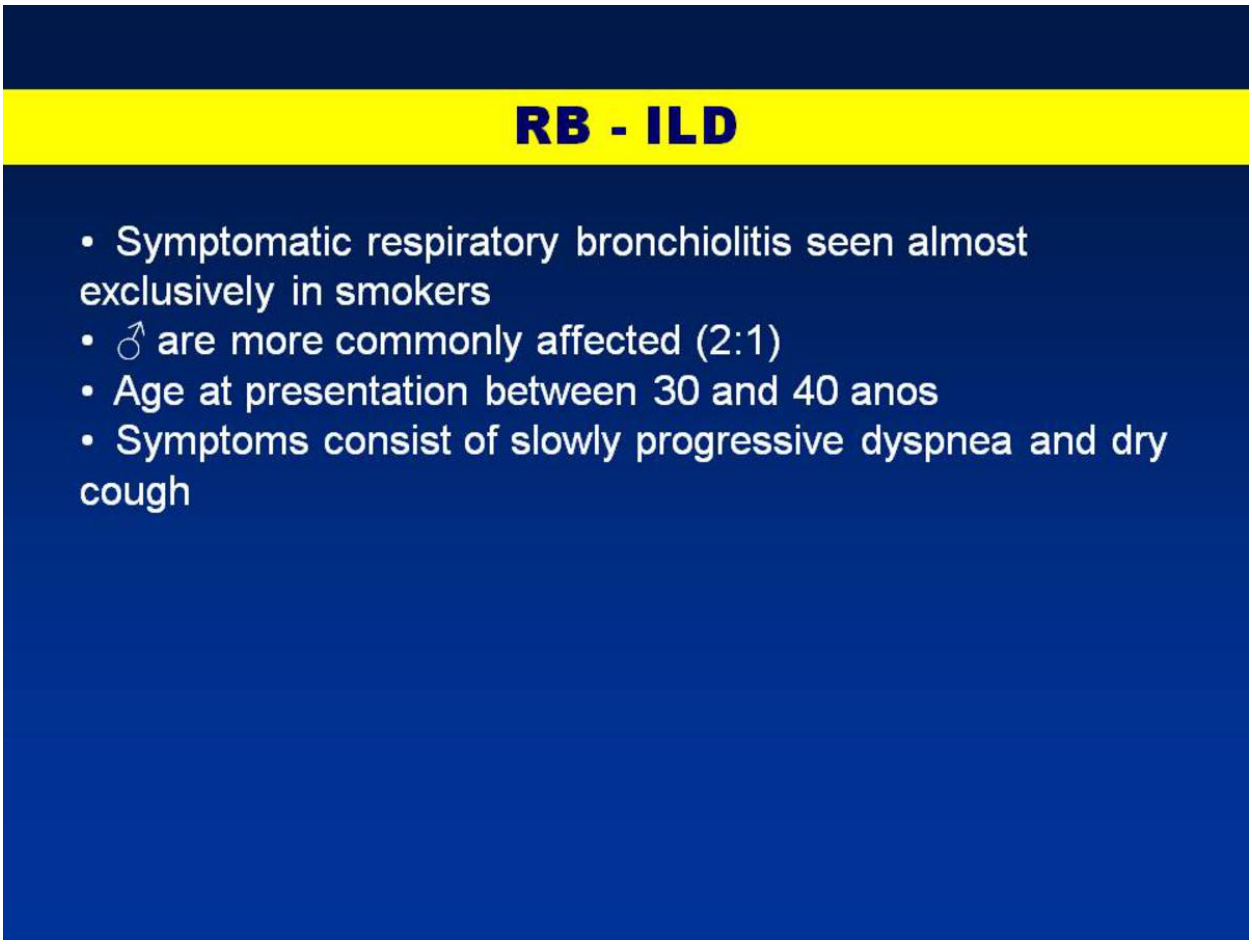

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

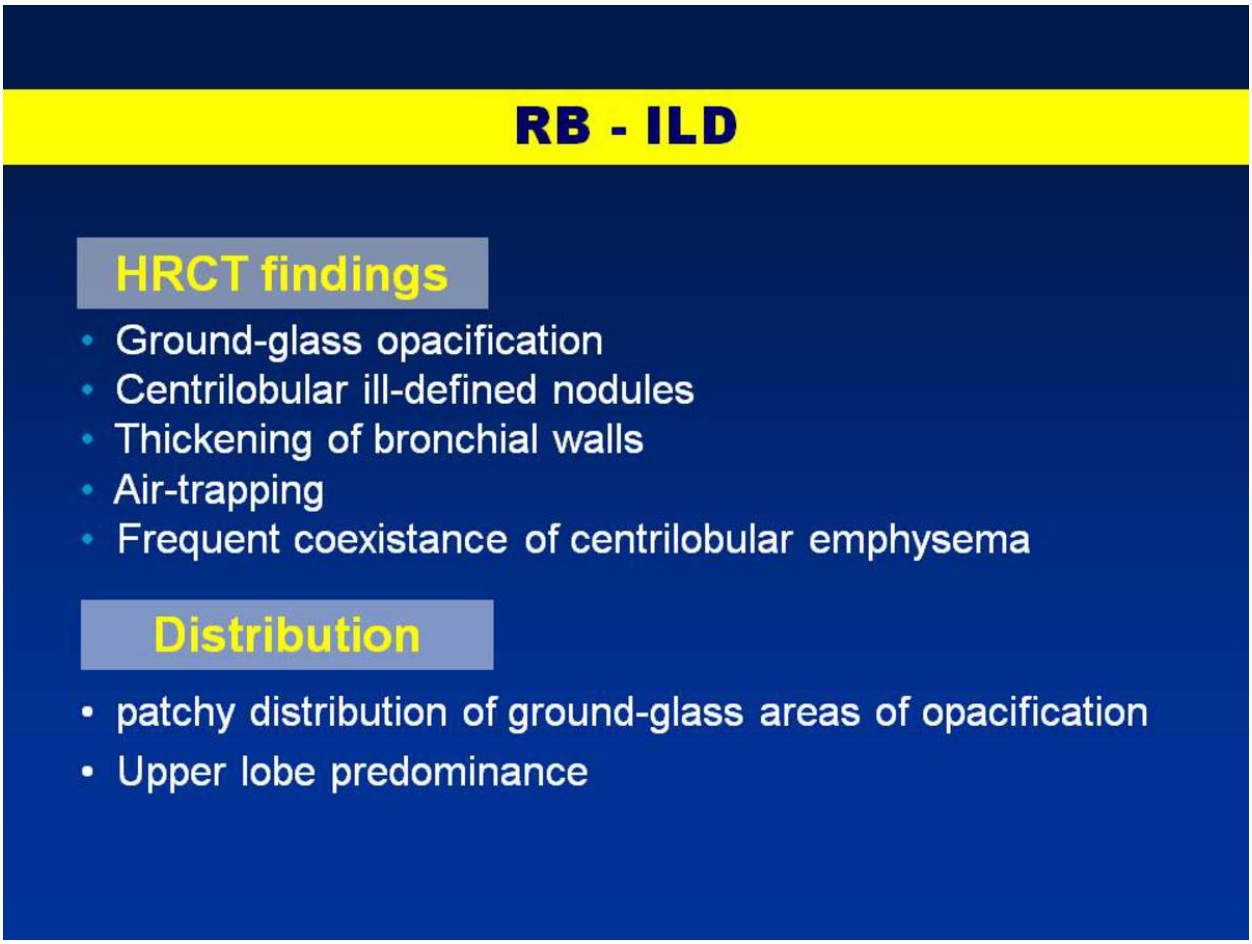

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

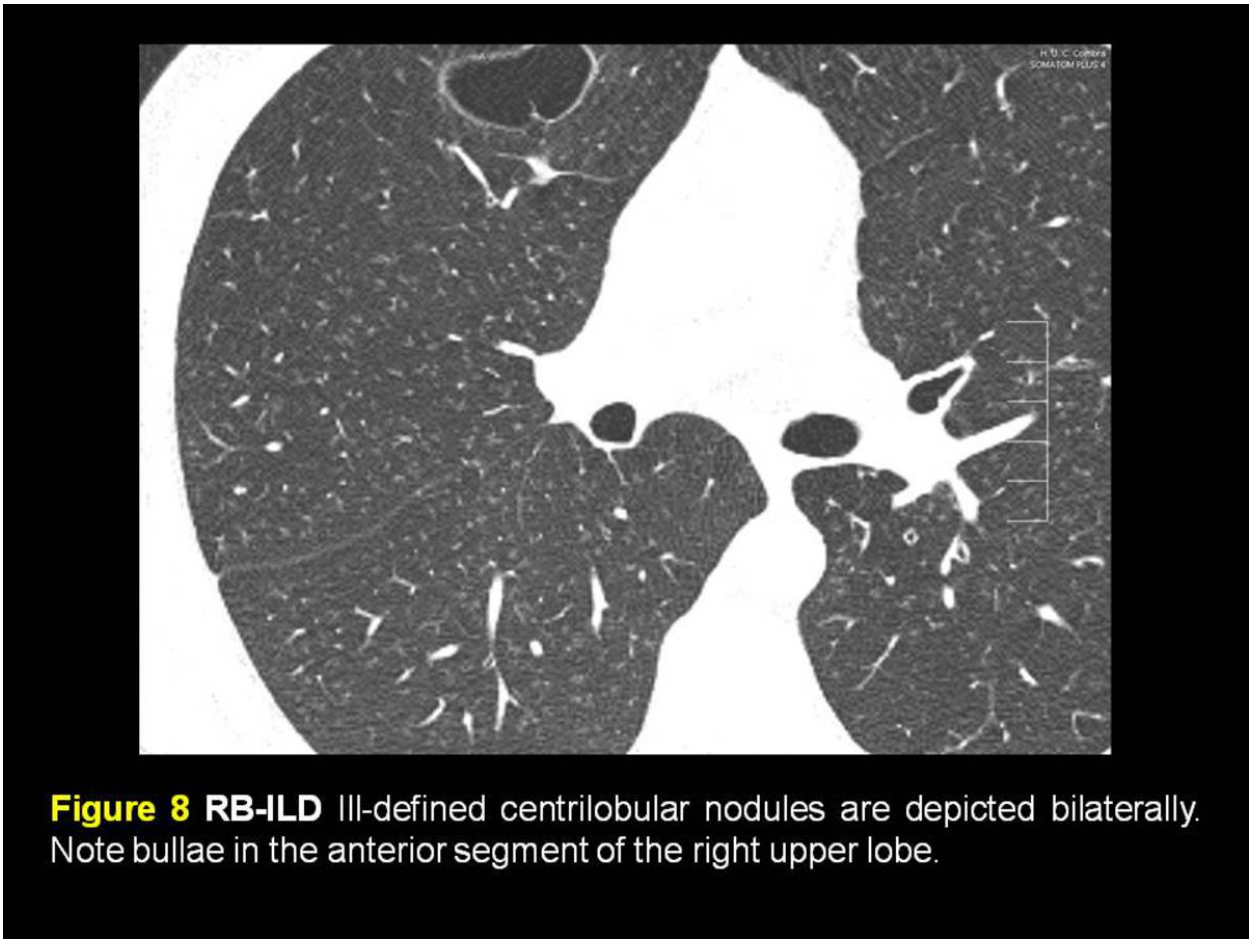

Figure 8 RB-ILD Ill-defined centrilobular nodules are depicted bilaterally. Note bullae in the anterior segment of the right upper lobe.