



# Cardiovascular Aspect in CXR

From Practical hint series  
by Cardiology fellowships



# Cardiac silhouette

What chamber and Where is it

# Anatomy review

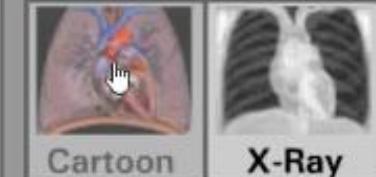


Left Heart

Right Heart

Entire Heart

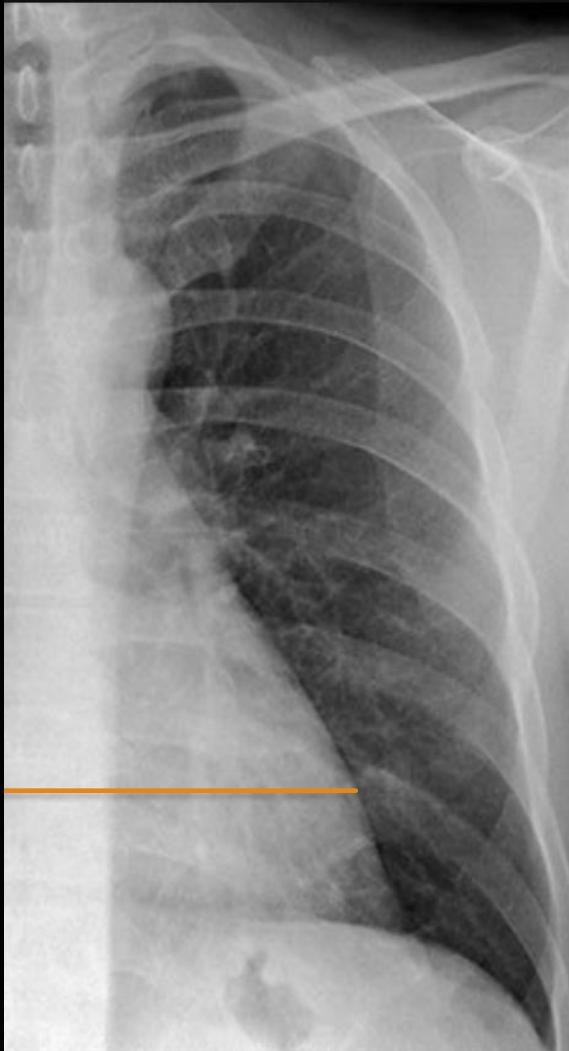
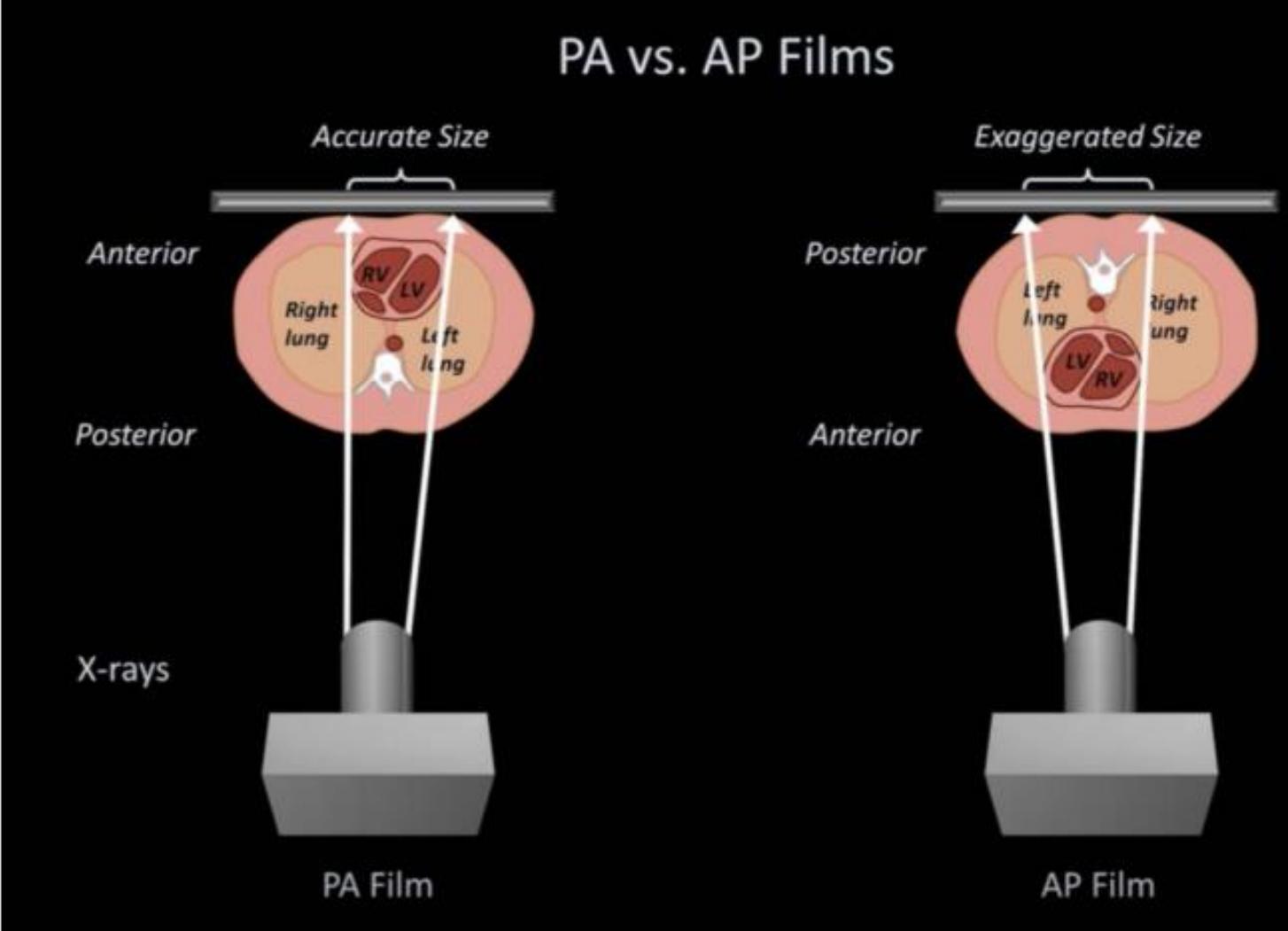
Active View

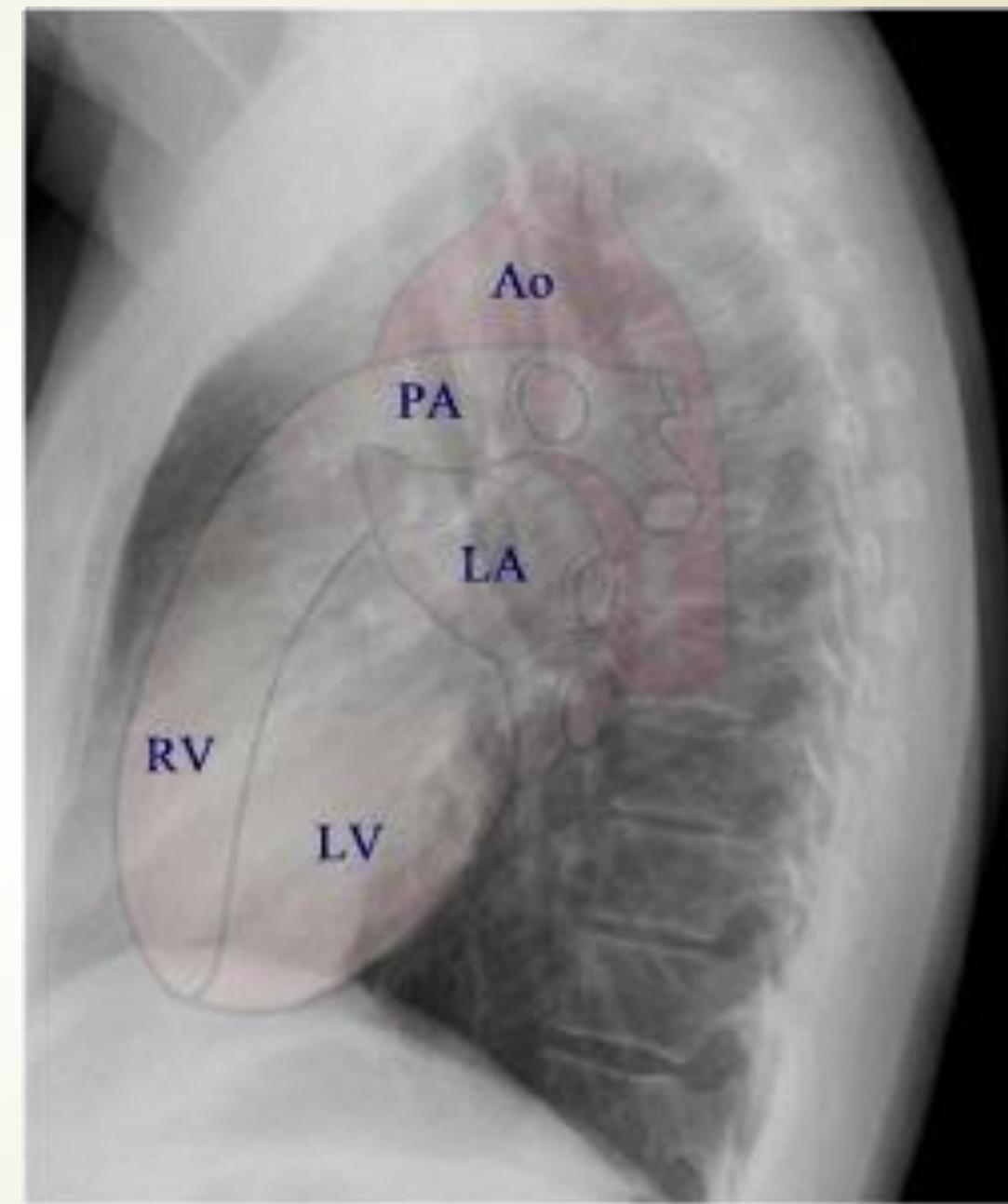
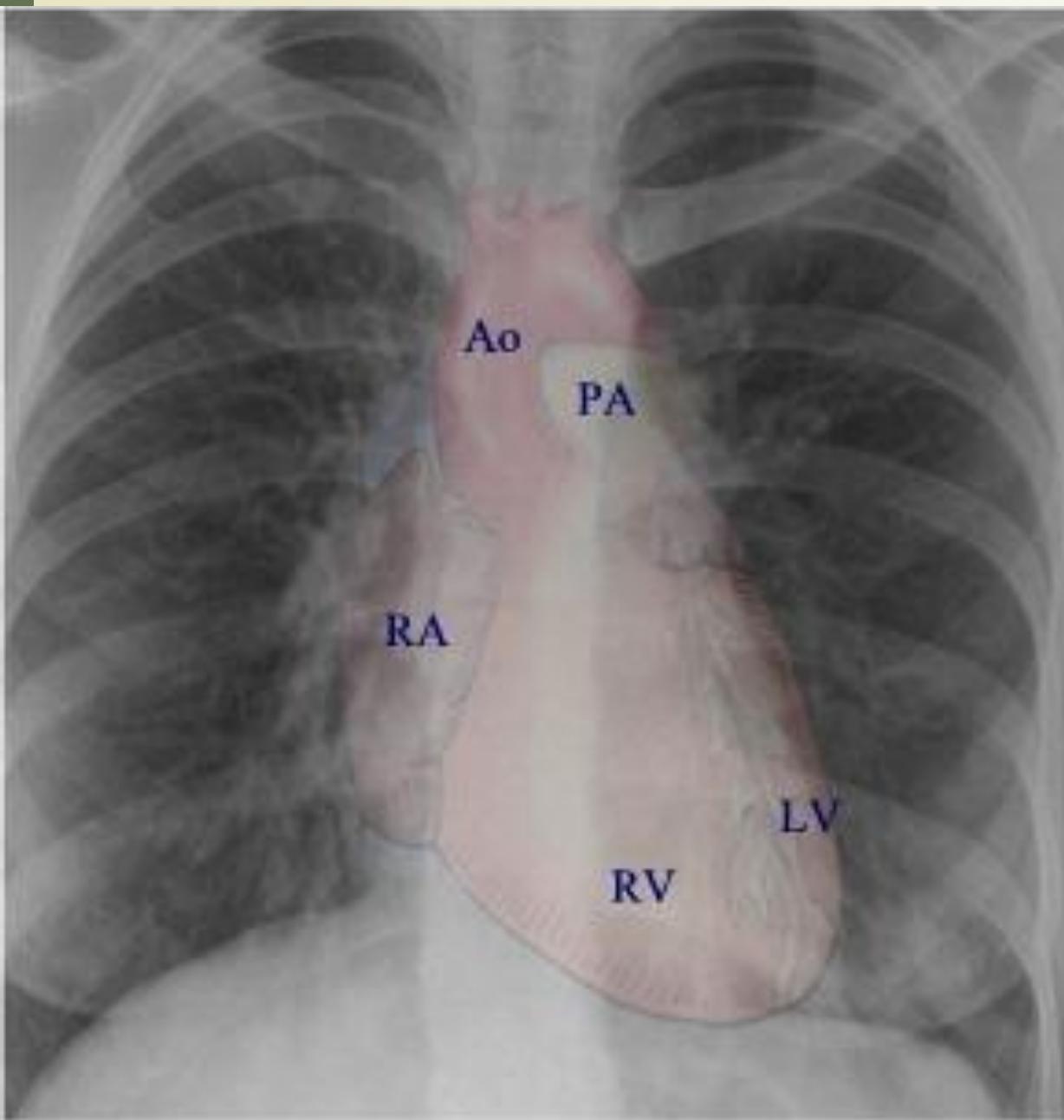