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

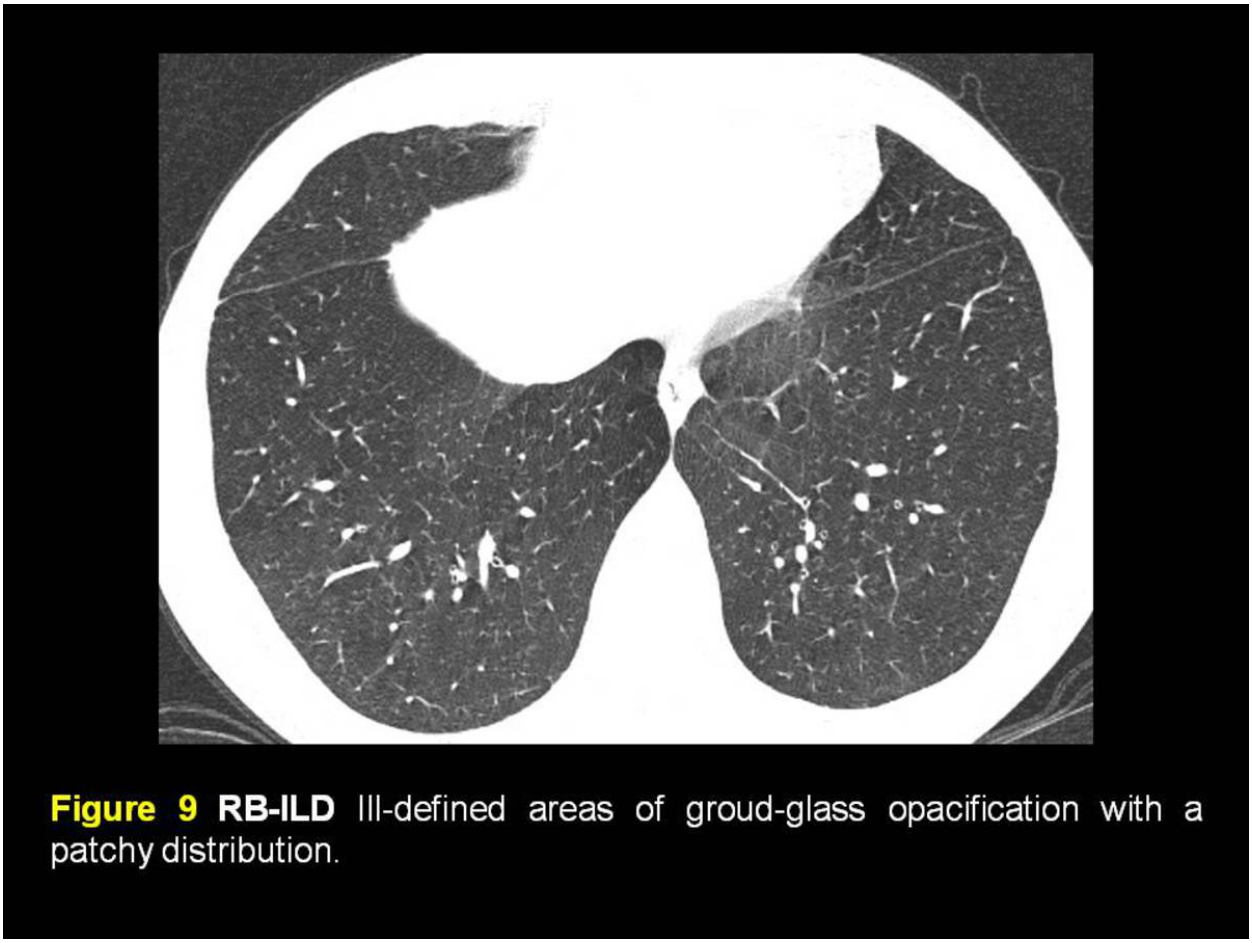

Figure 9 RB-ILD Ill-defined areas of groud-glass opacification with a patchy distribution.

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

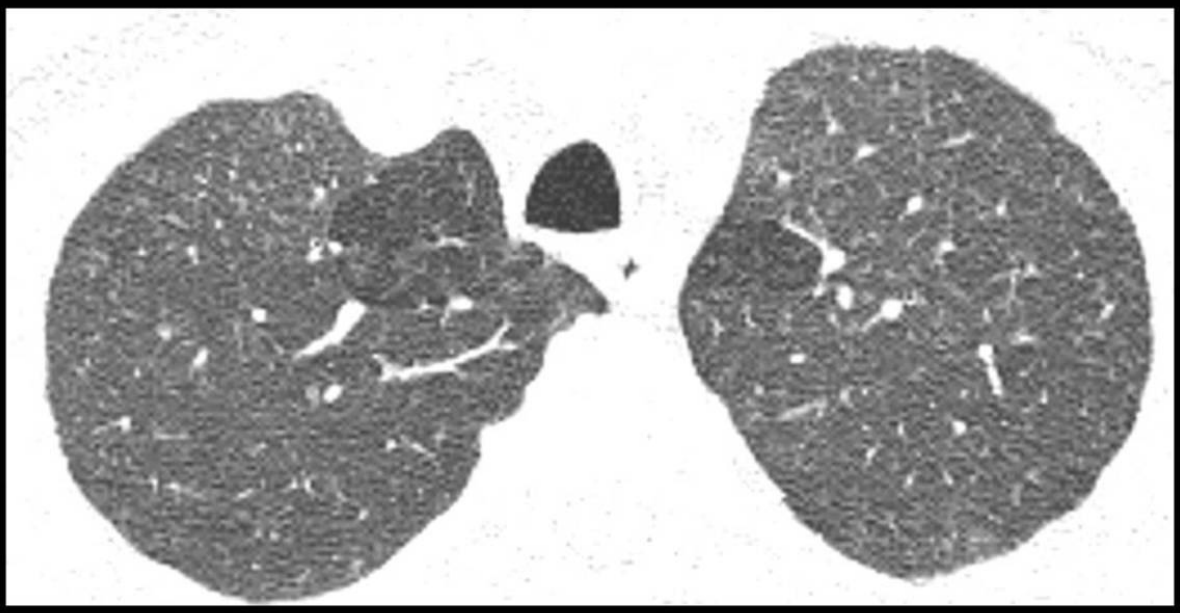

Figure 10 RB-ILD Expiratory scan image depicting two areas of air trapping.