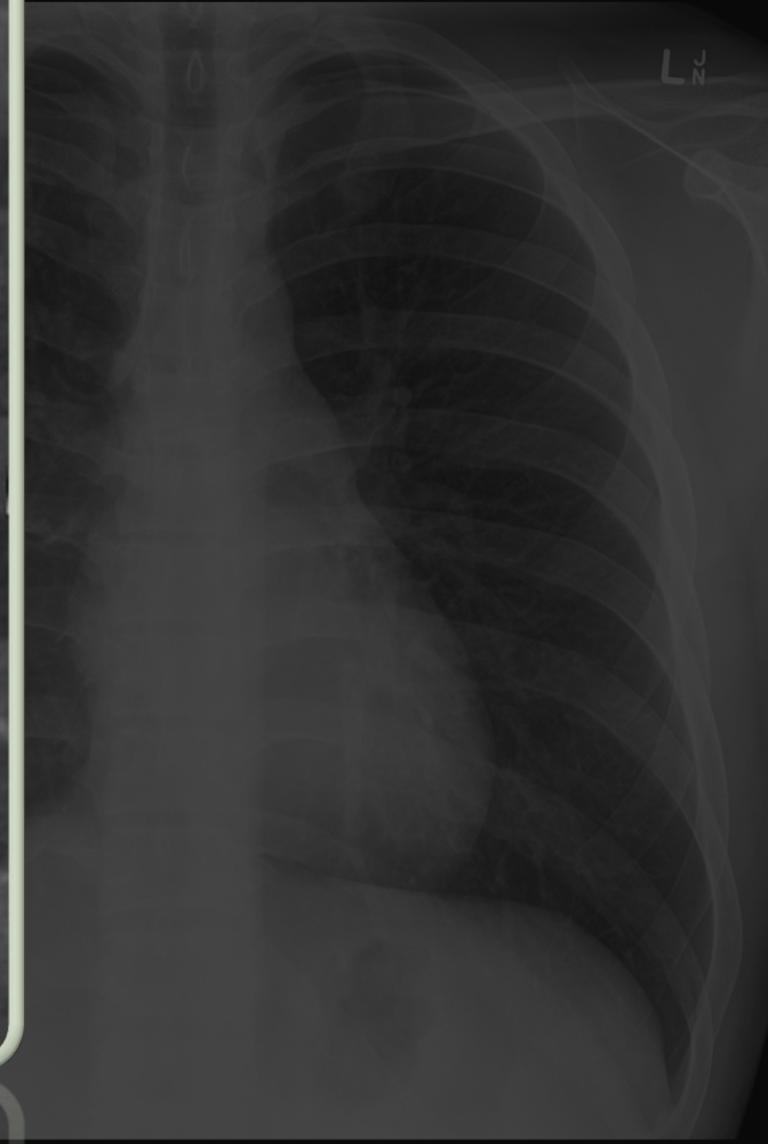
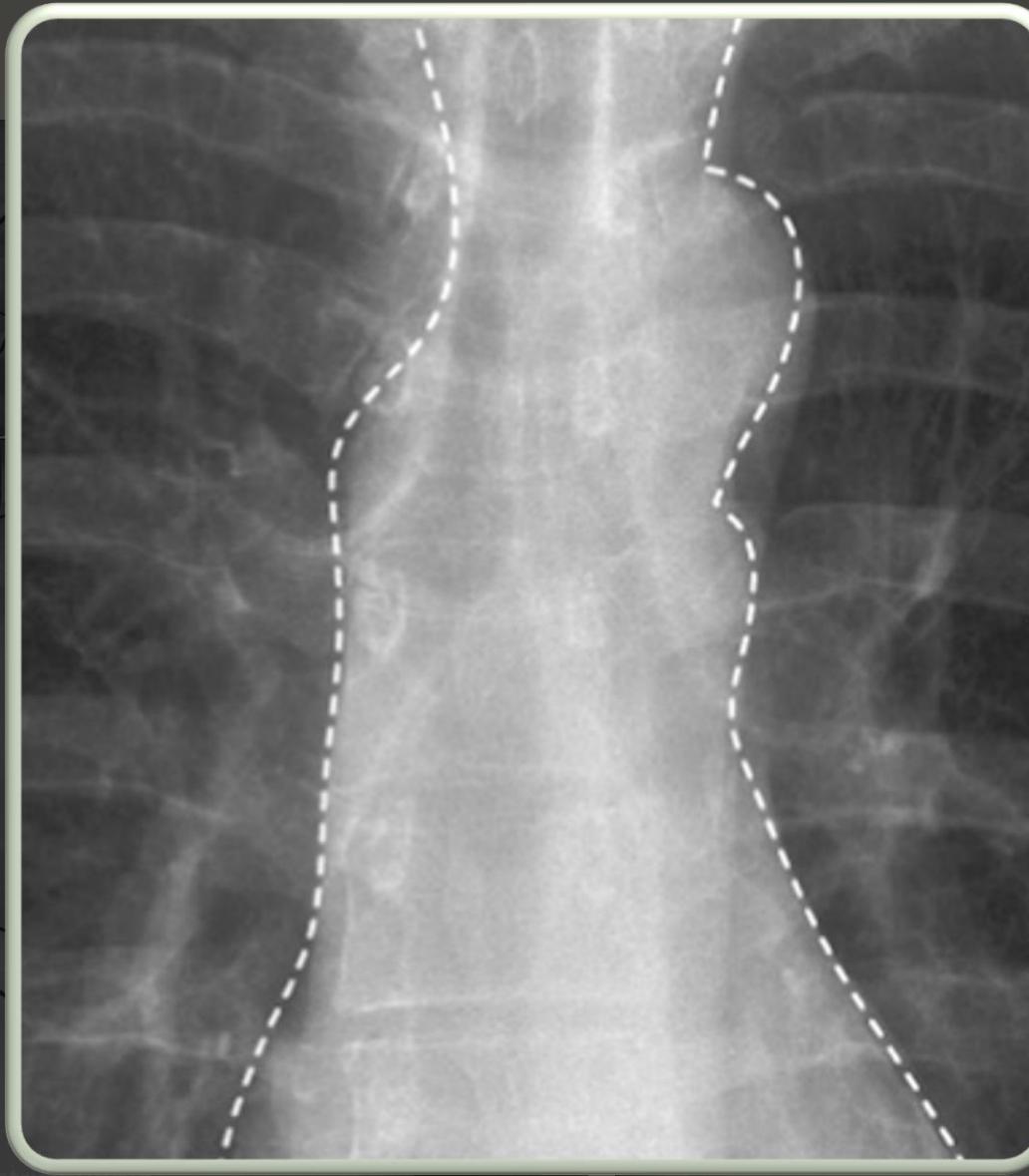
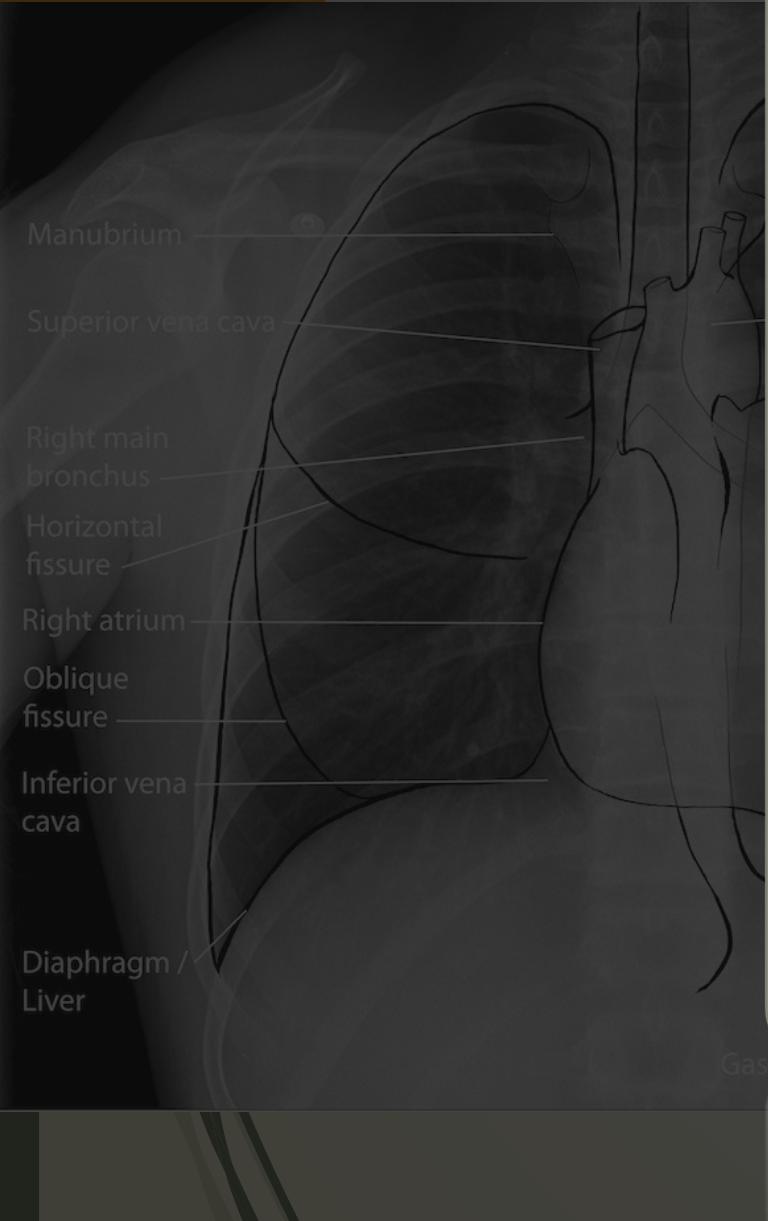
Cartoon

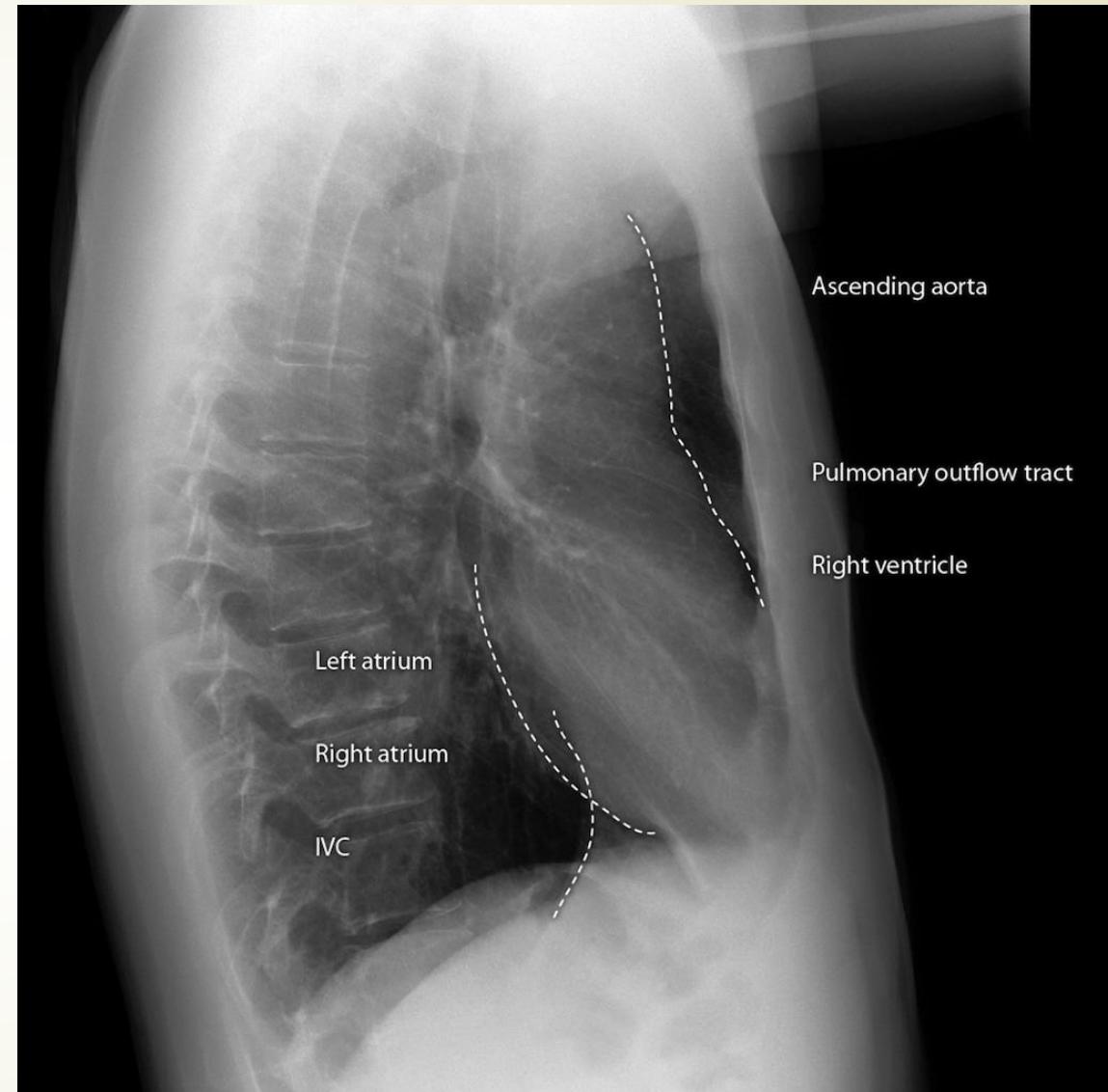
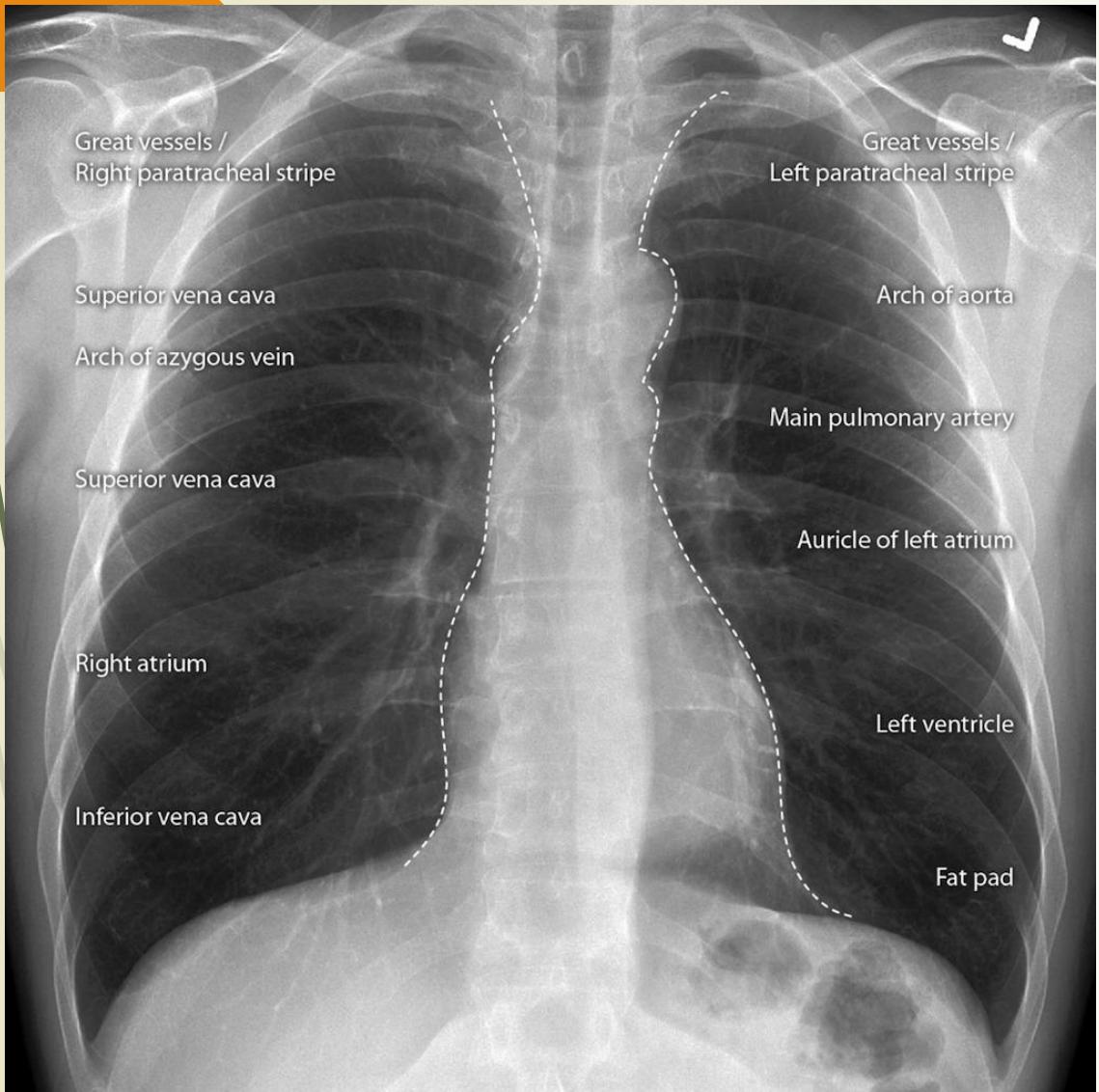
X-Ray