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

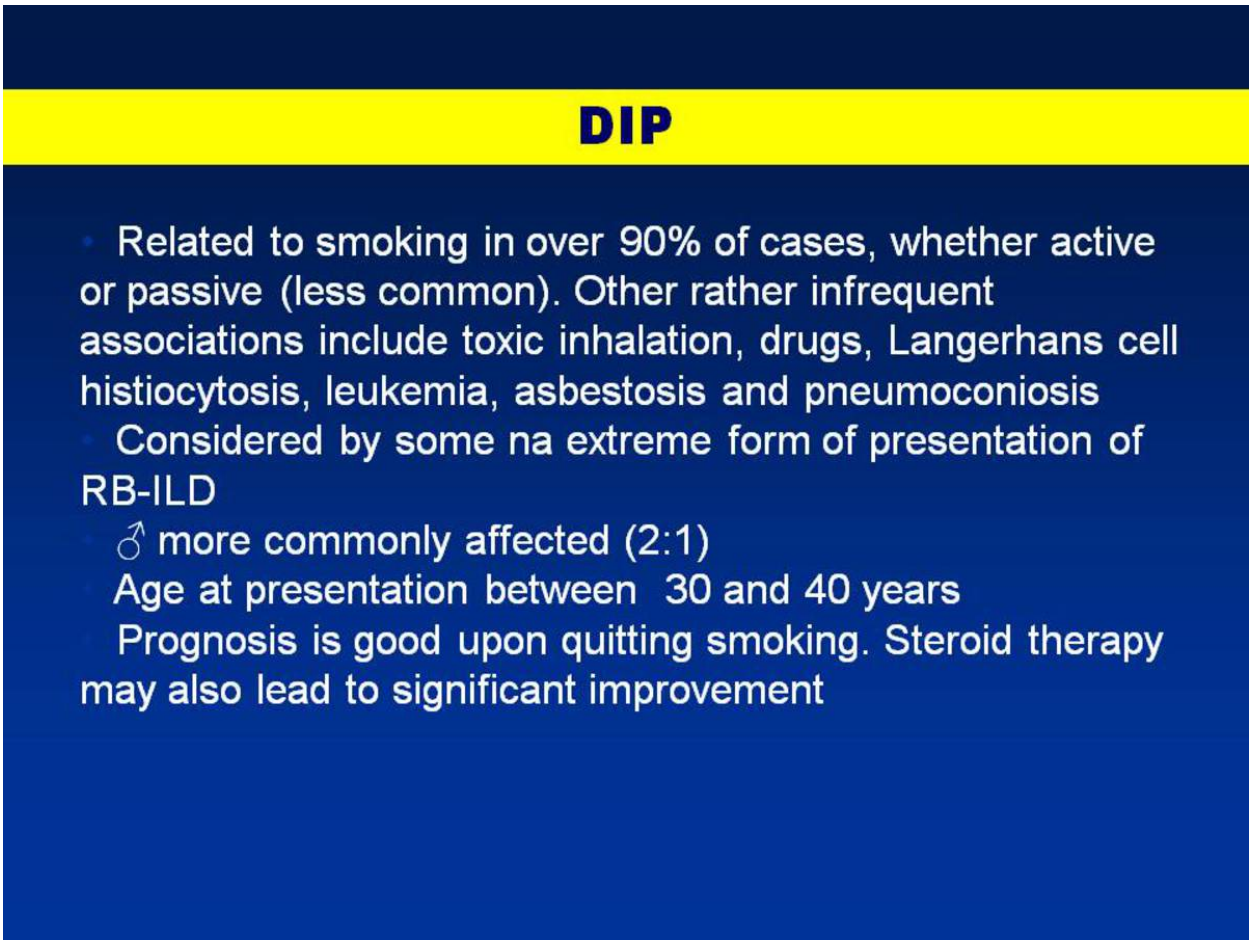

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

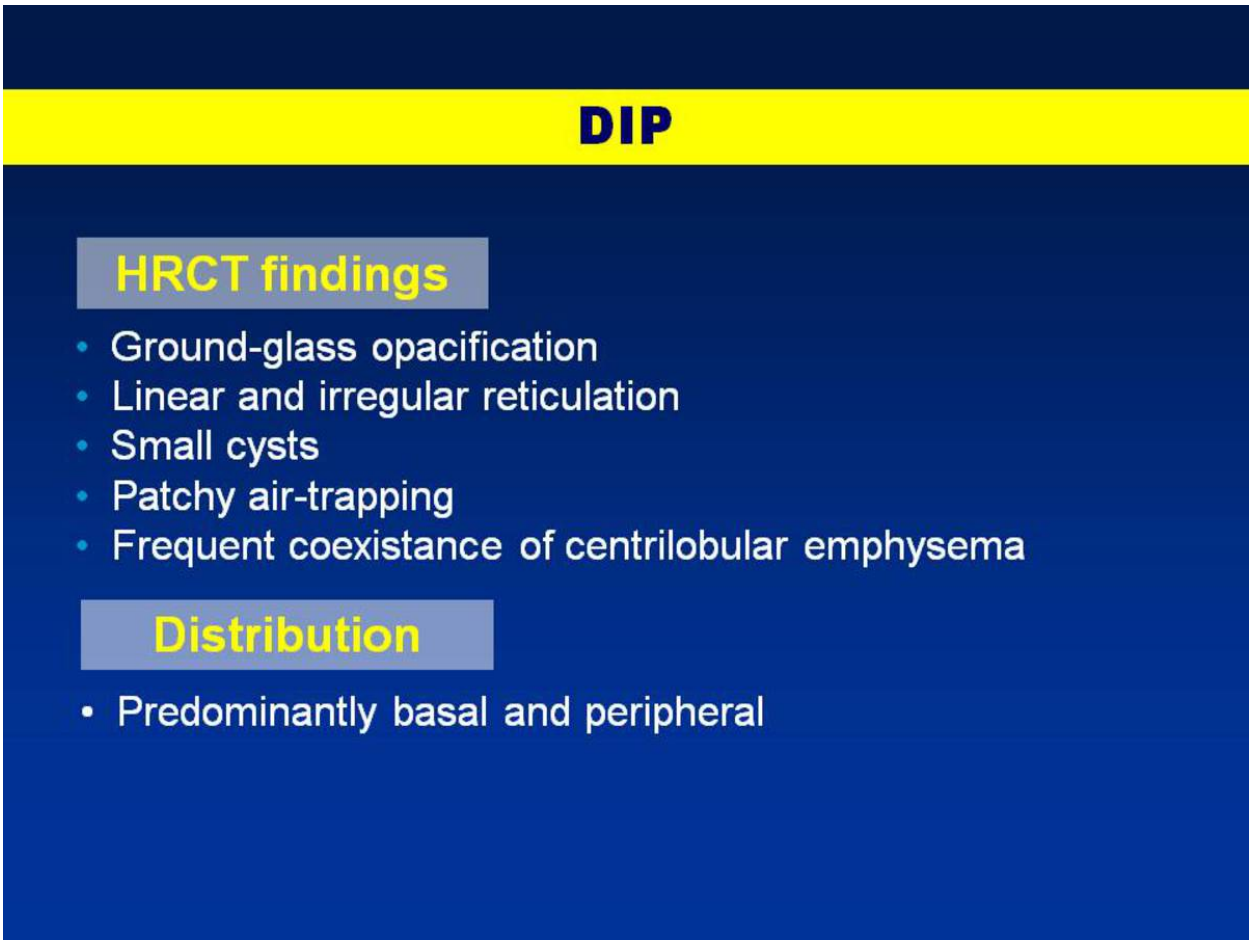

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

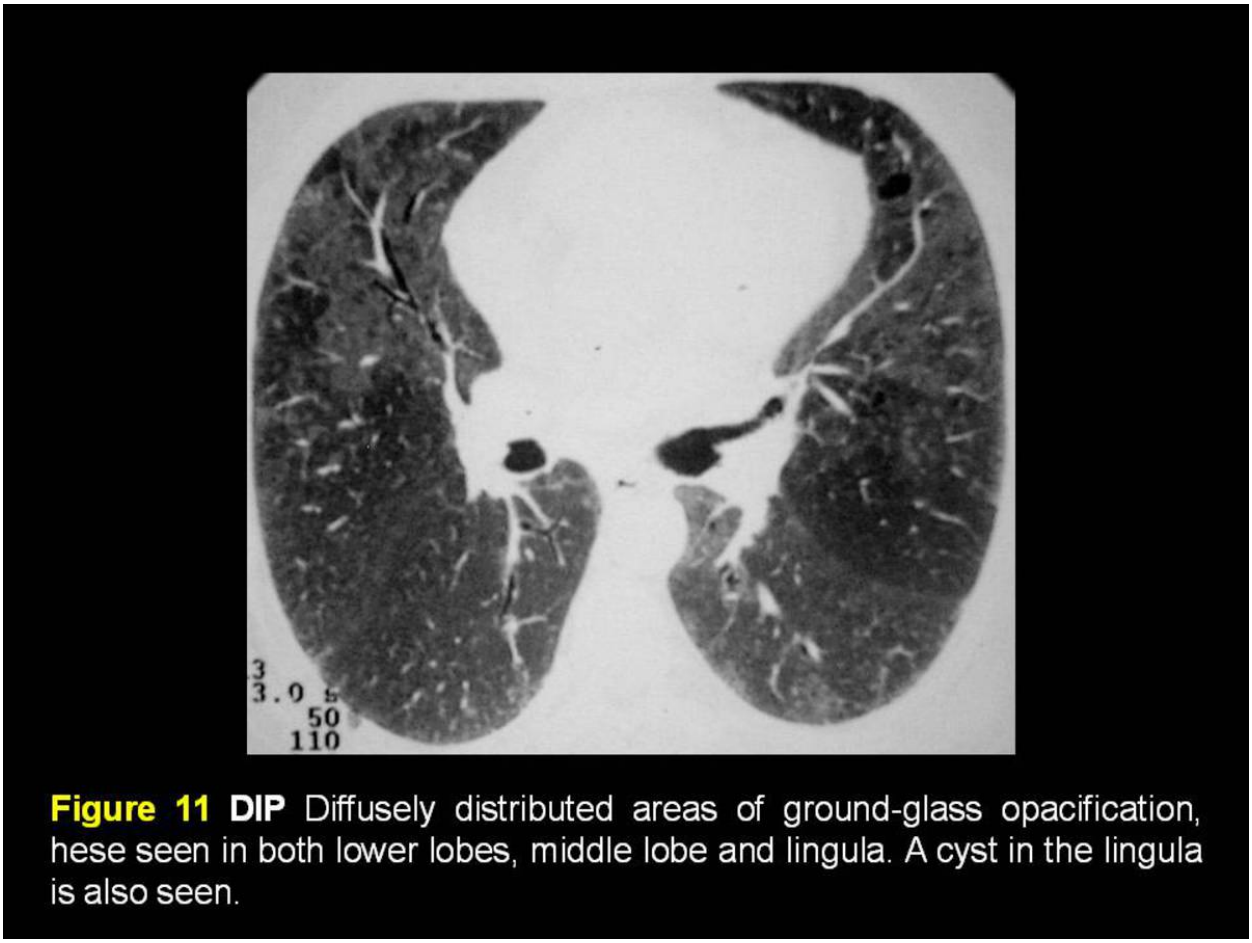

Figure 11 DIP Diffusely distributed areas of ground-glass opacification, hese seen in both lower lobes, middle lobe and lingula. A cyst in the lingula is also seen.

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

Figure 12 DIP Fine reticulation with a basal and peripheral distribution is the dominant feature in this patient.