# AP vs PA in one patient

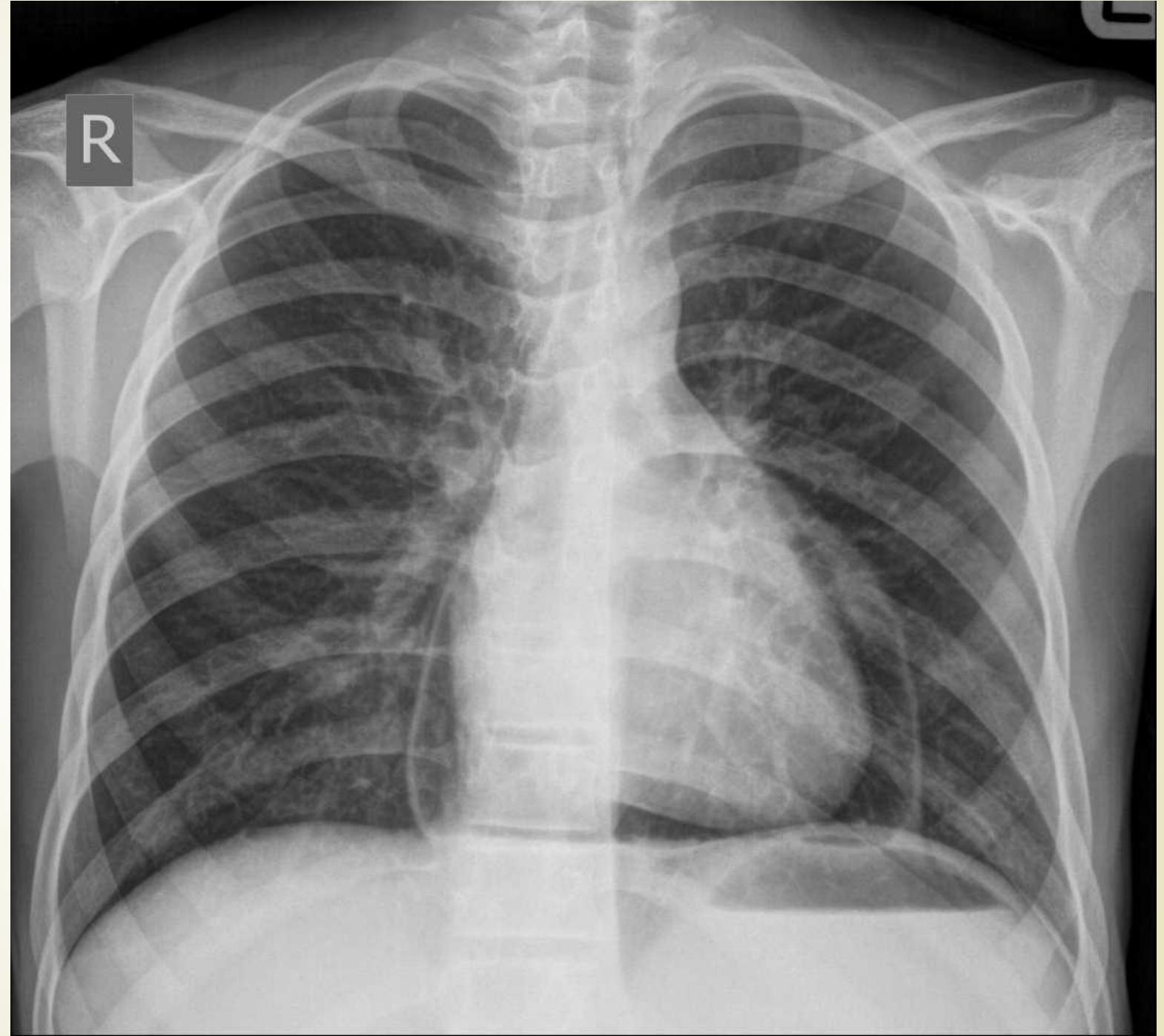




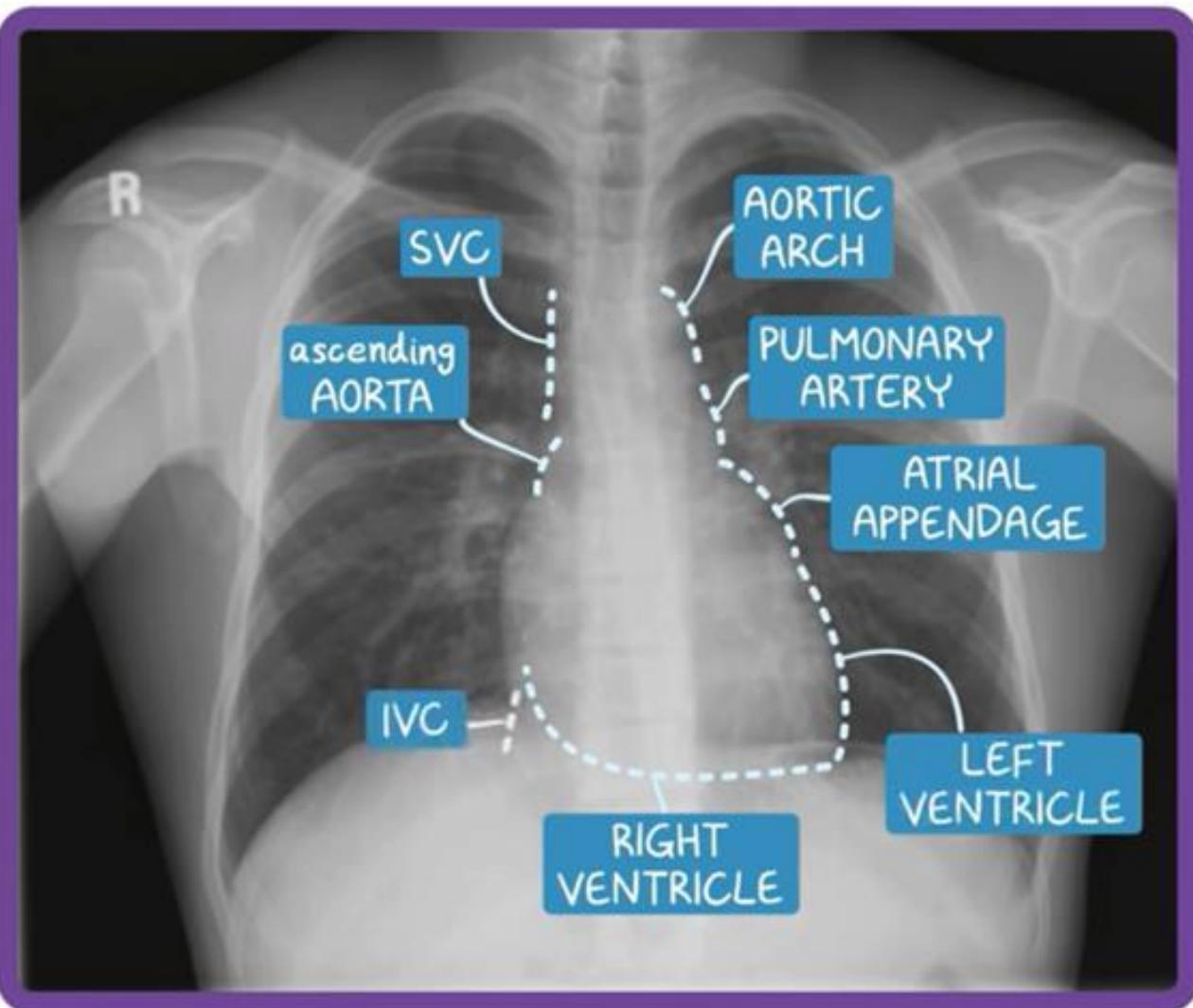




Where is the  
Heart !?



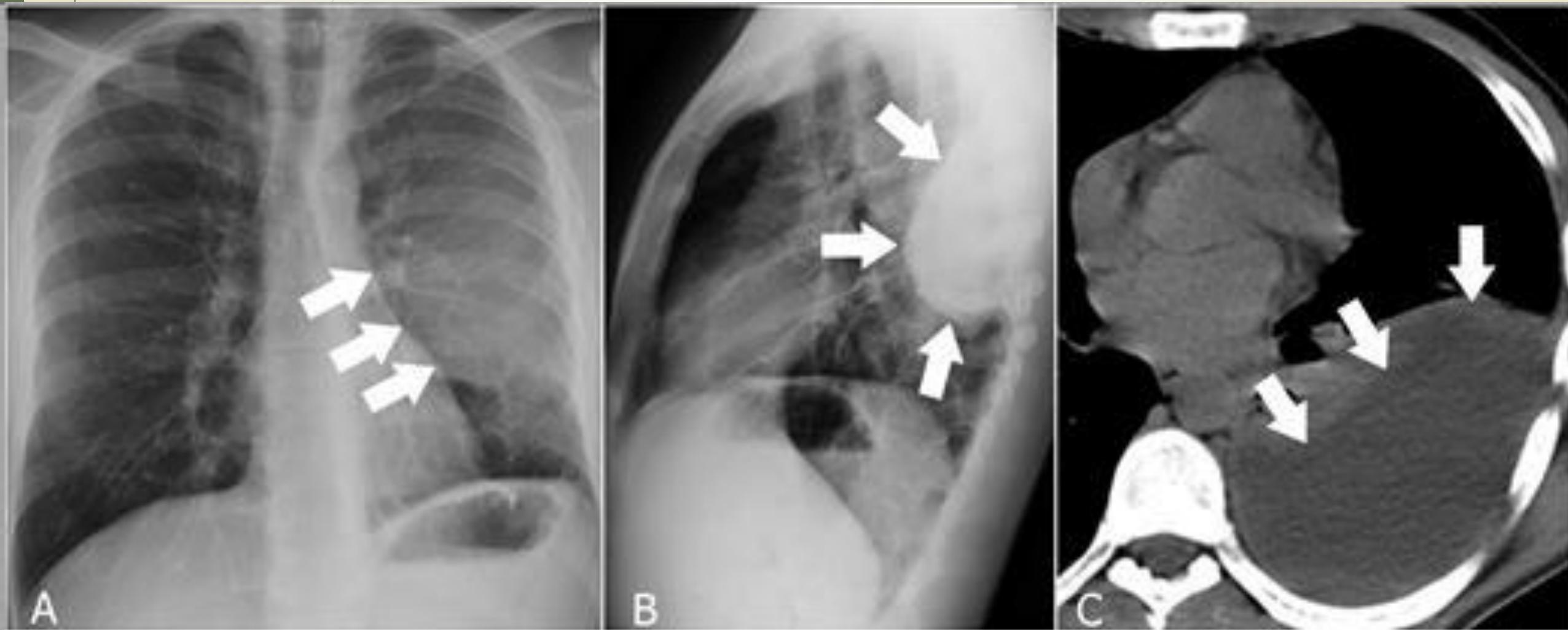
# NI shadow



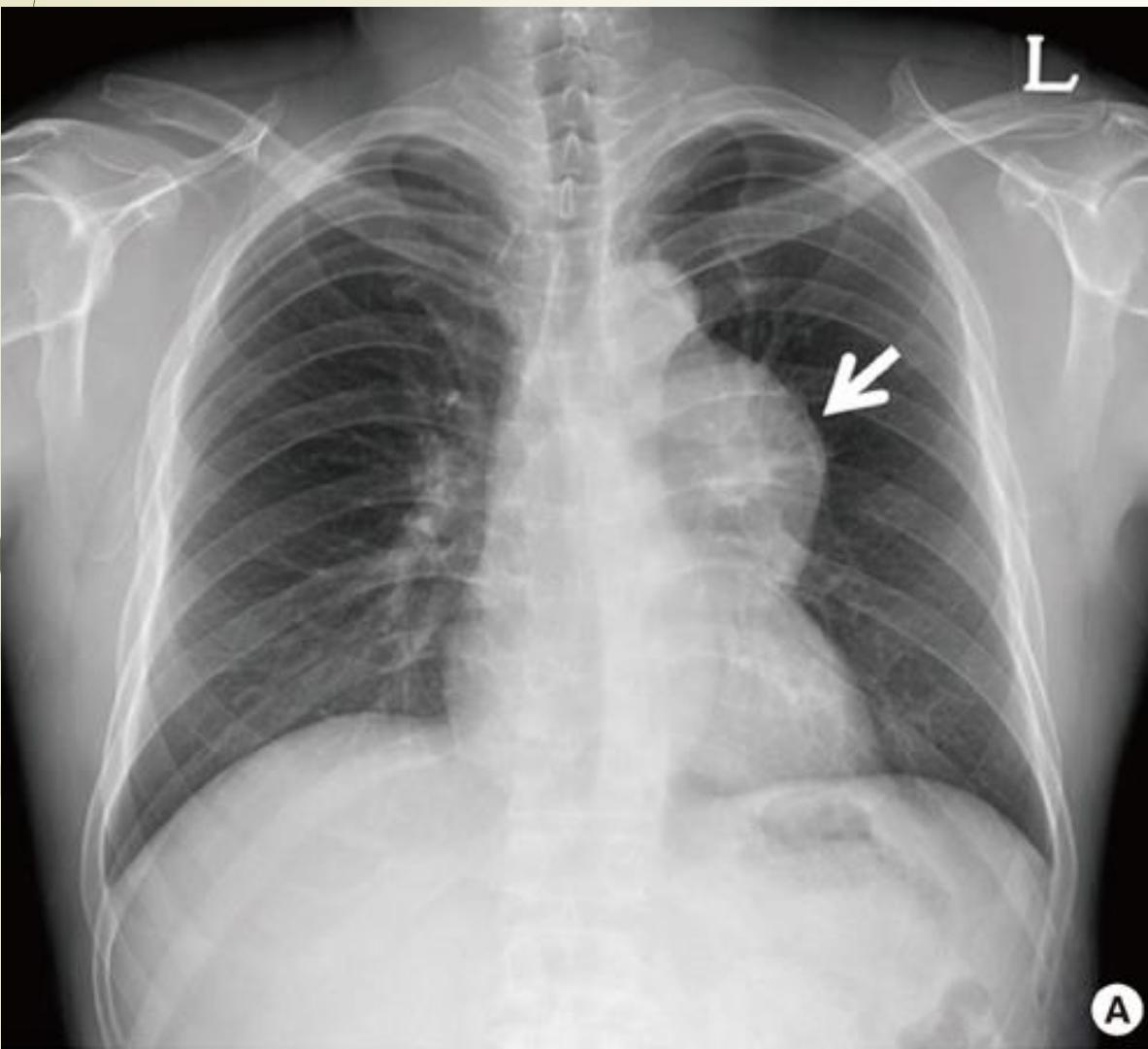
SILHOUETTE	LUNG
SVC/Asc Aorta	Anterior Segment RUL
Right Atrium	Medial Segment RML
Aortic Arch	Apical-posterior Segment LUL
Left Ventricle	Inferior Segment Lingula
Right Emidiaphragm	RLL
Left Diaphragm and Descending Aorta	LLL