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

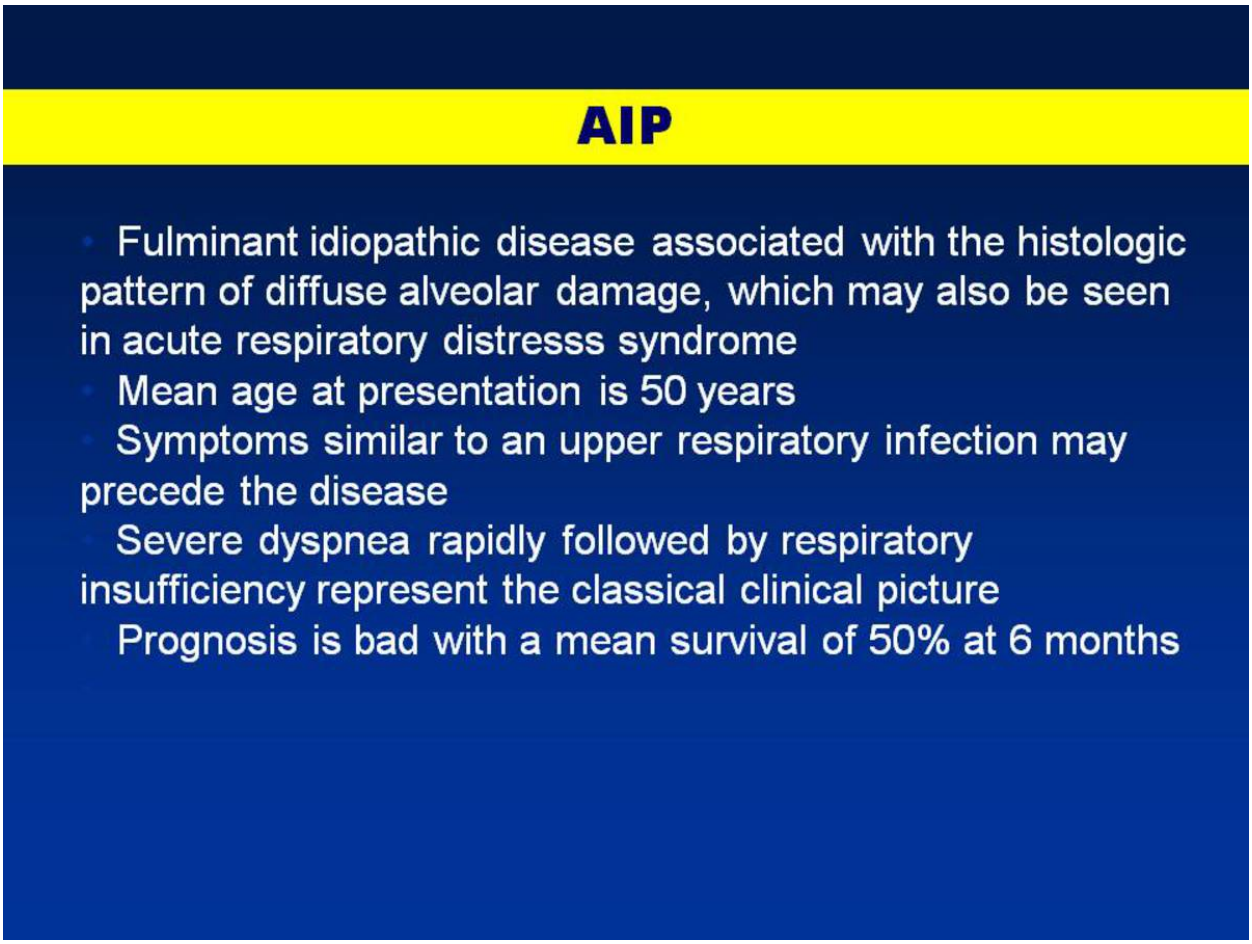

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

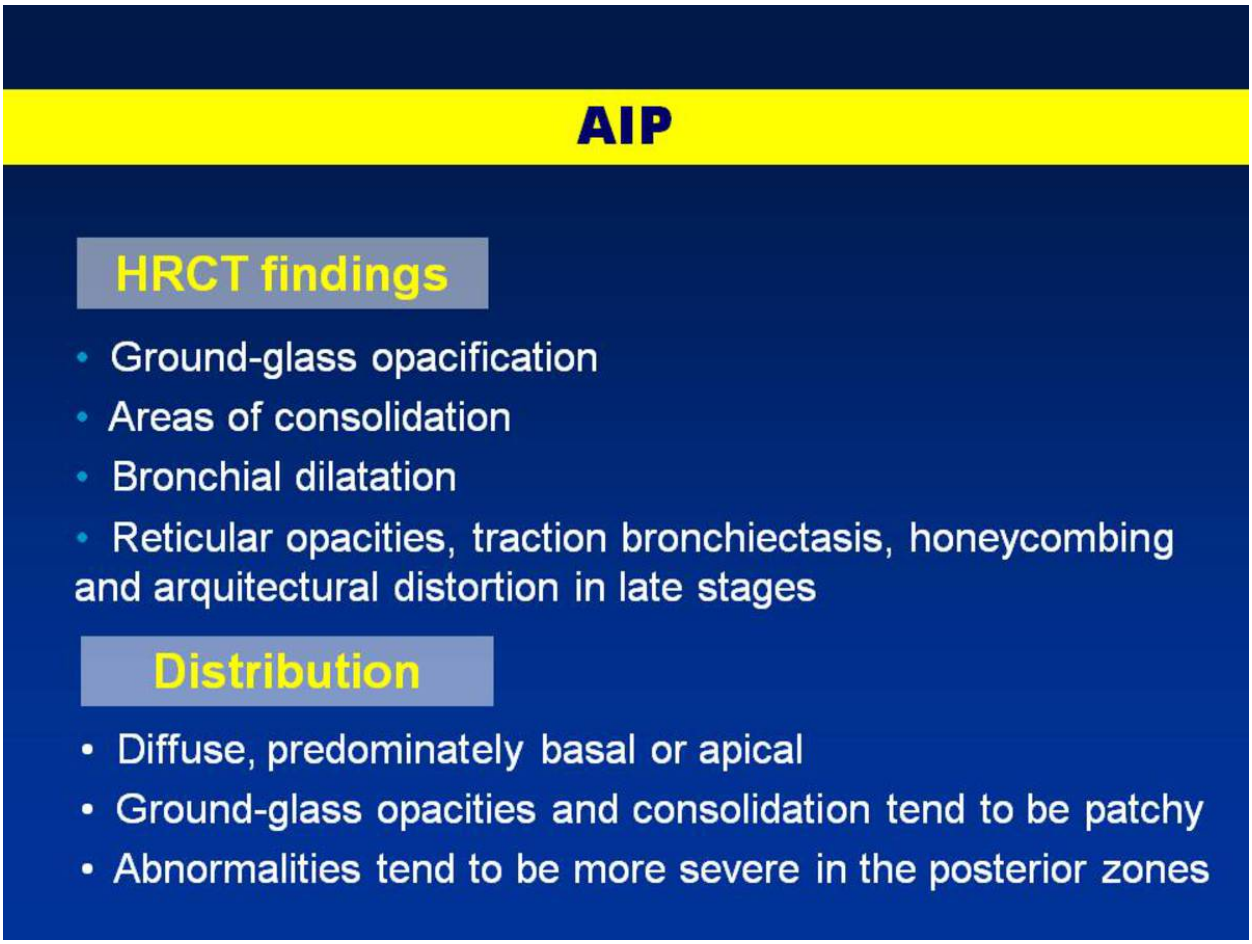

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

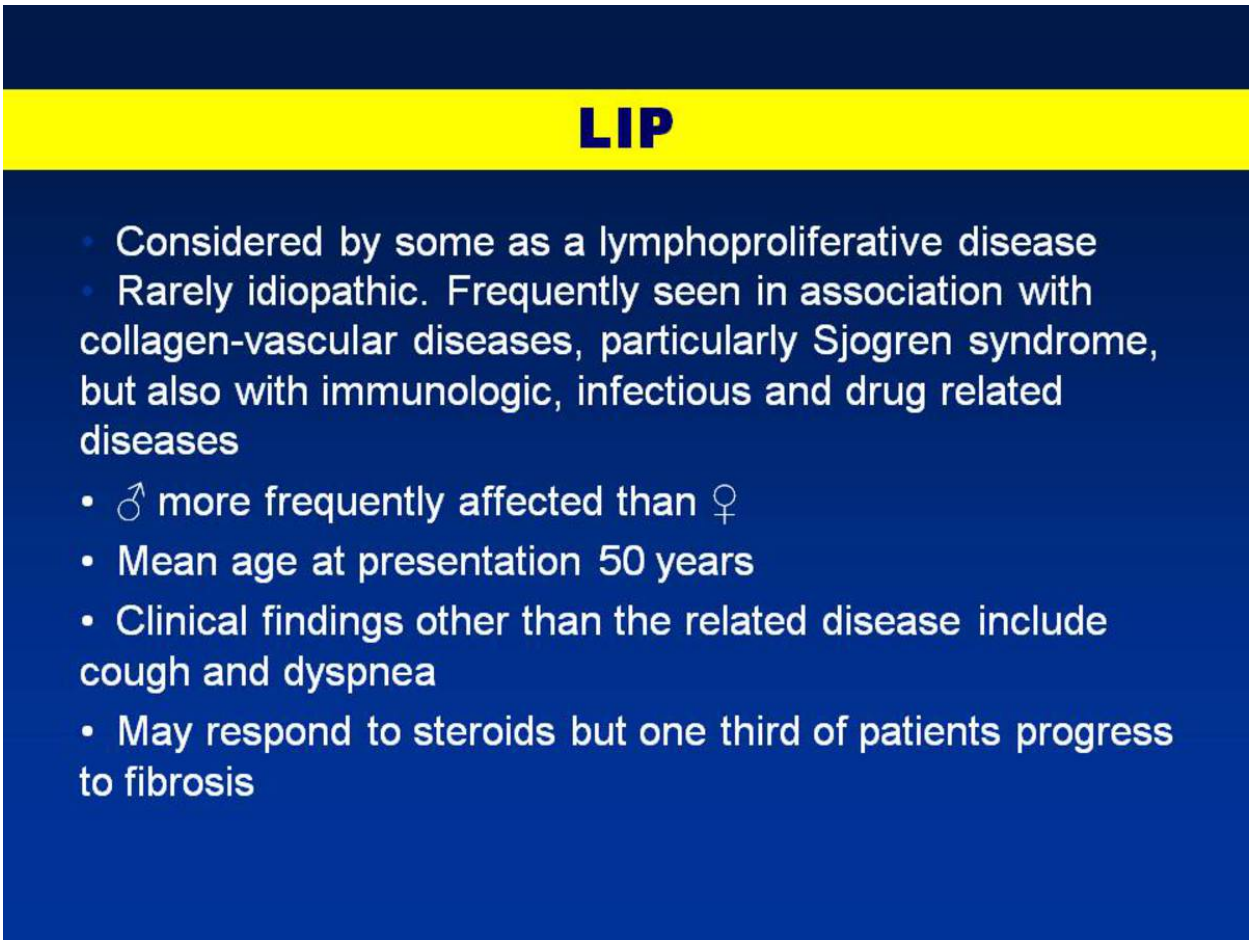

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

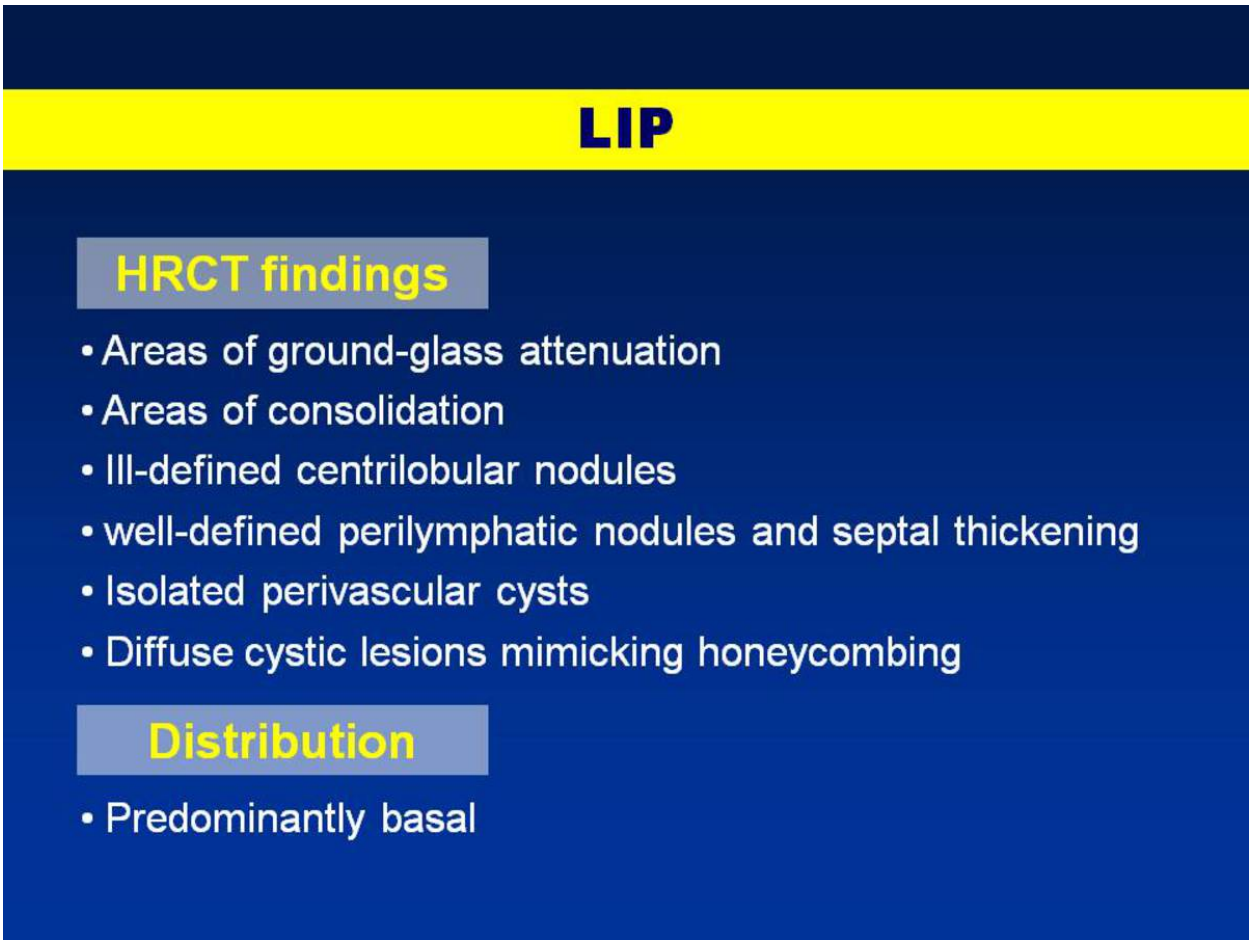

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

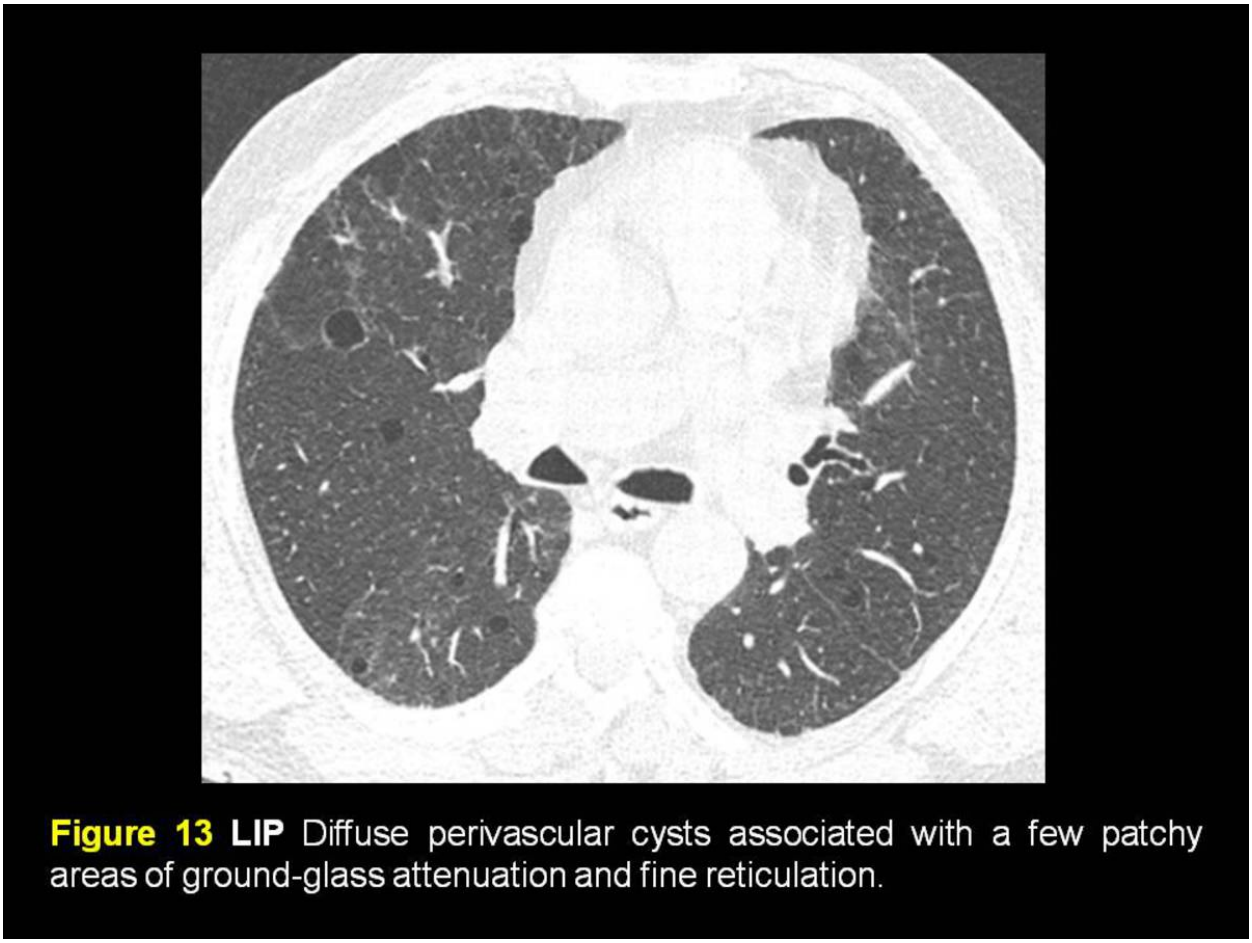

Figure 13 LIP Diffuse perivascular cysts associated with a few patchy areas of ground-glass attenuation and fine reticulation.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

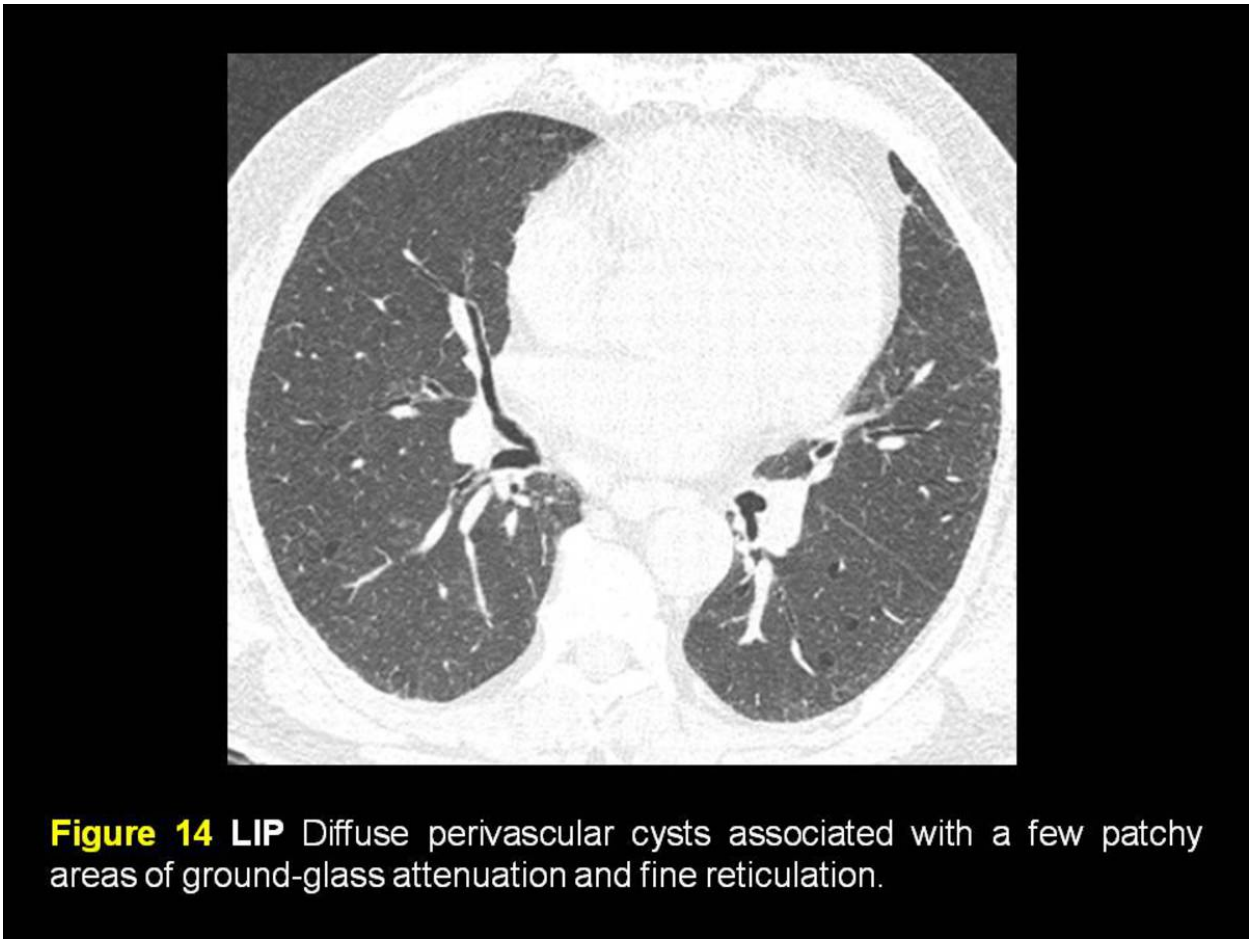

Figure 14 LIP Diffuse perivascular cysts associated with a few patchy areas of ground-glass attenuation and fine reticulation.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