***Relationship***

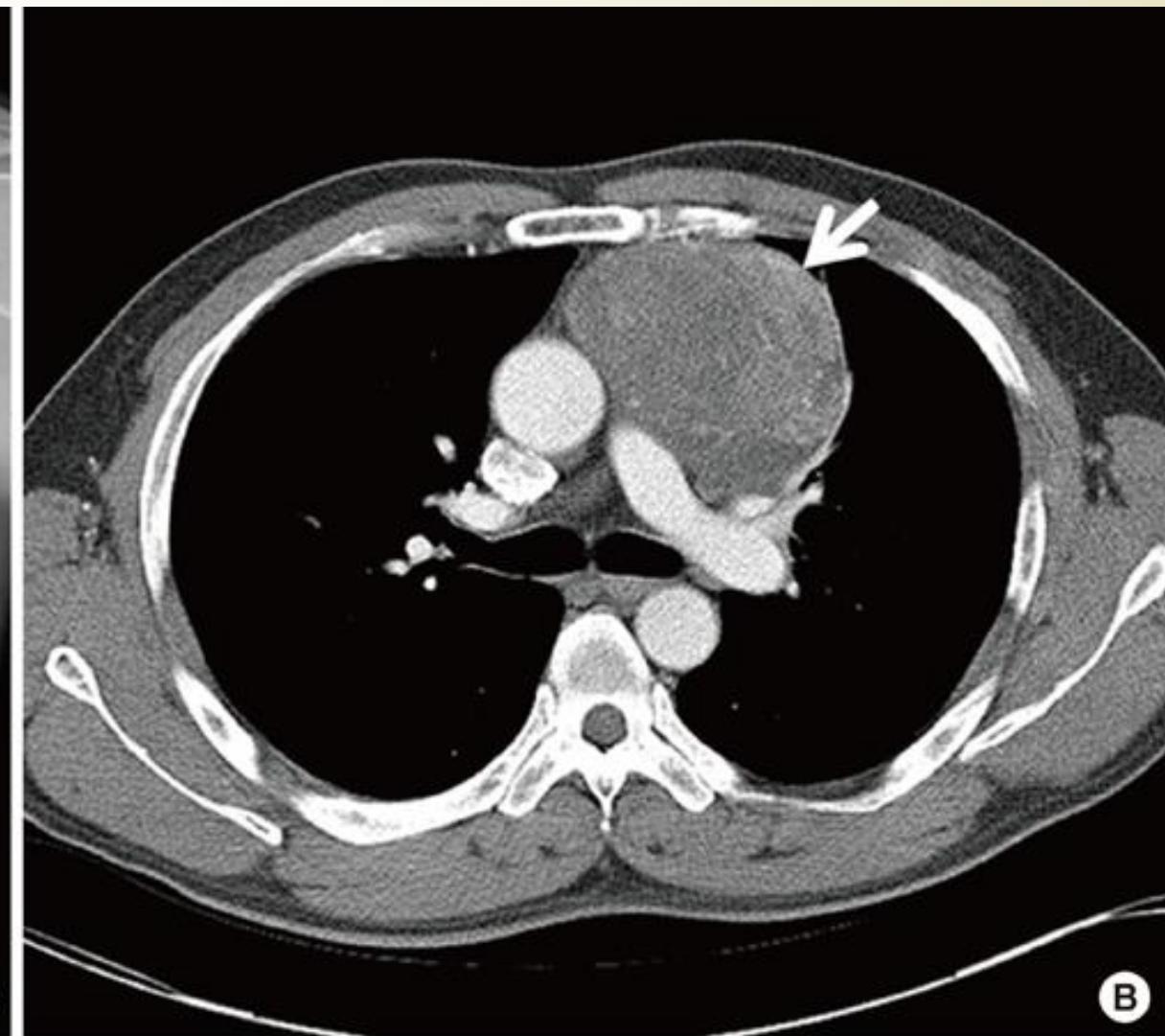
# Case 1 – which lung segment involved



## Case 2 – Where is the mediastinal mass located?



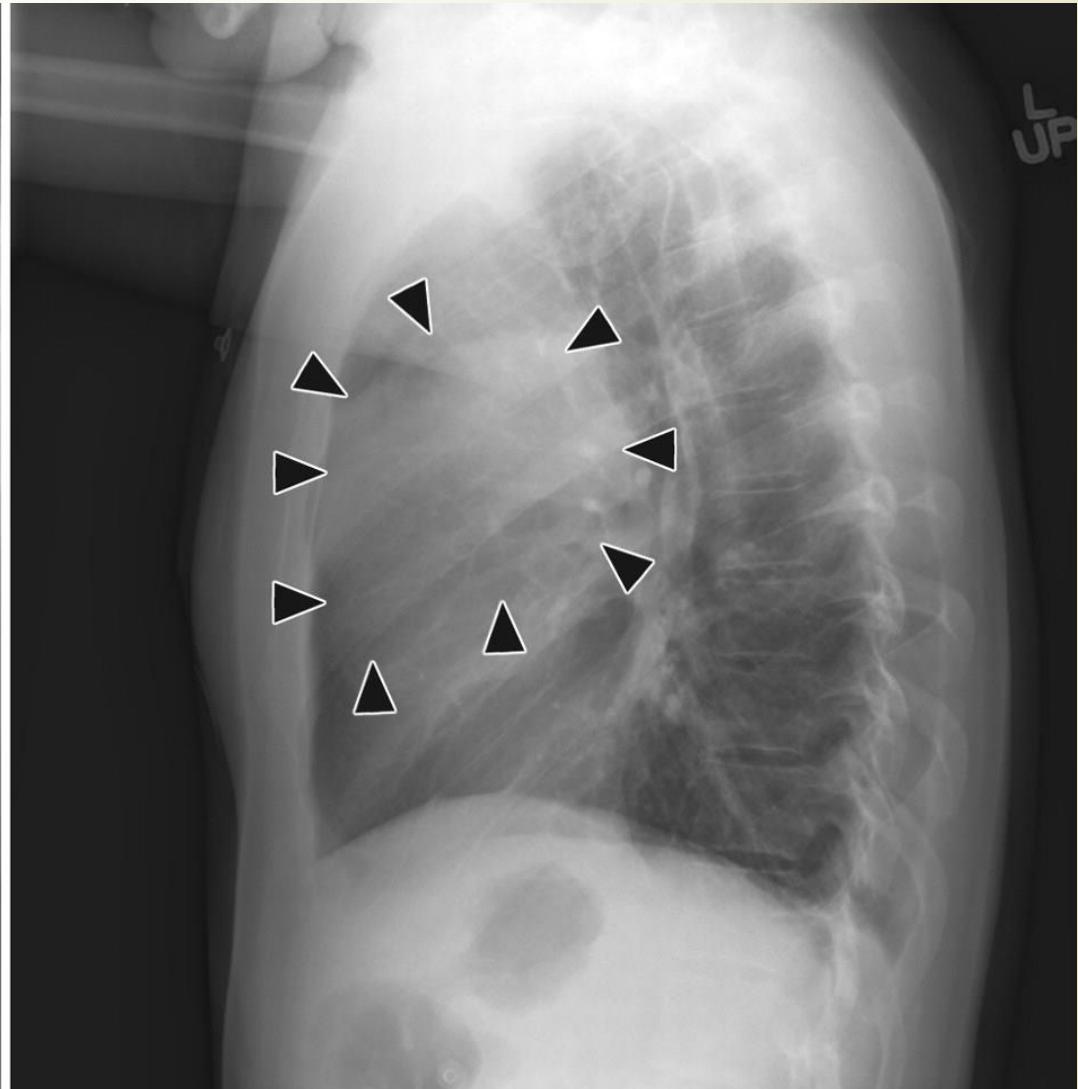
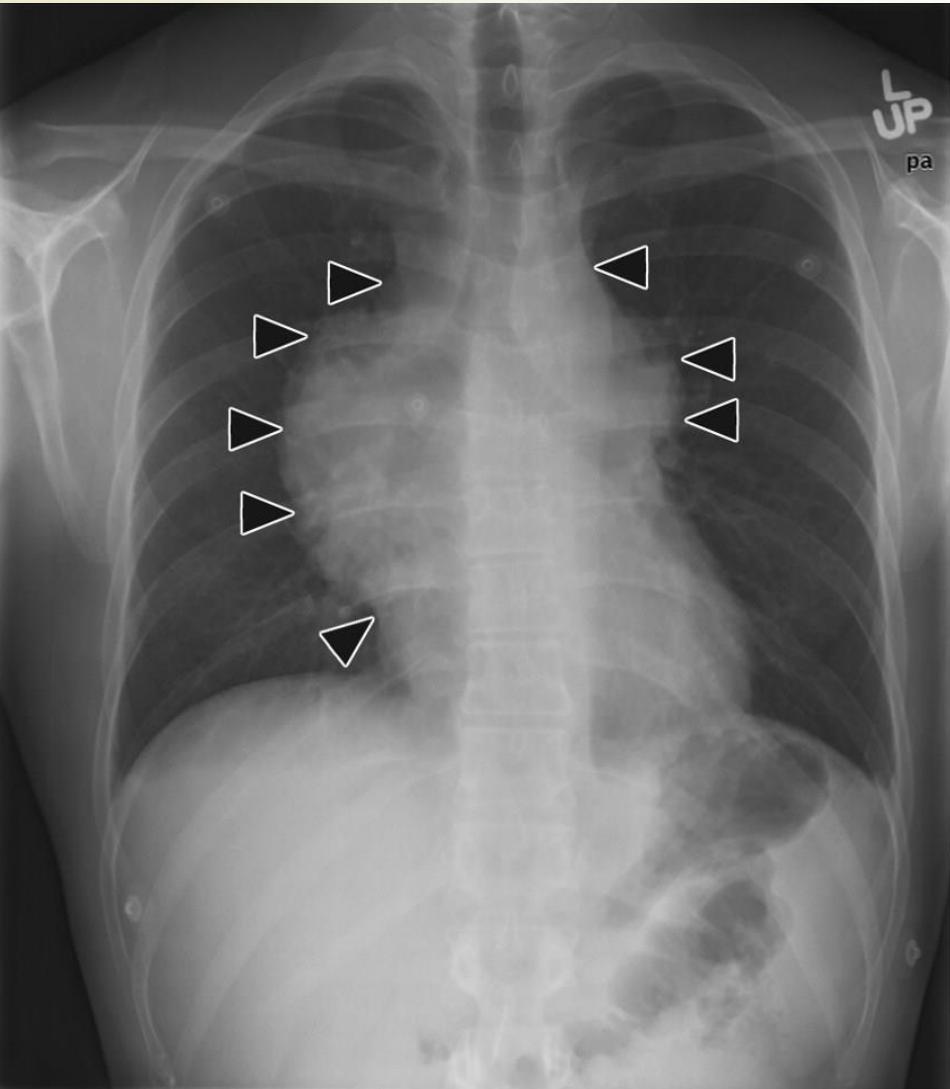
A



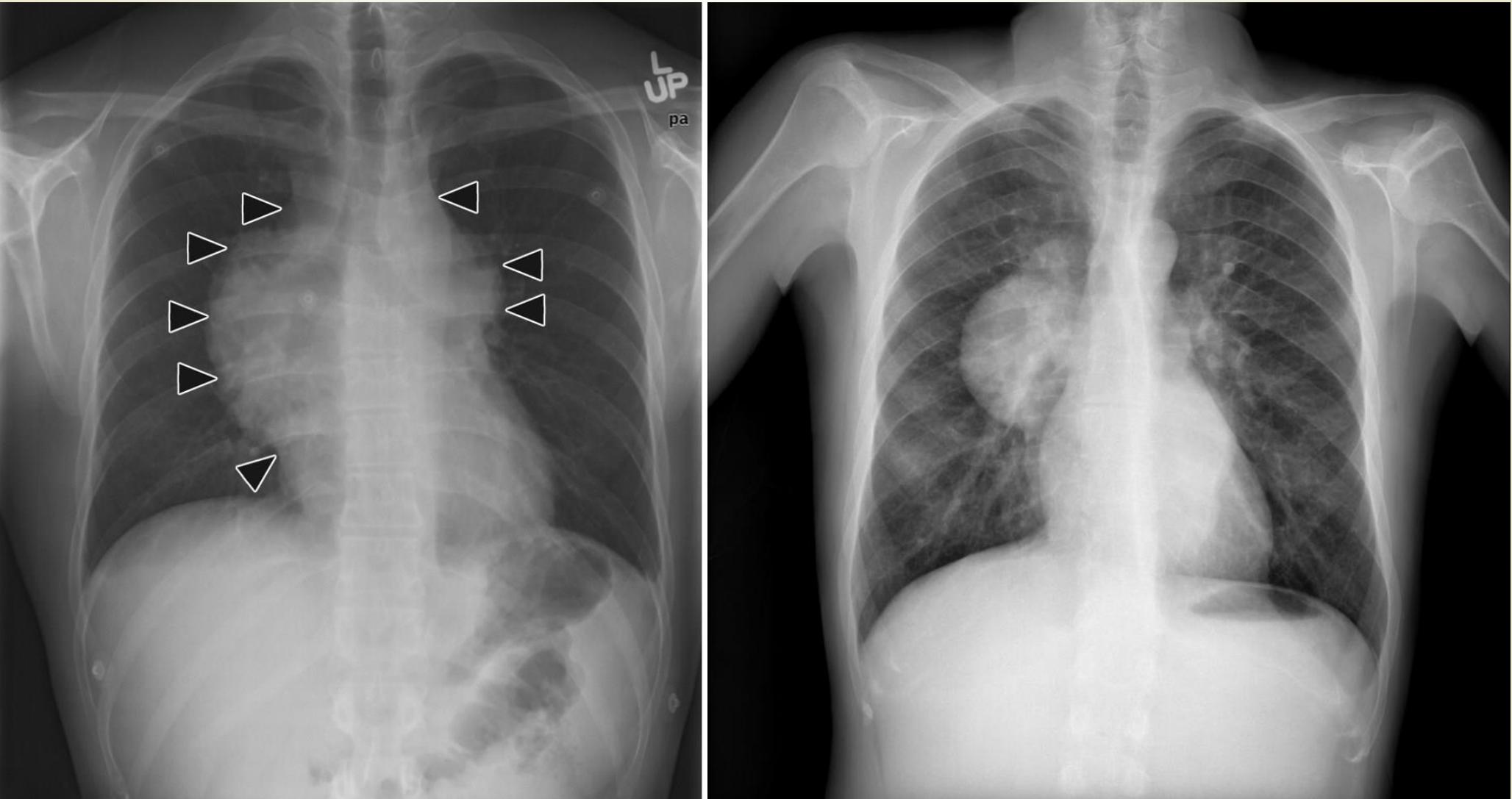
B

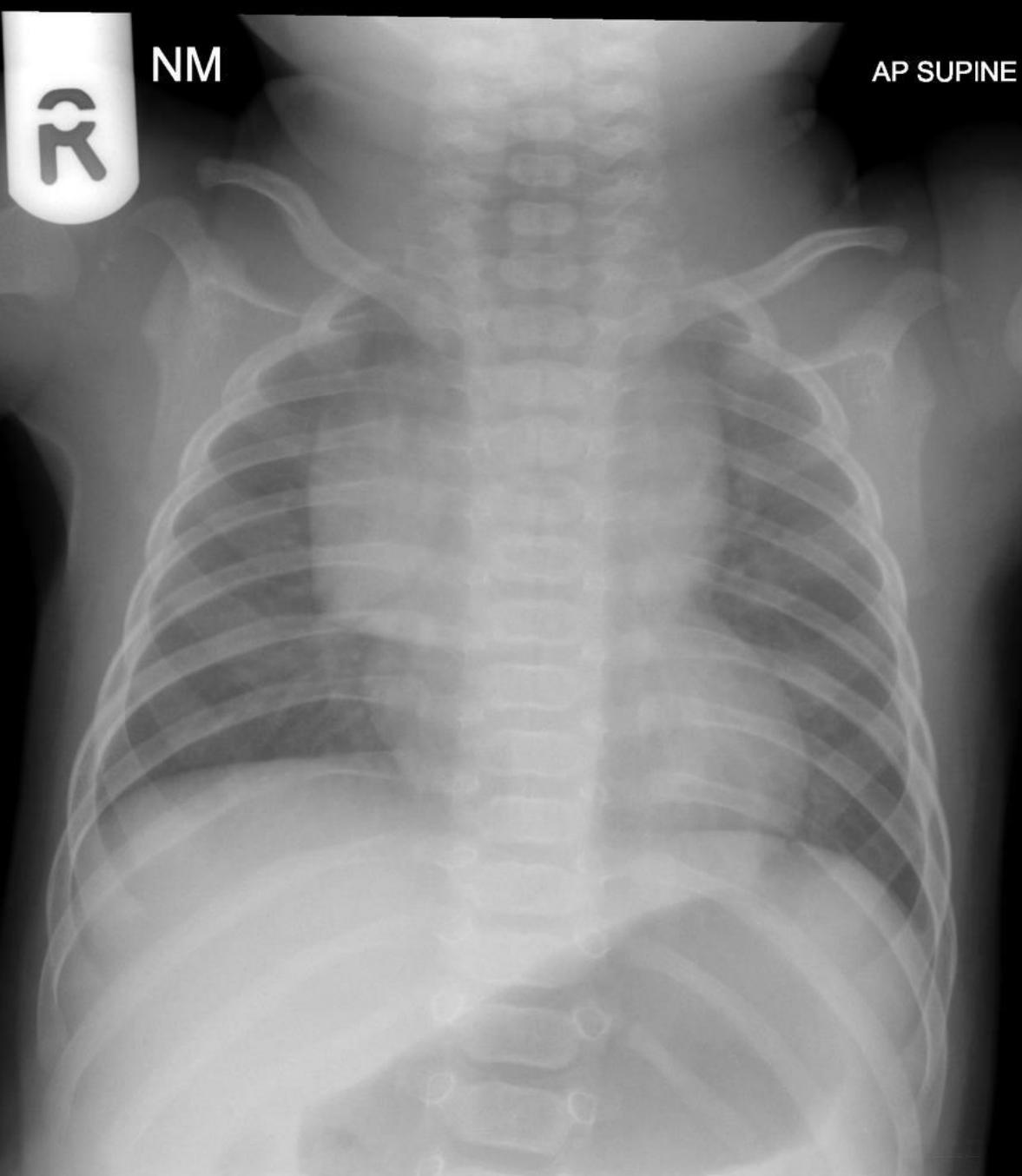


## Case 4 – Where is the mediastinal mass located?



# Case 5 – Compare Ant – Posterior mass

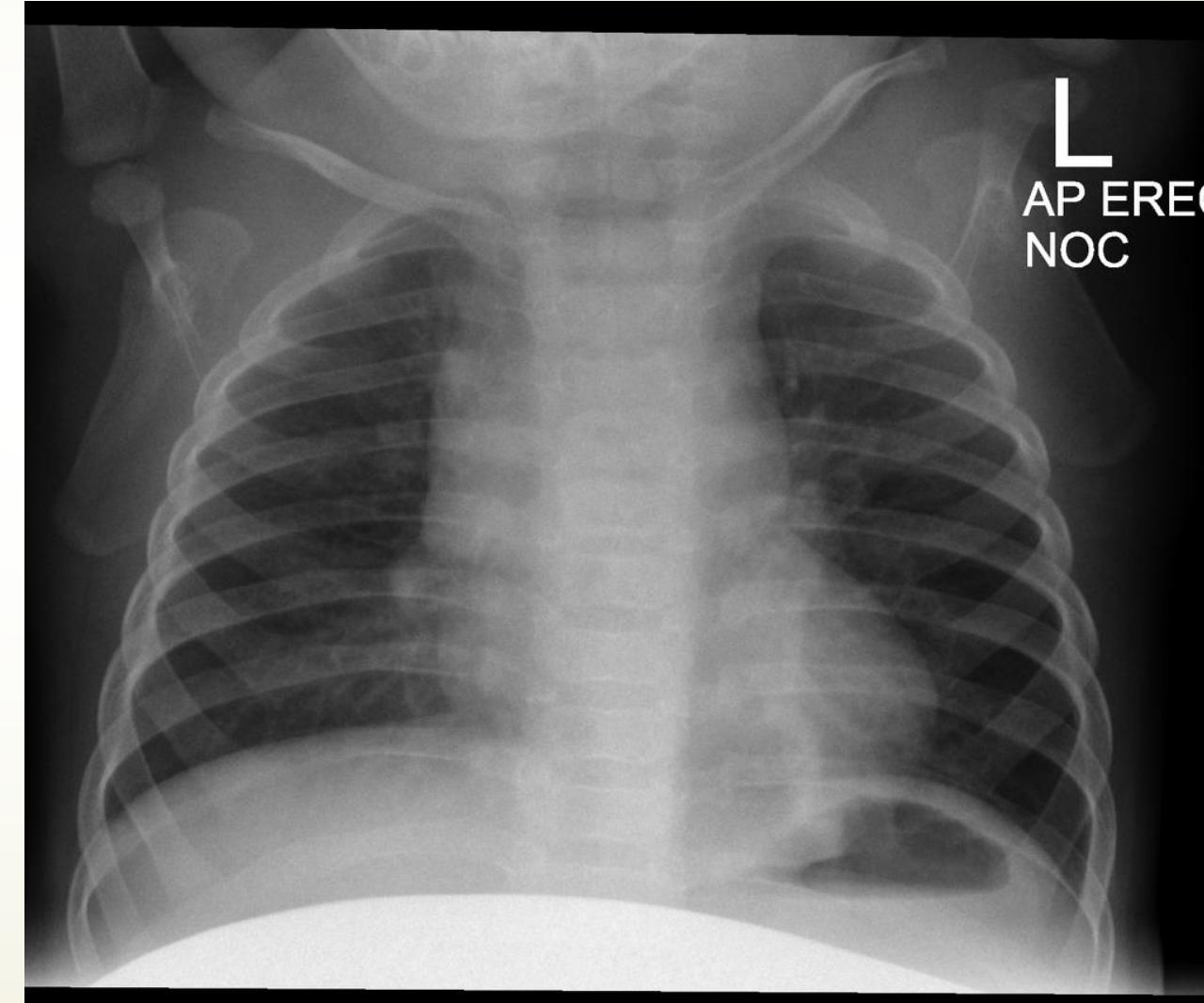


A black and white anteroposterior (AP) supine chest radiograph. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the rib cage. The heart size appears normal. The text "NM" is in the top left corner, and "AP SUPINE" is in the top right corner. A large letter "R" is in the top left corner of the image area.