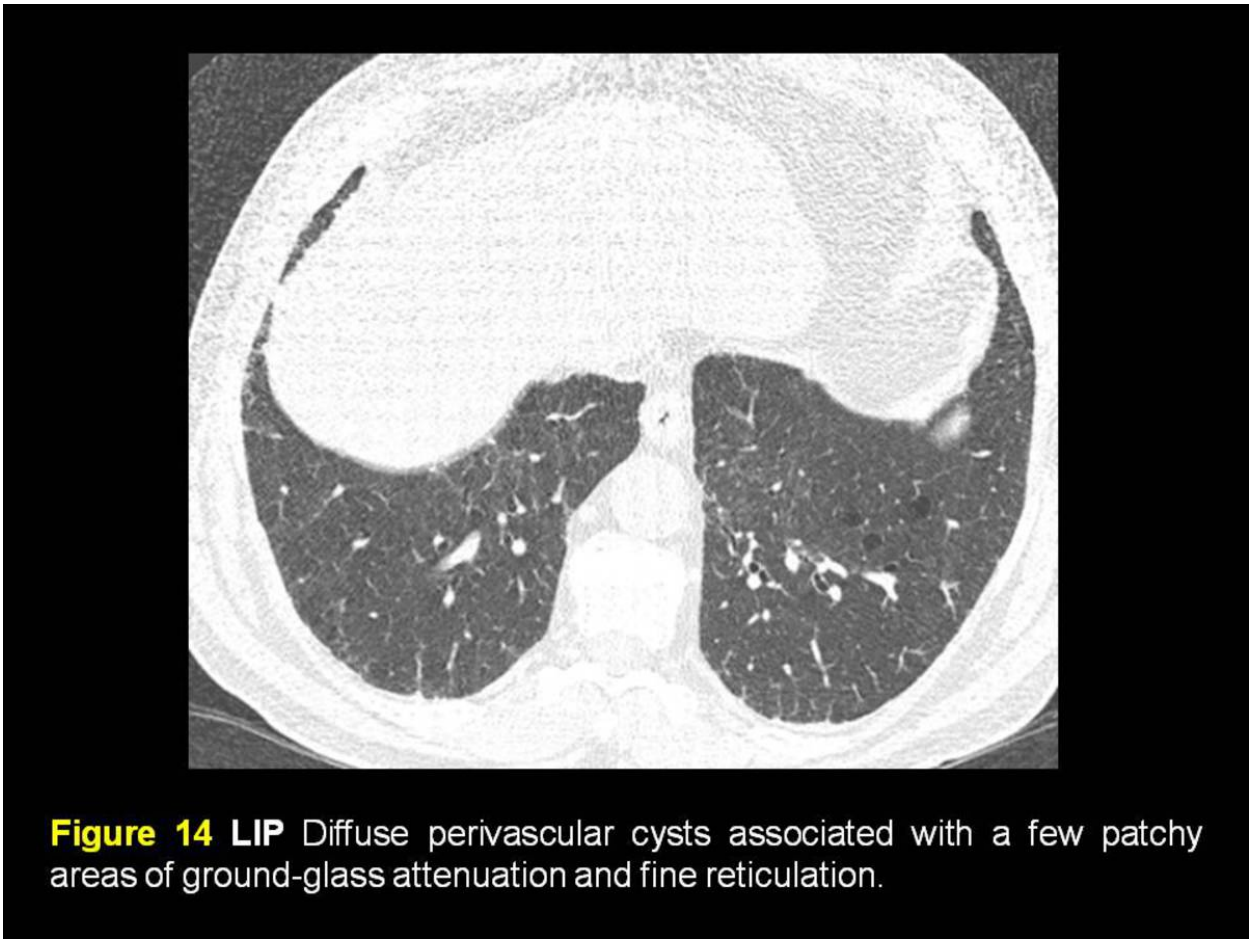

Figure 14 LIP Diffuse perivascular cysts associated with a few patchy areas of ground-glass attenuation and fine reticulation.

Fig.: _

References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

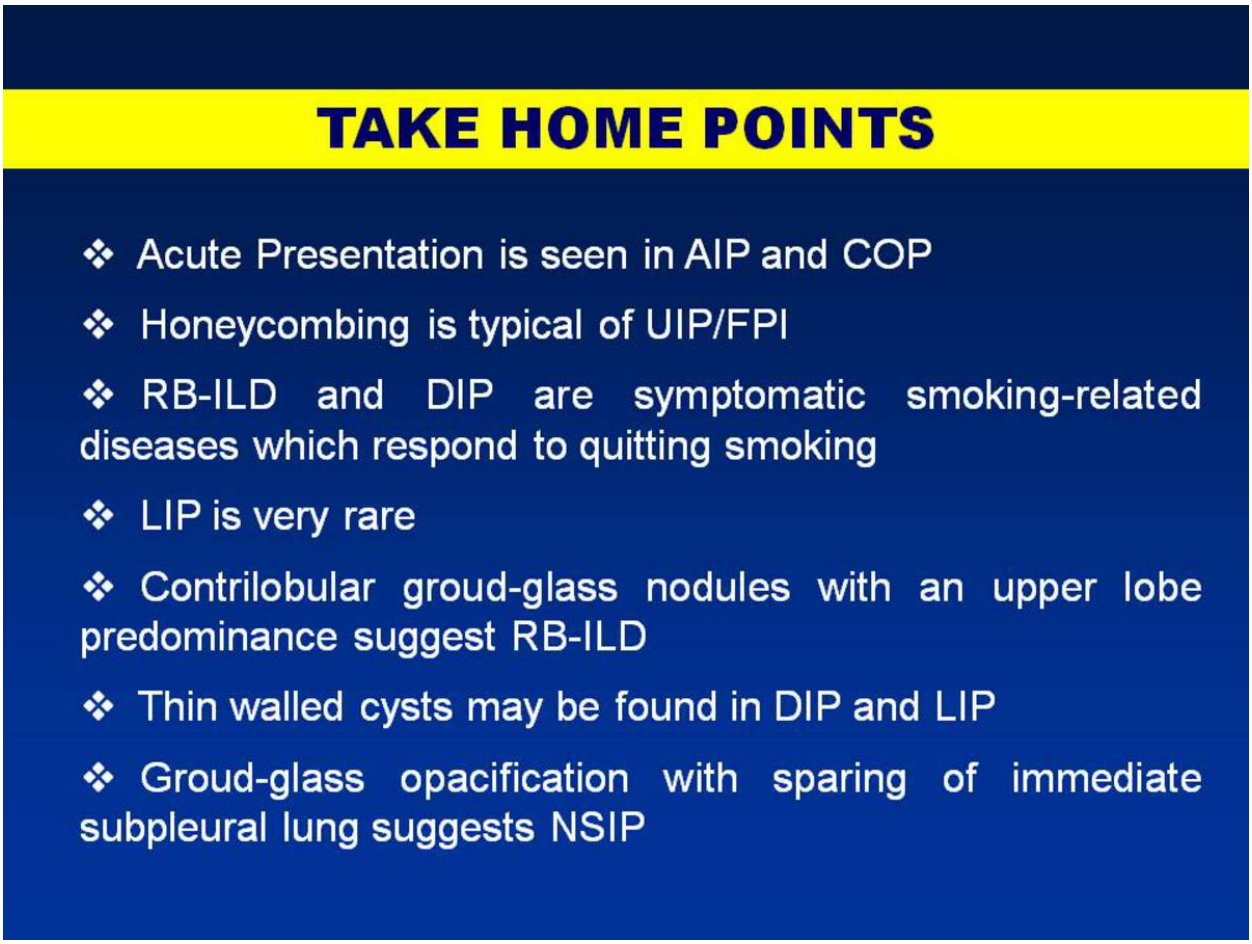

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

Conclusion

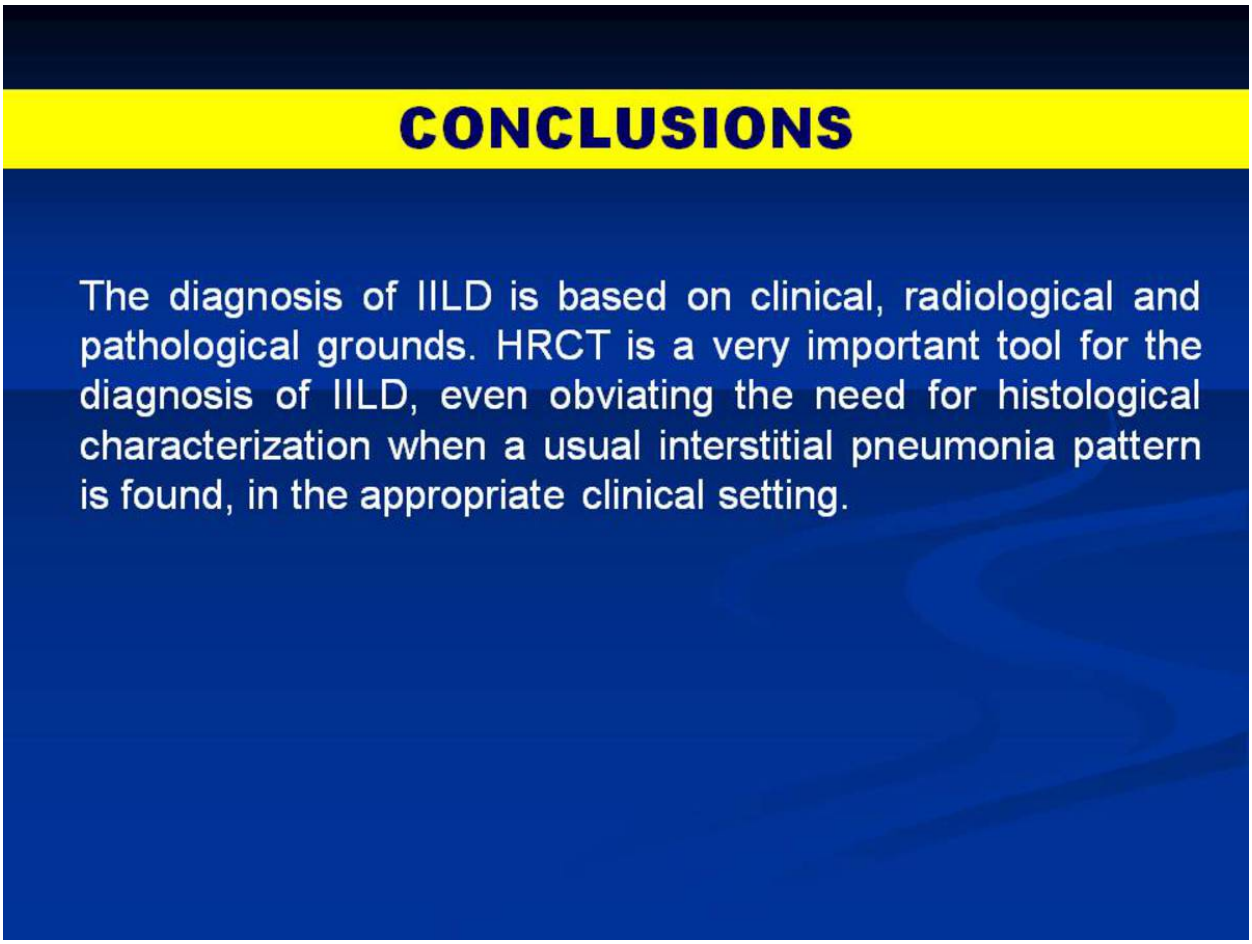

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