NM

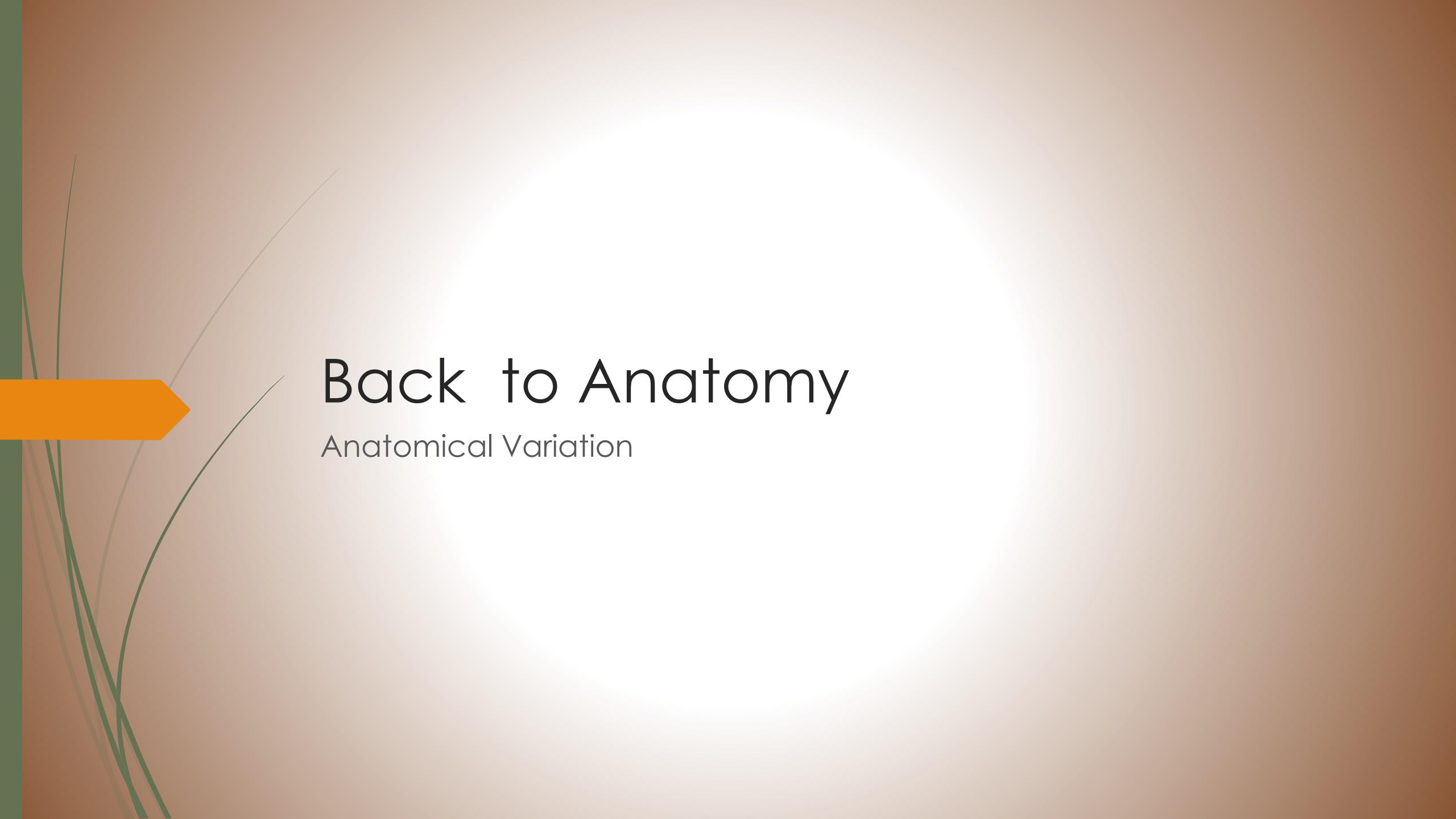
AP SUPINE

The normal **thymus** is a great mimicker of lung pathology. A normal thymus, no matter how big, does not displace the trachea or mediastinal structures.

A black and white anteroposterior (AP) erect chest radiograph. The image shows the bony structures of the thorax. The heart size appears normal. The text "L" is in the top right corner, and "AP ERECT NOC" is in the bottom right corner.

L

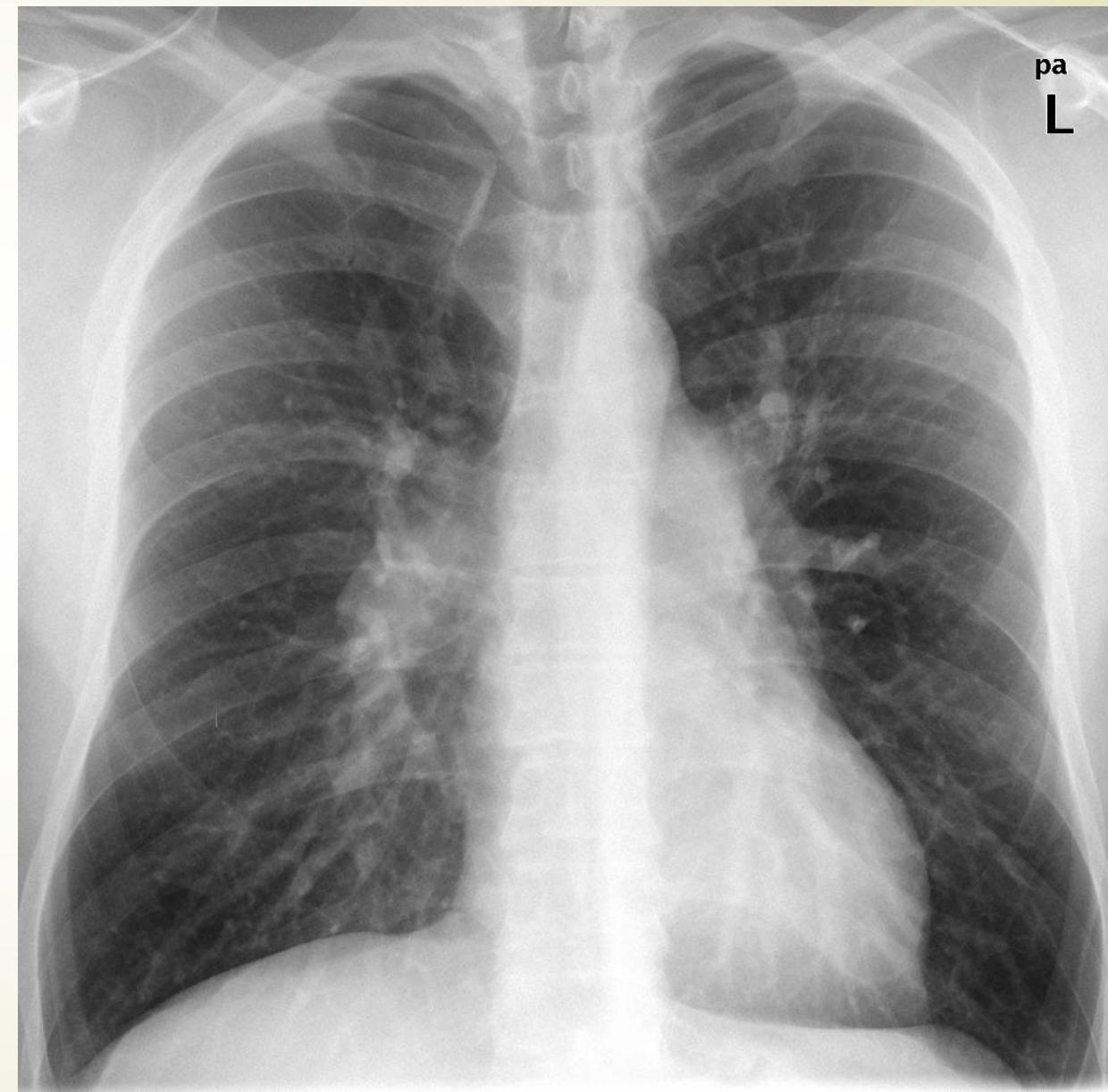
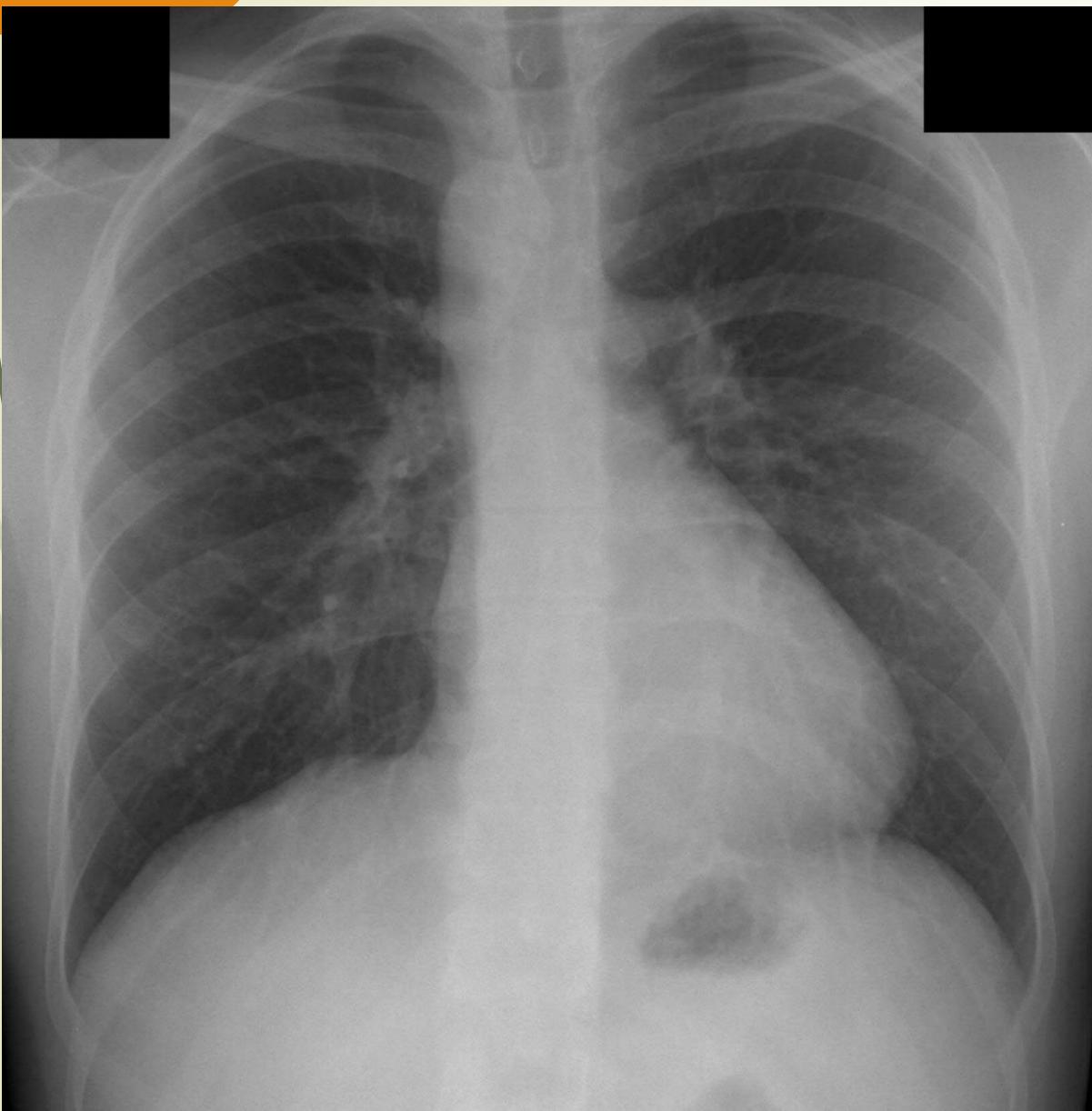
AP ERECT  
NOC



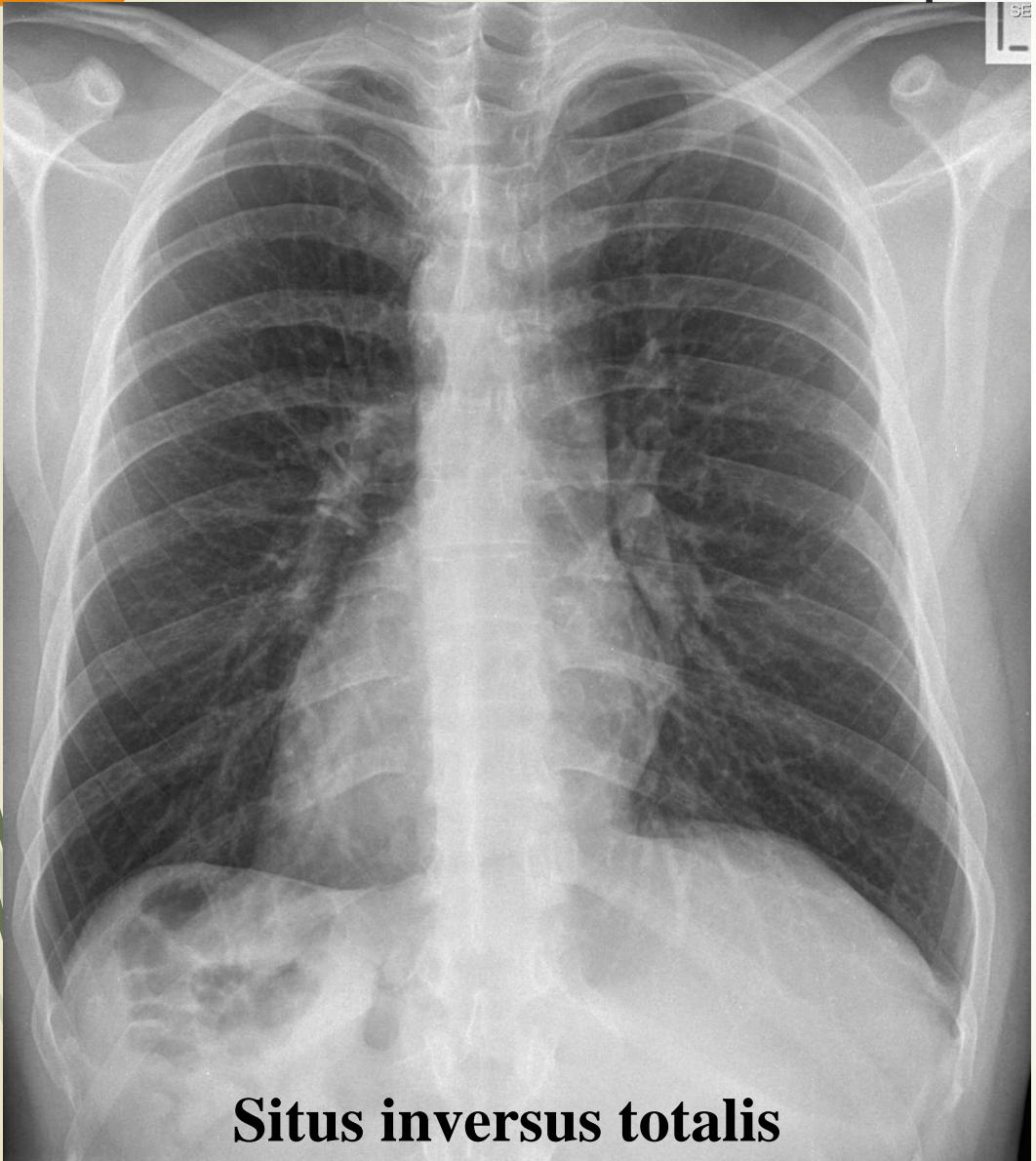
# Back to Anatomy

Anatomical Variation

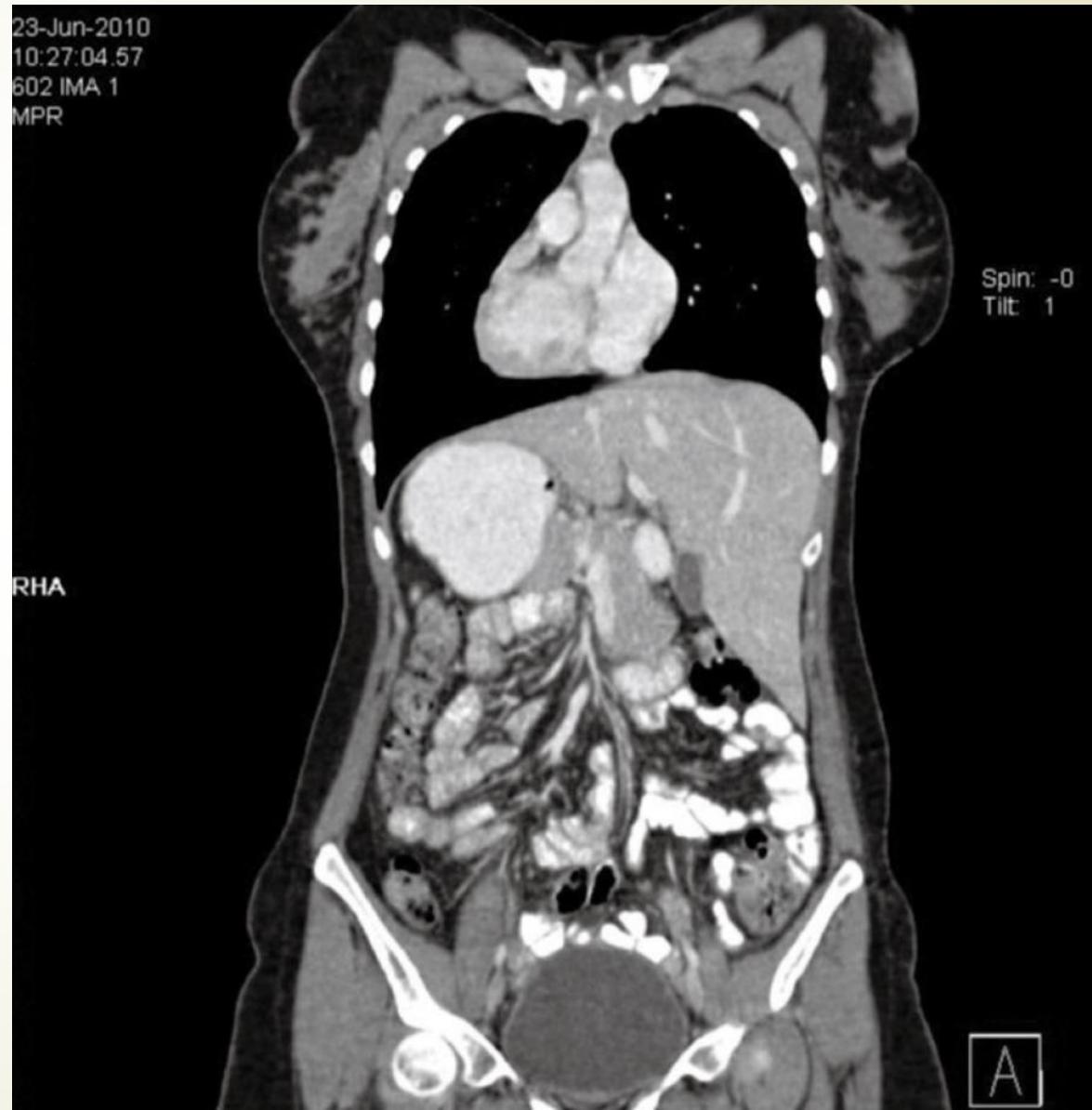
# What is the problem ?!



# What is the problem ?!

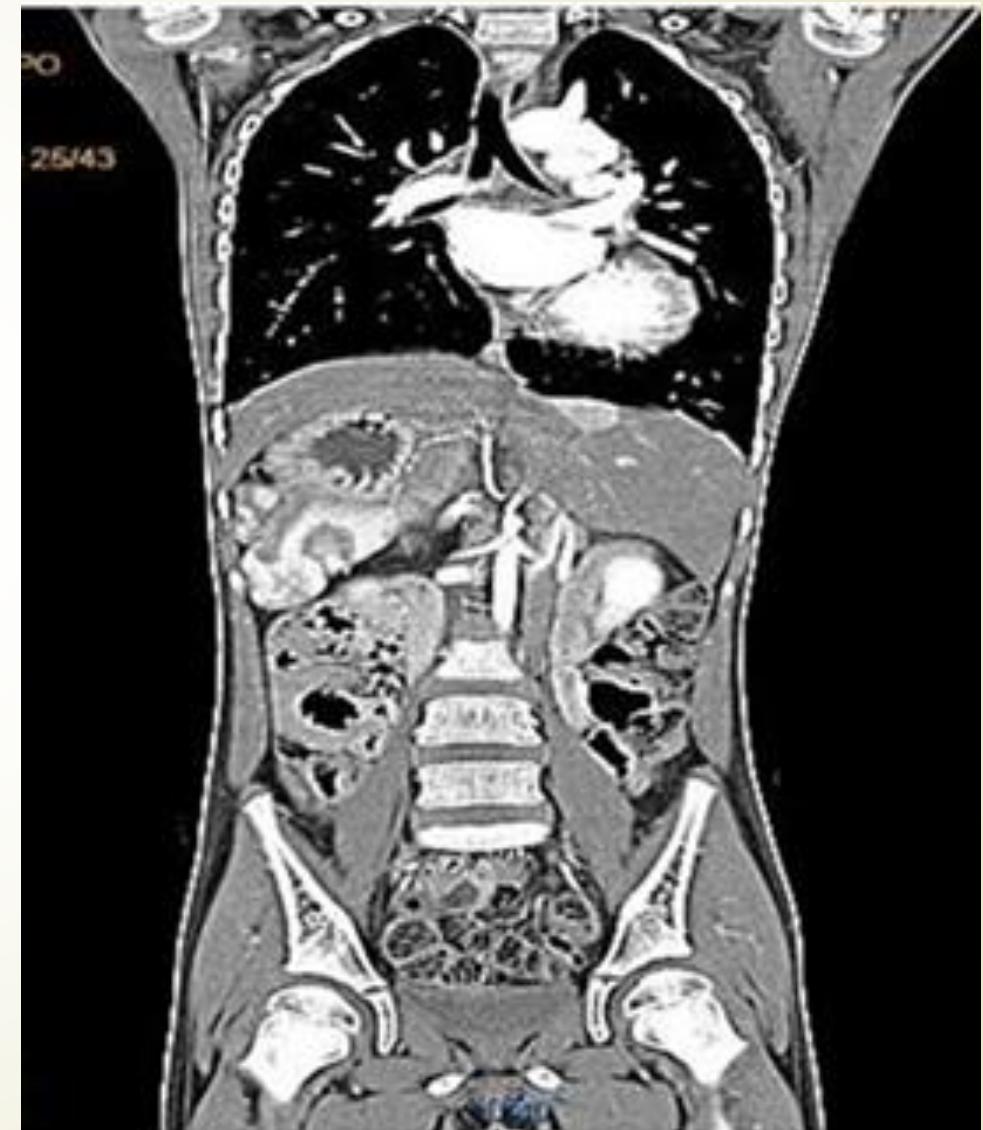
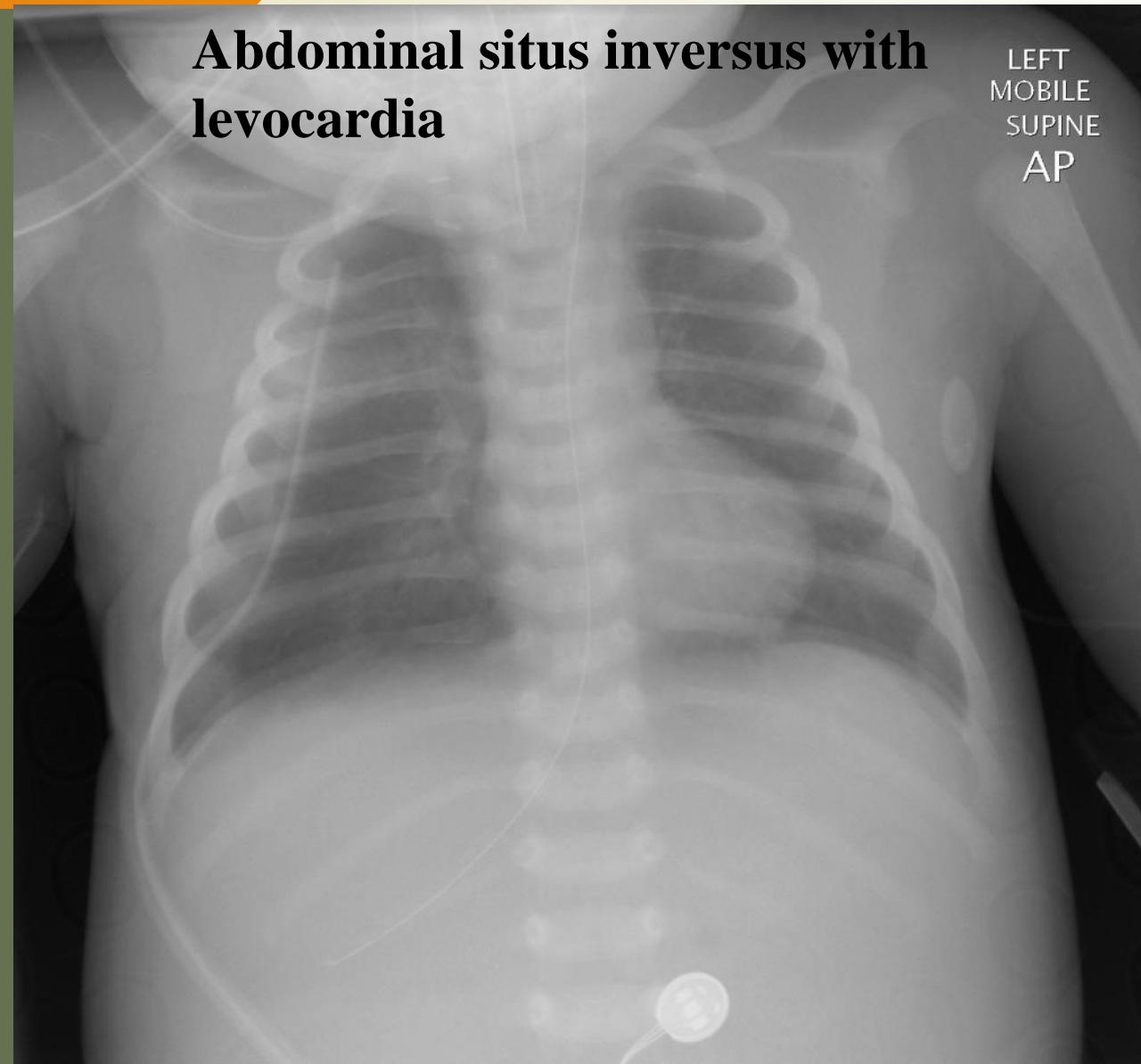