Personal Information

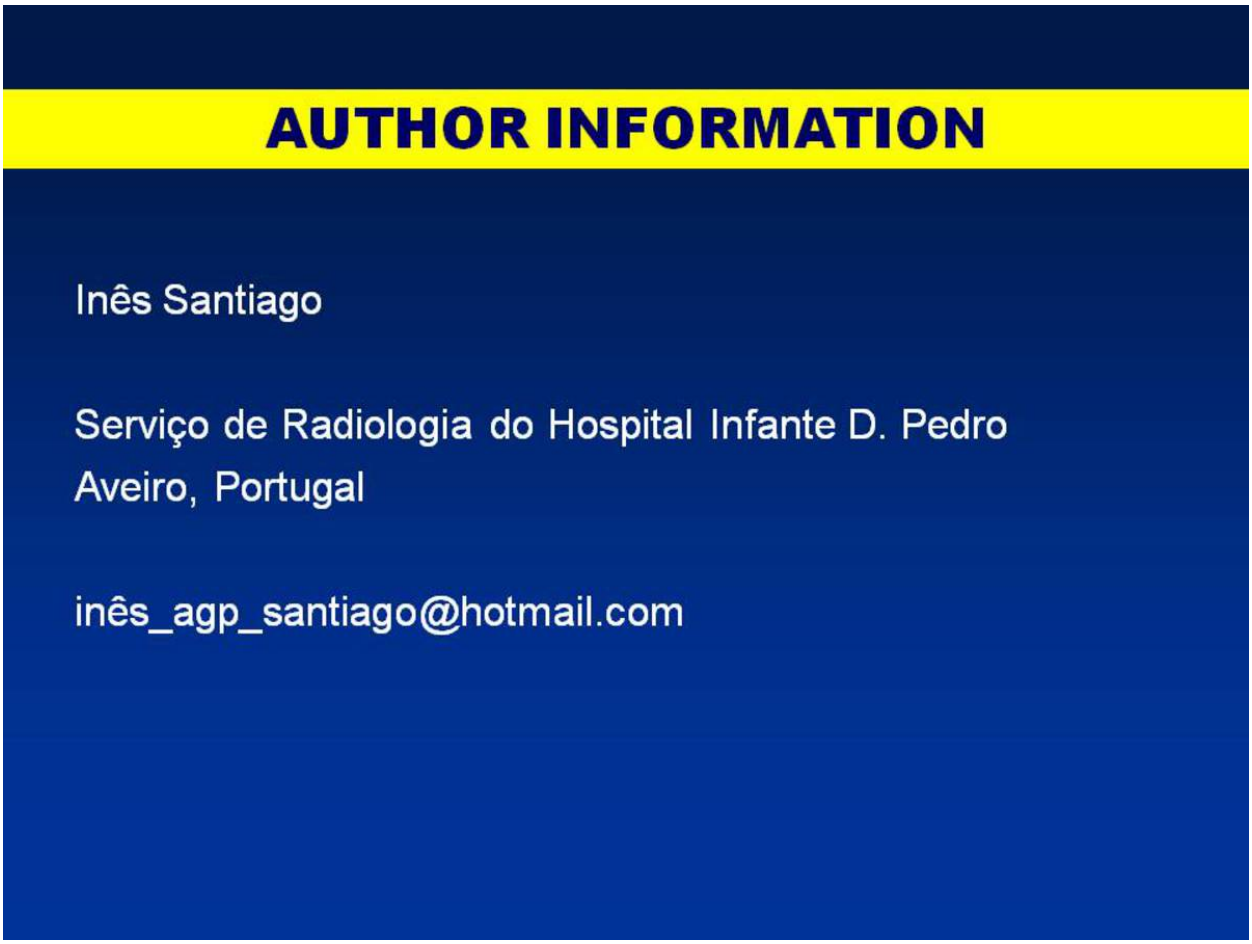

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL

References

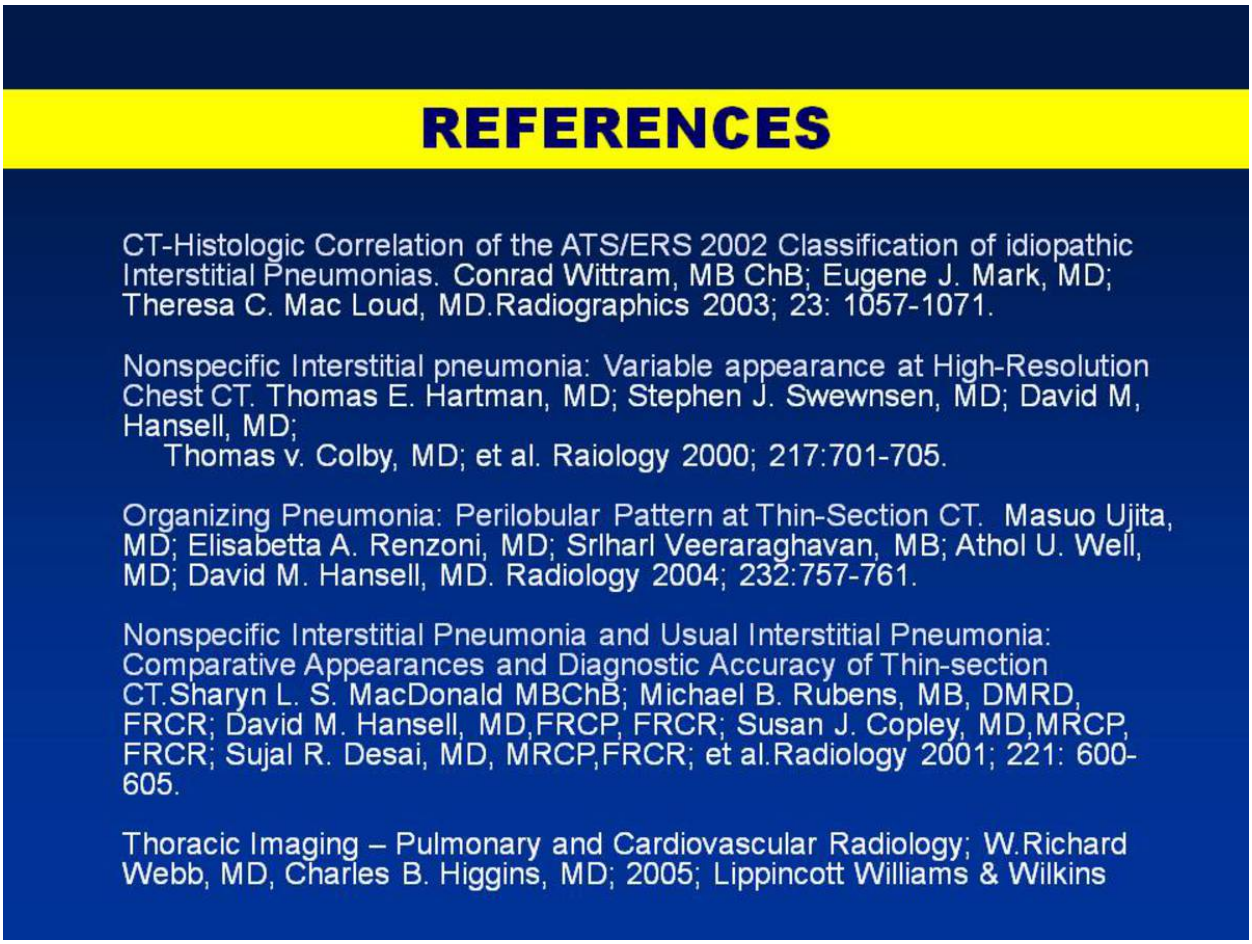

Fig.: _
References: I. Santiago; Radiology, Hospital Infante D Pedro - Aveiro, Aveiro, PORTUGAL