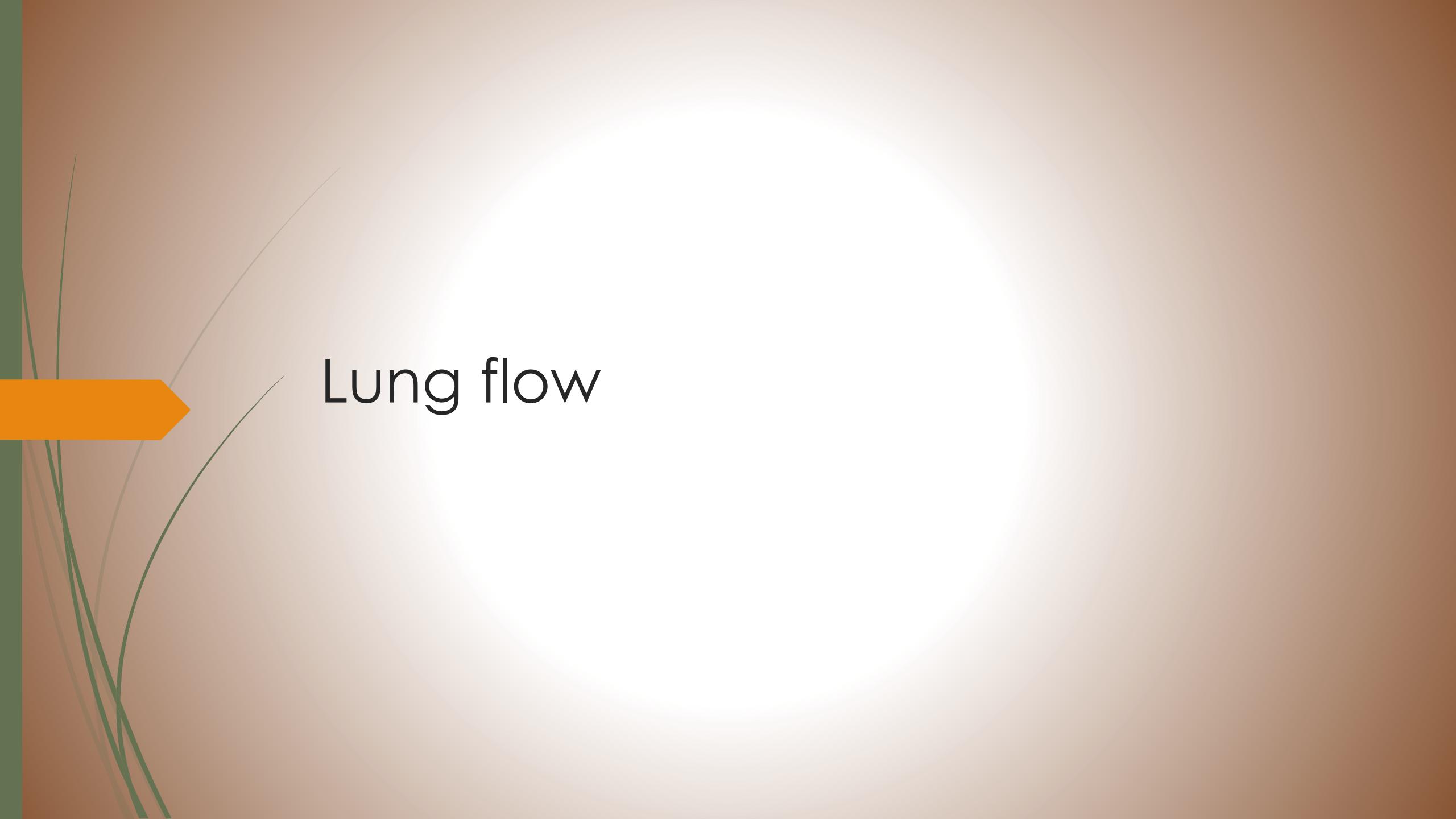
**Situs inversus totalis**



# What is the problem ?!

**Abdominal situs inversus with levocardia**





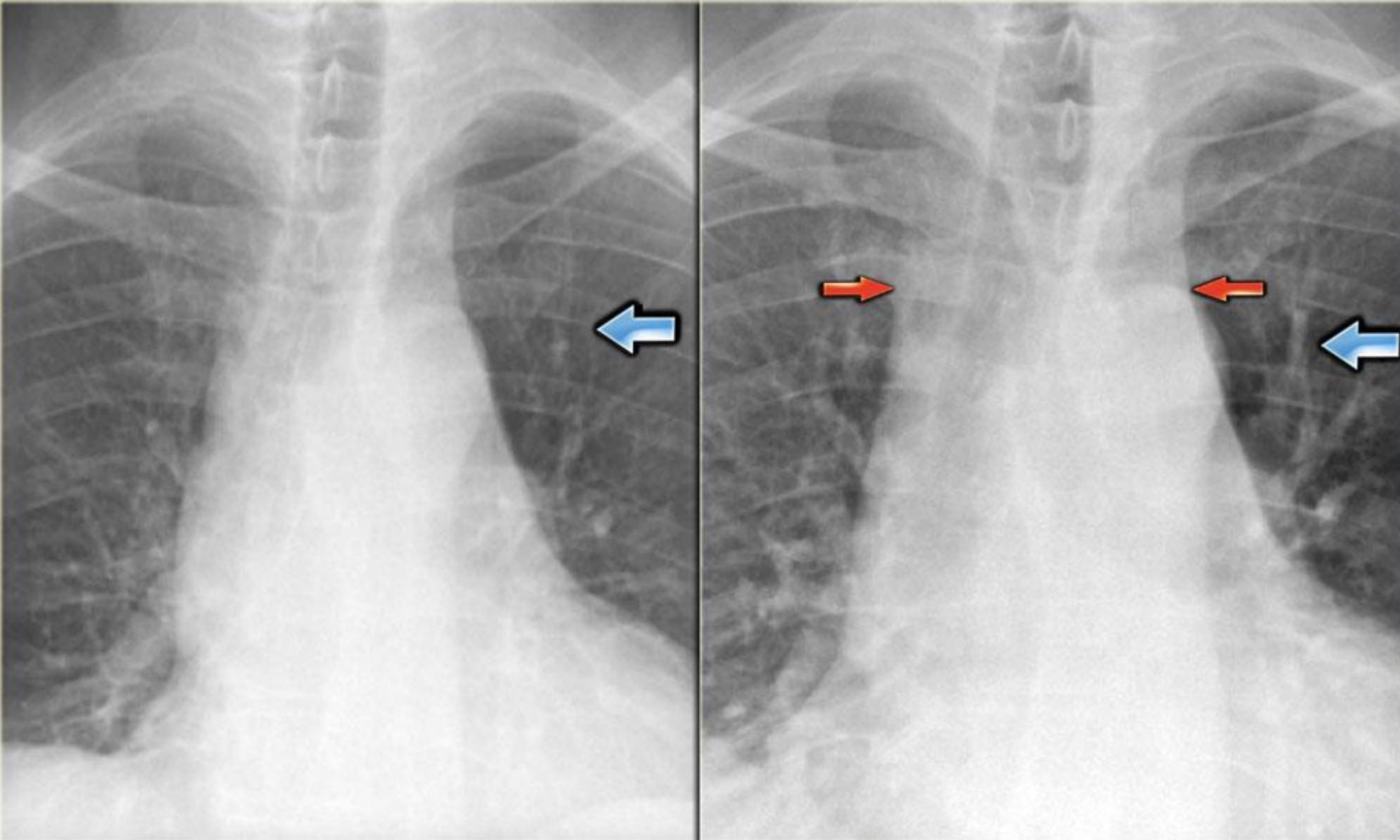
Lung flow



NORMAL

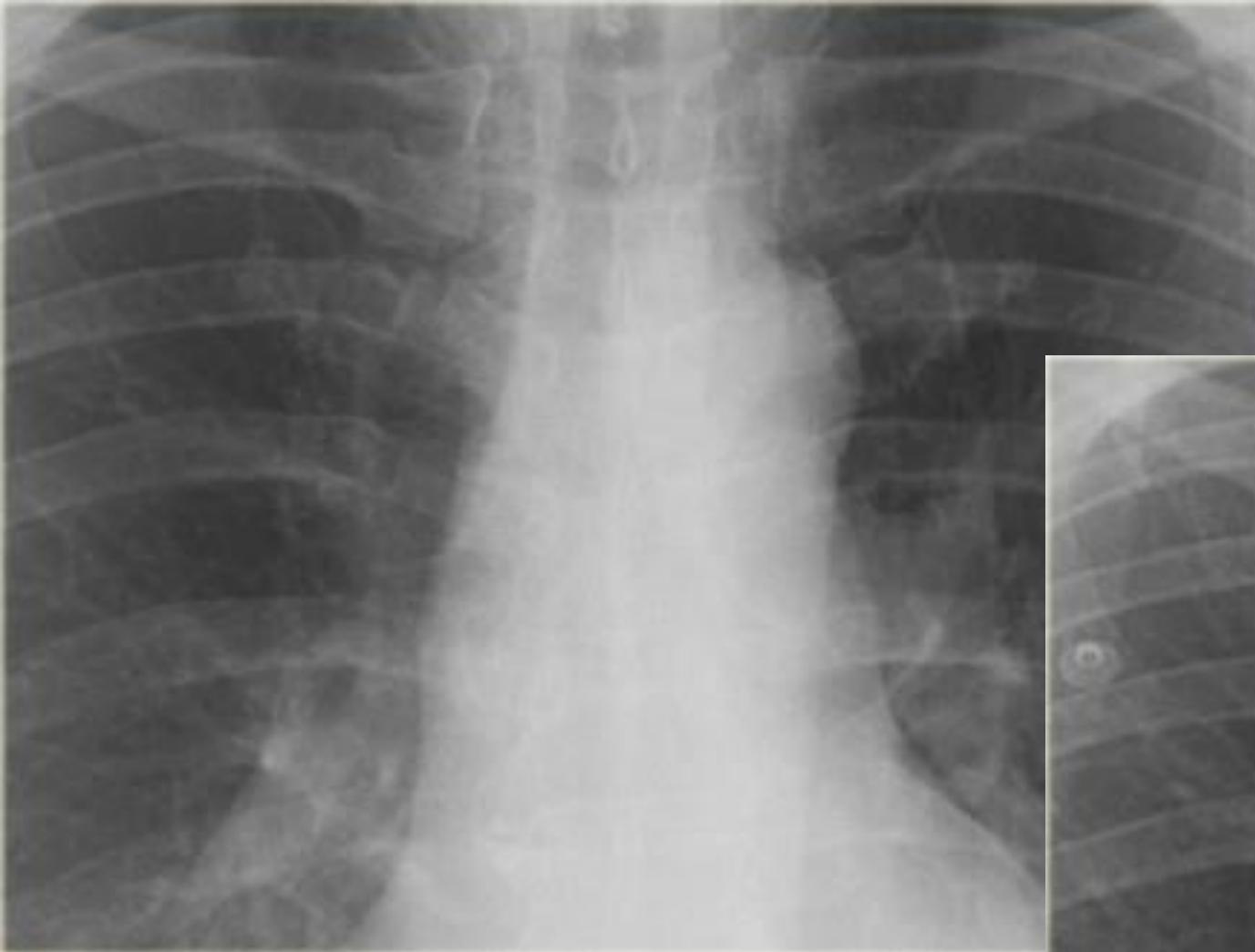


DECREASED

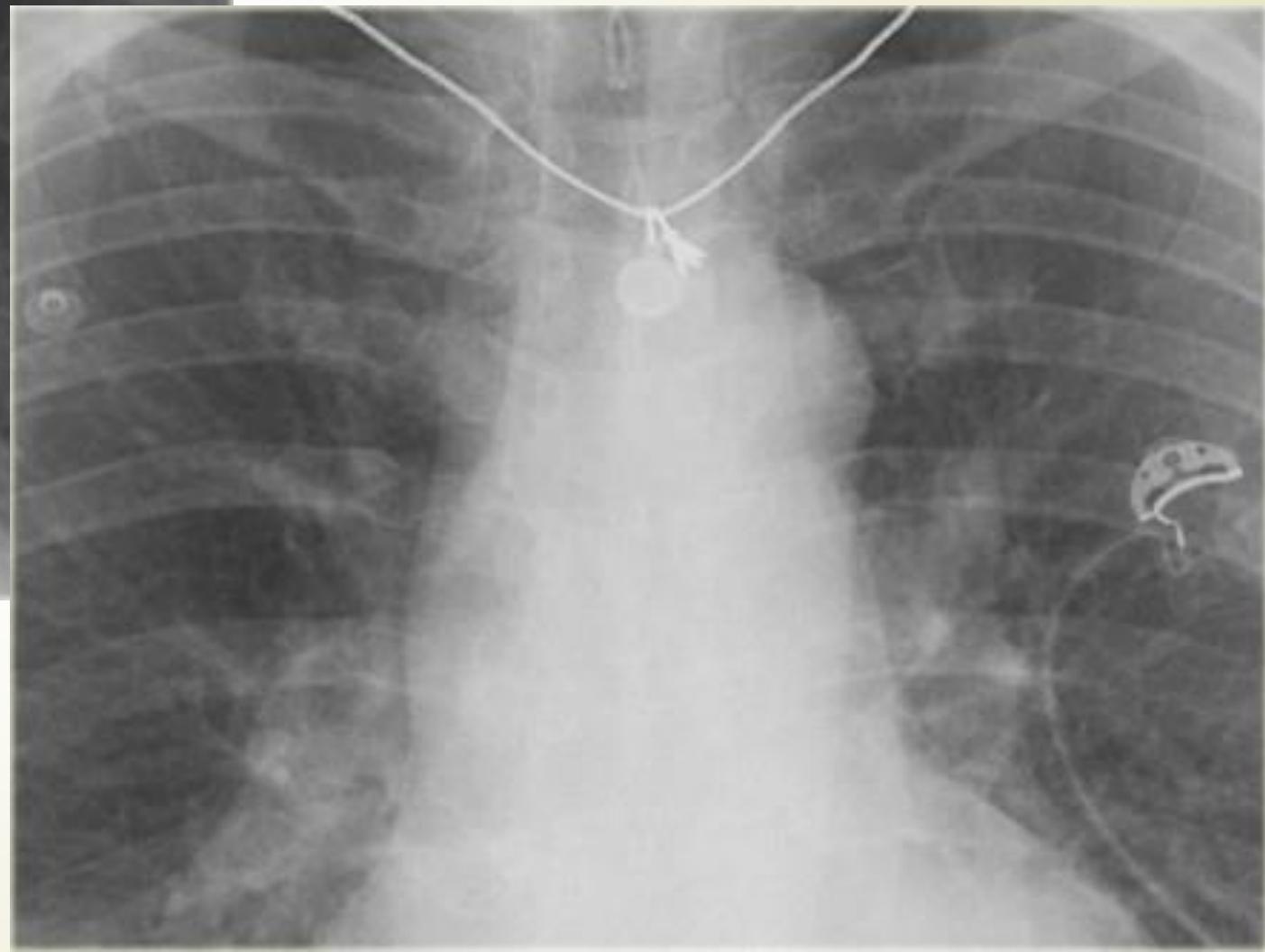


With treatment

Cephalization + Widening of mediastinal  
vasculature

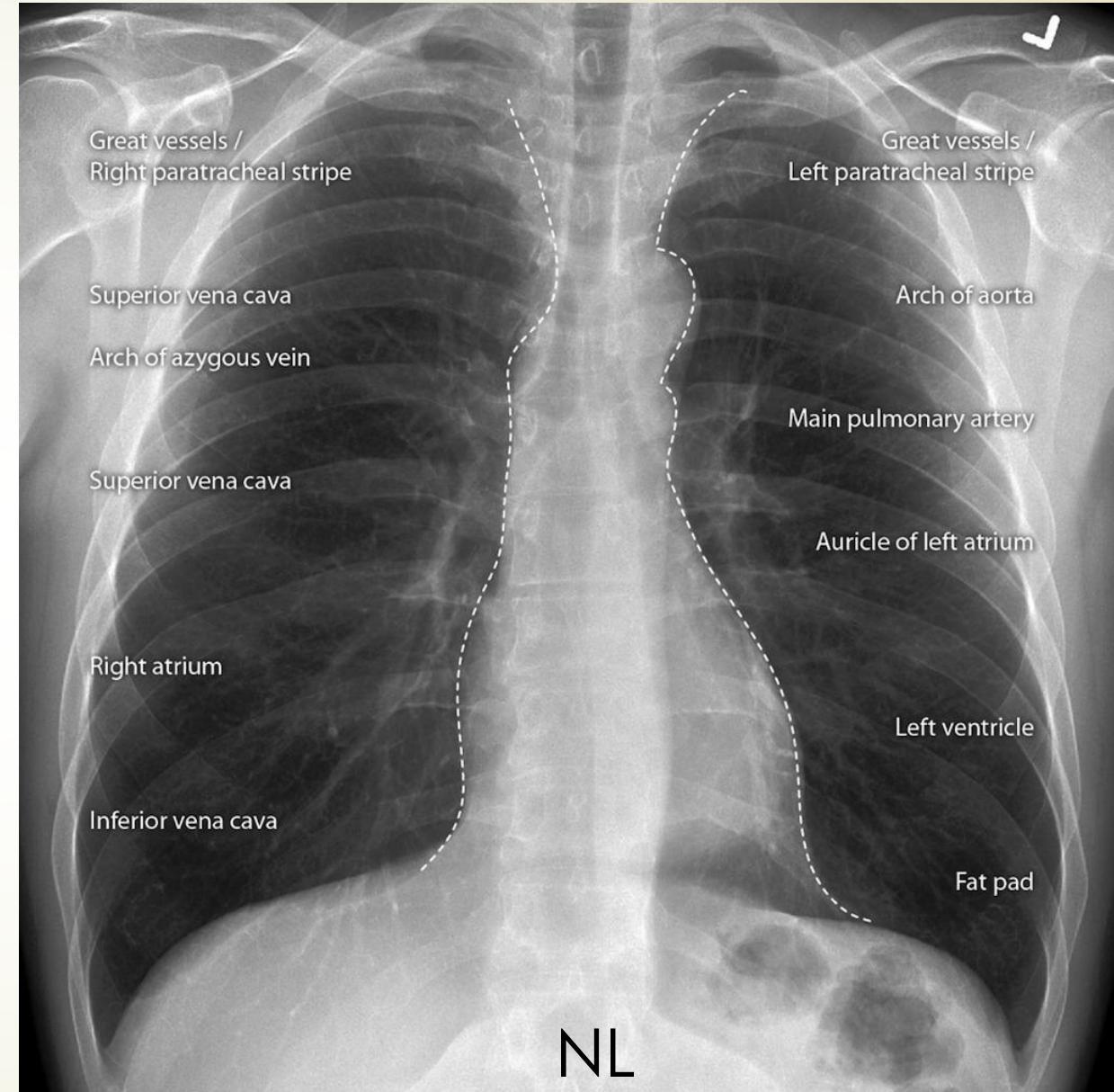
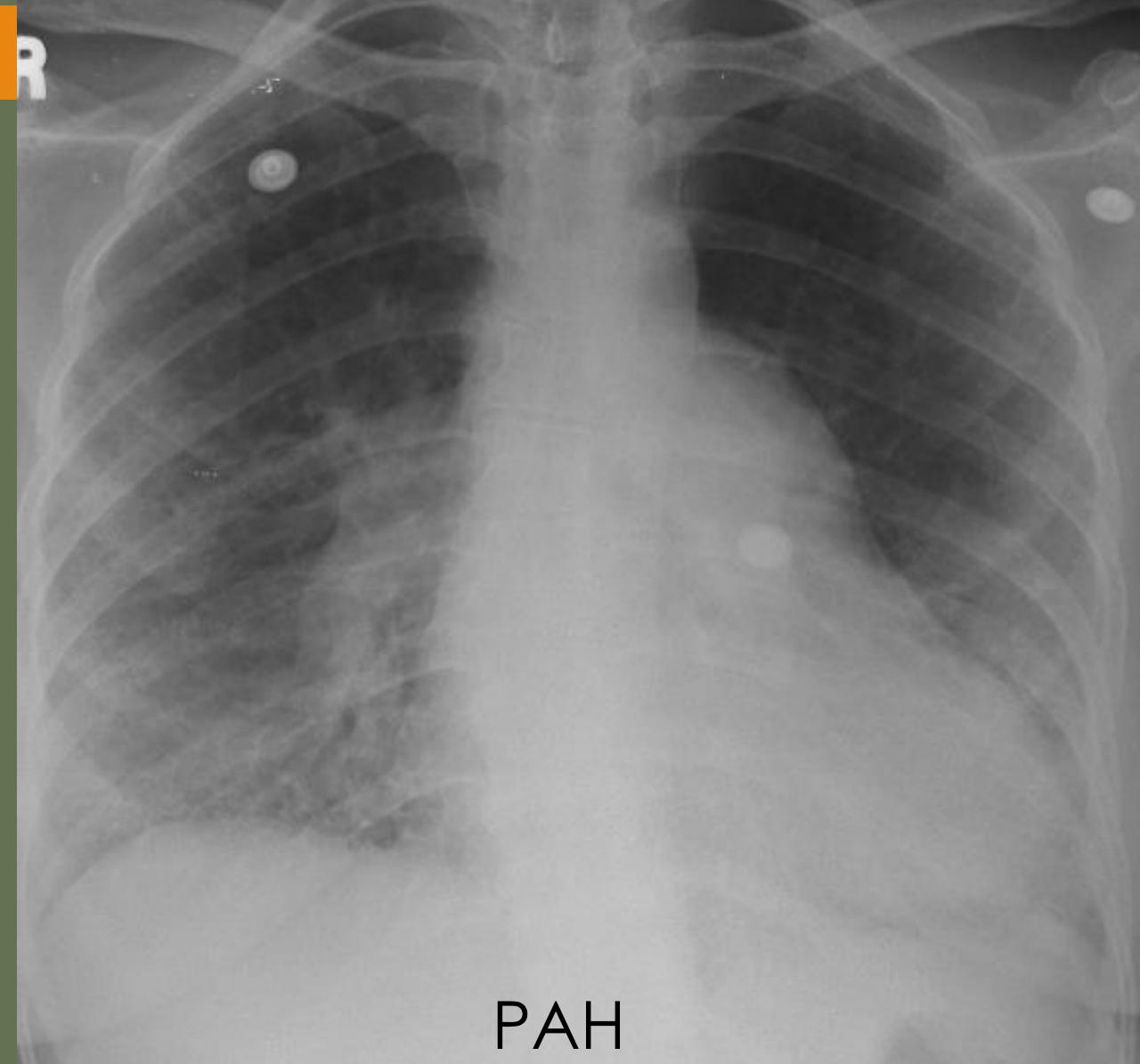
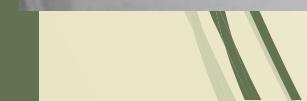


One patient in  
two condition

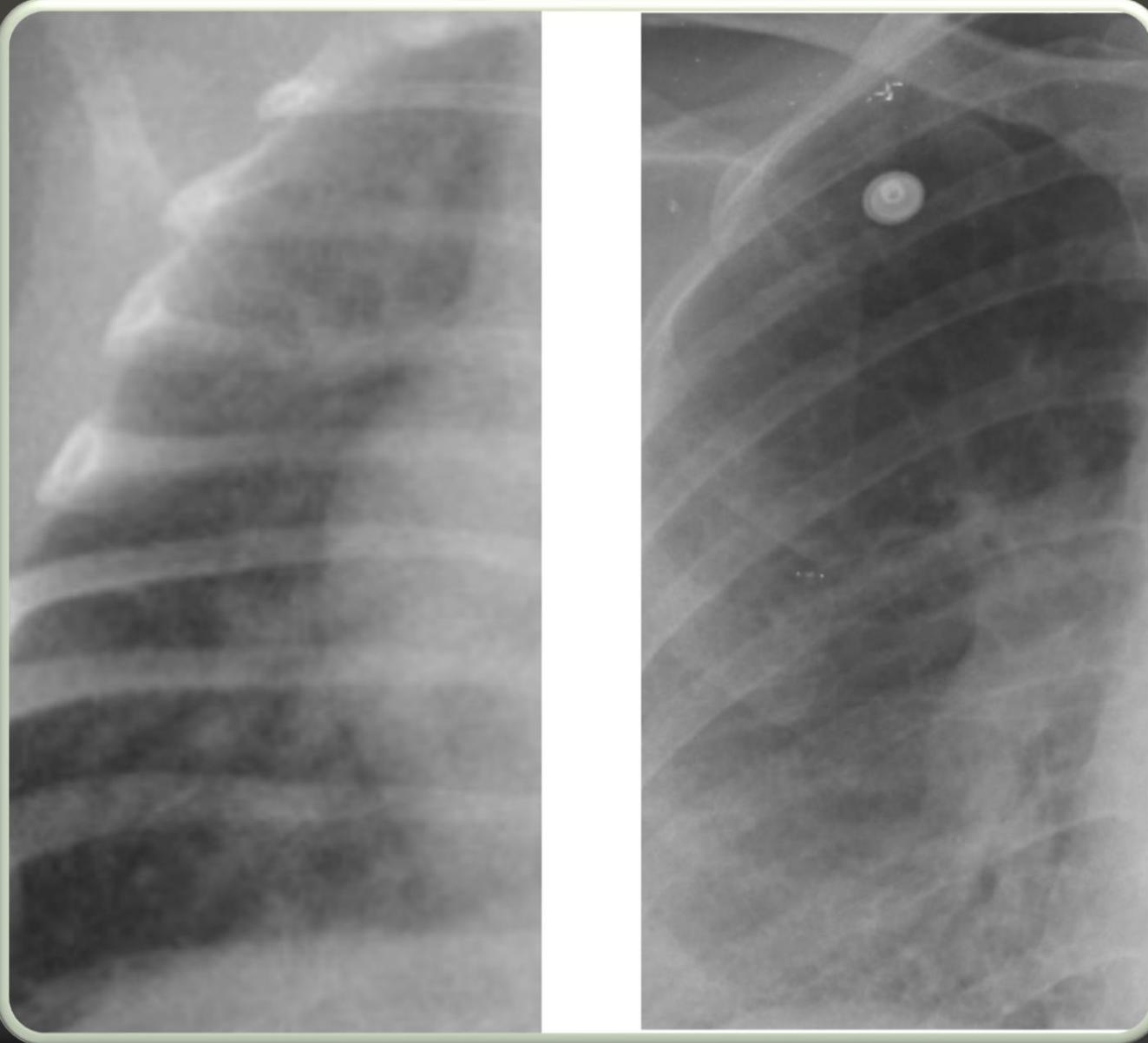
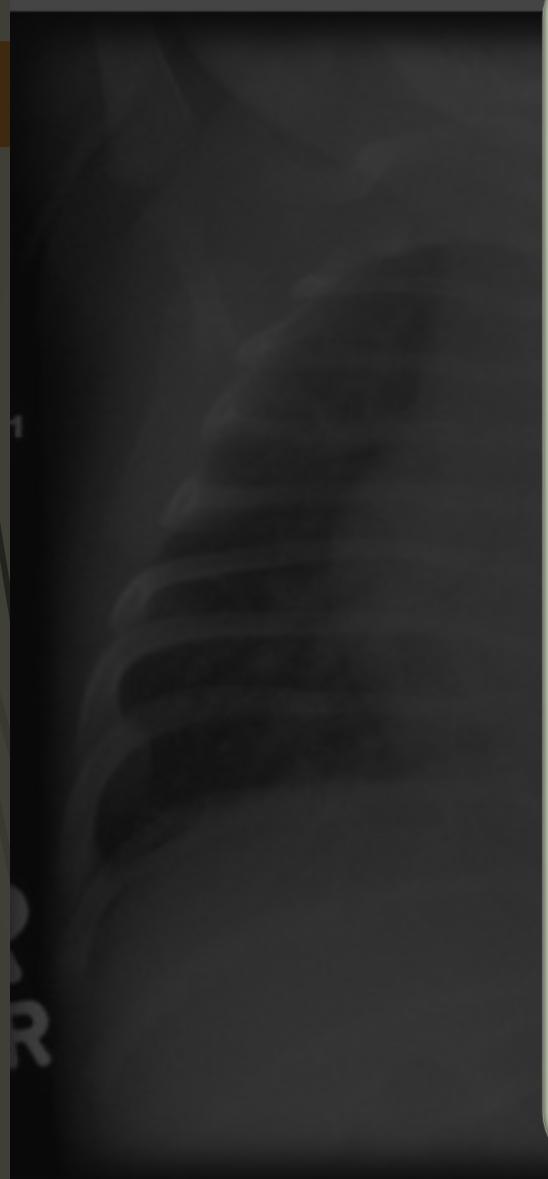


R

PAH



NL



Venous  
congestion

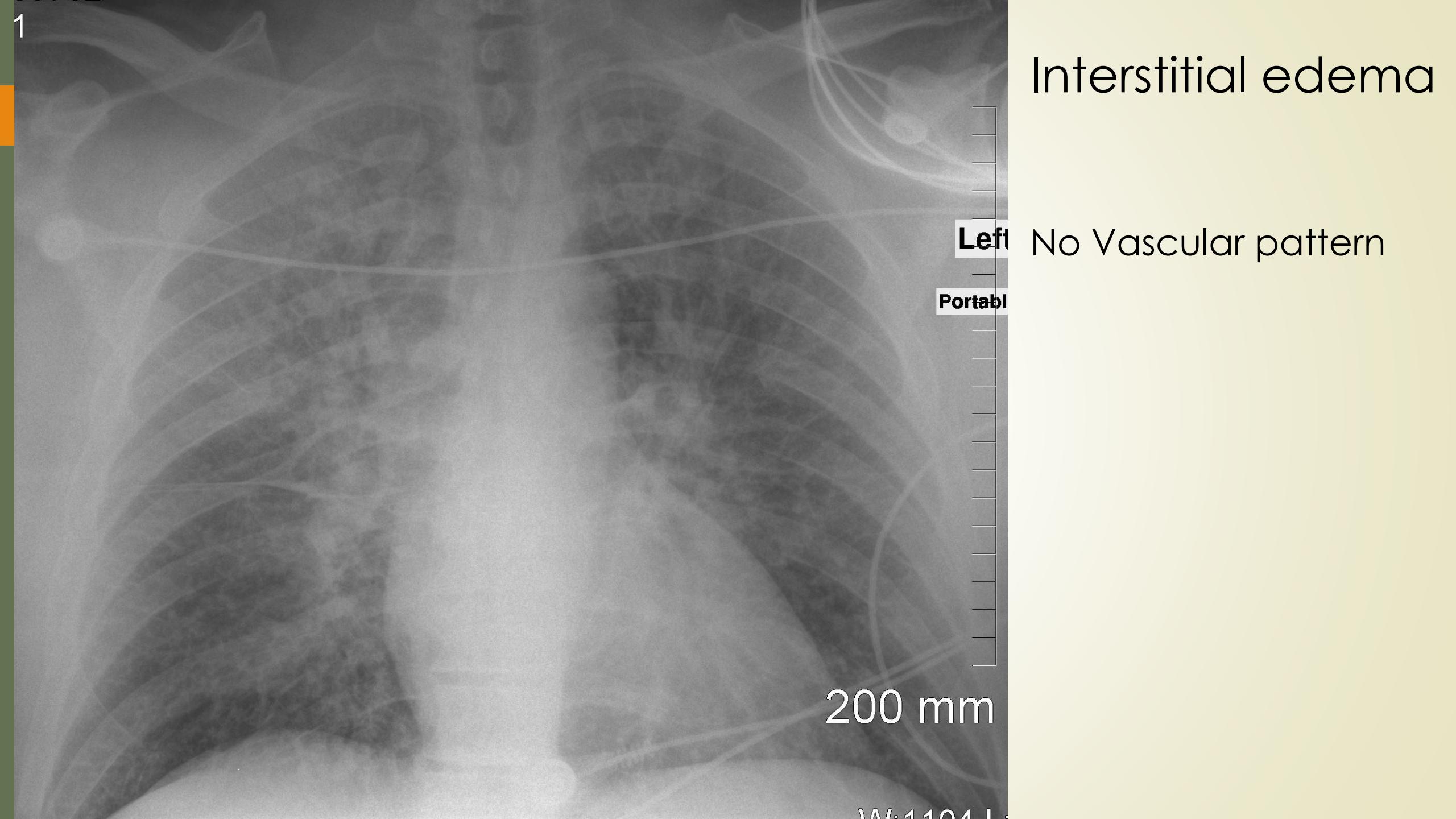
VSD



Congested lung



After Treatment



1  
Interstitial edema

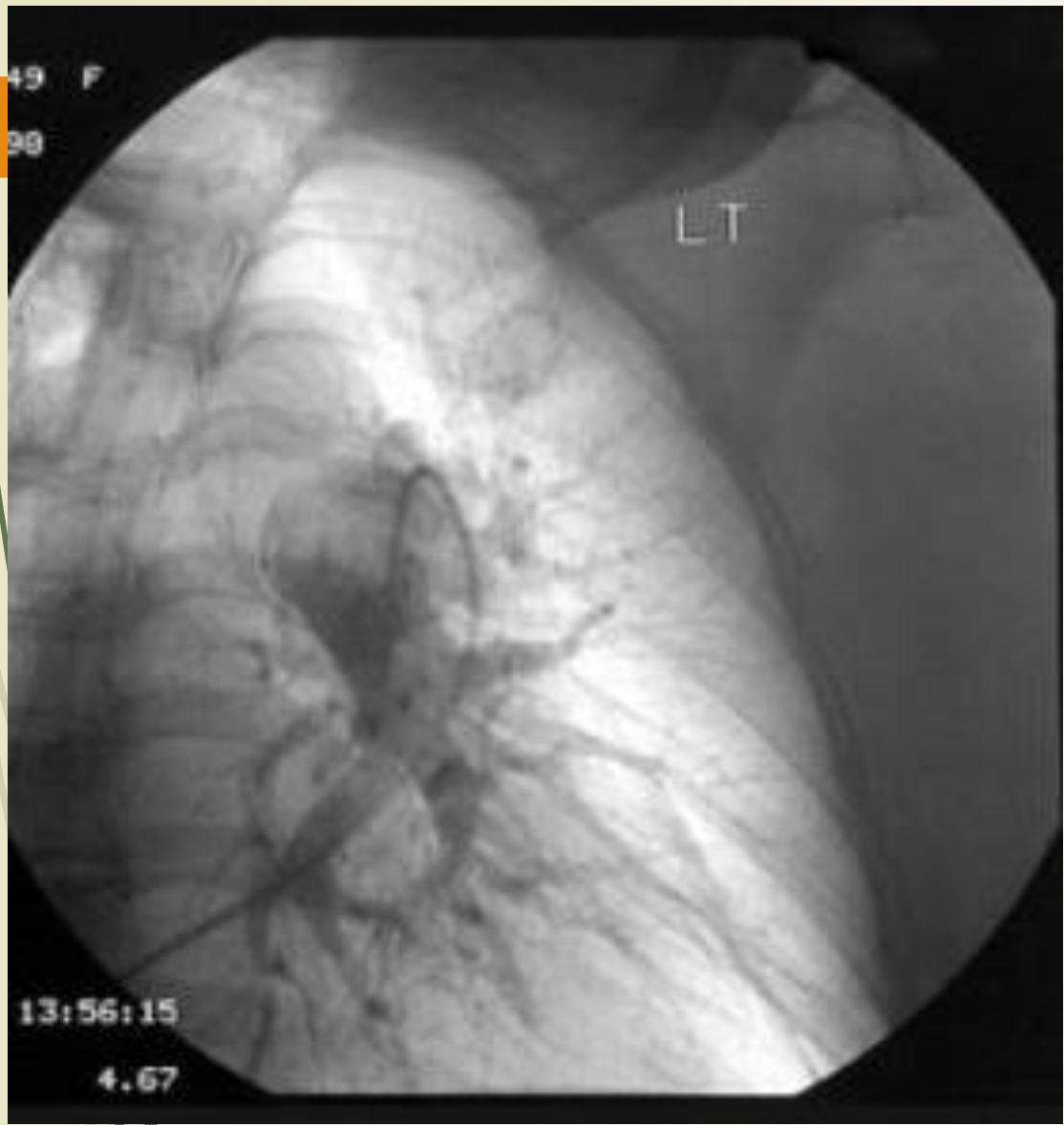
No Vascular pattern



Increase flow (VSD)



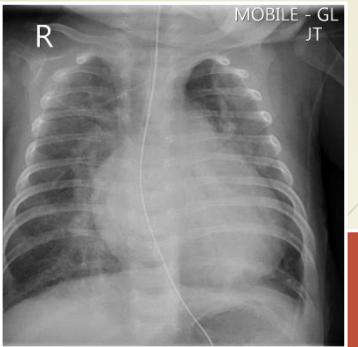
Eisenmenger (rapid tapering)



Eisenmenger's syndrome

# Congenital heart disease CXR

# Usually divided in two large category



**High flow  
(Unrestricted lung flow)**

- ASD
- VSD
- PDA
- IAA
- Truncus arteriosus
- PAPVC - TAPVC
- AVSD
- HLHS
- COA (Normal or high)

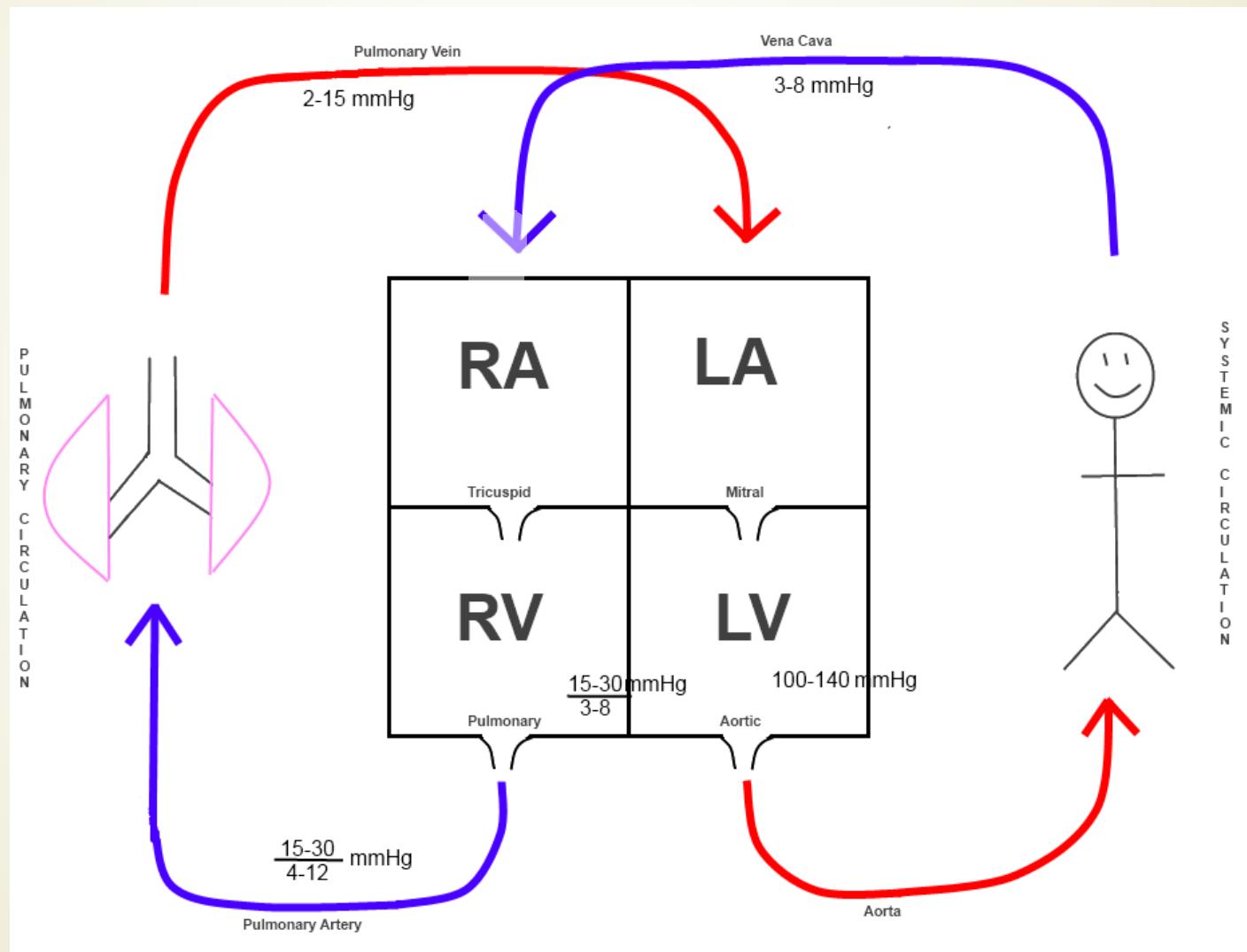


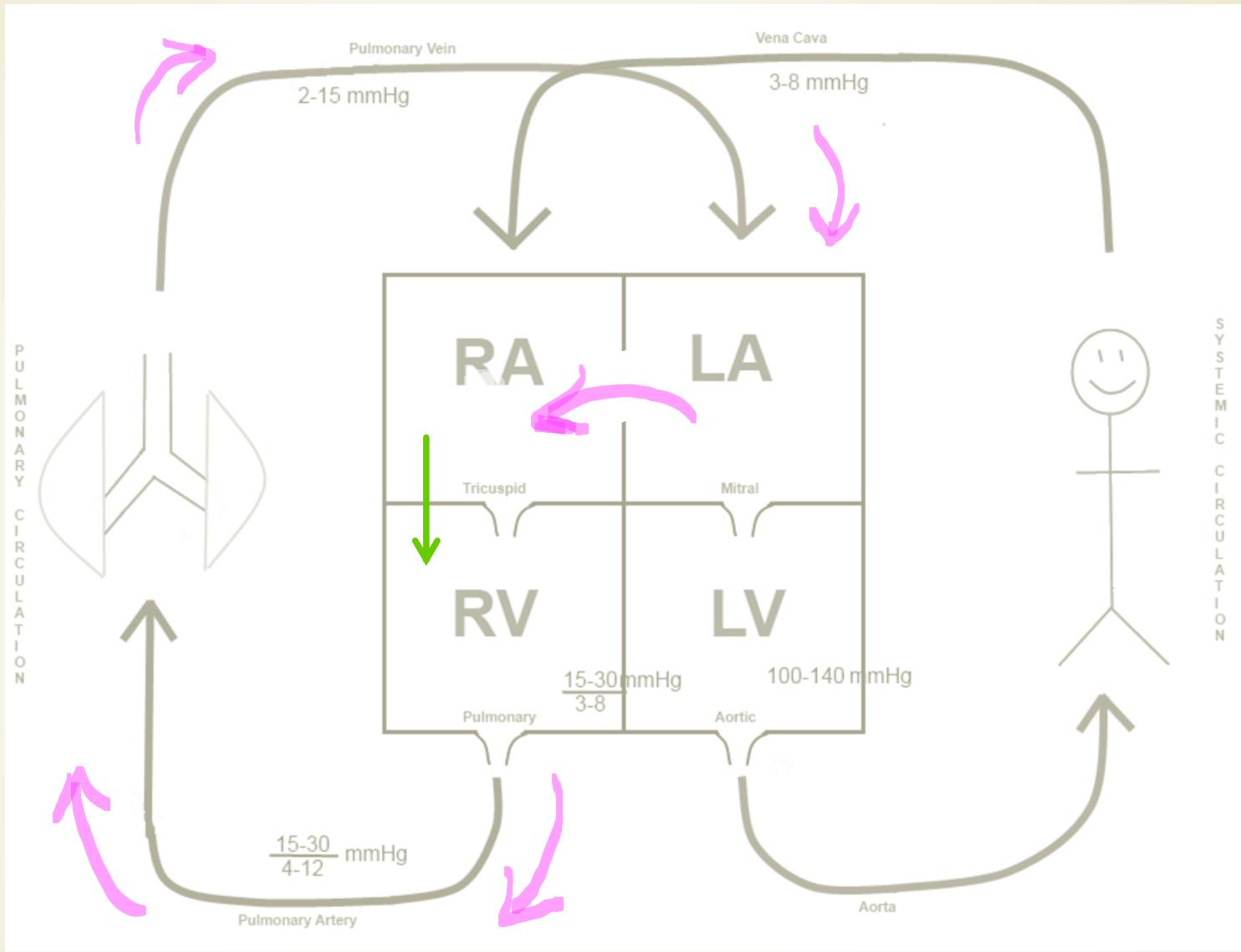
**Low Flow (restricted  
Lung flow)**

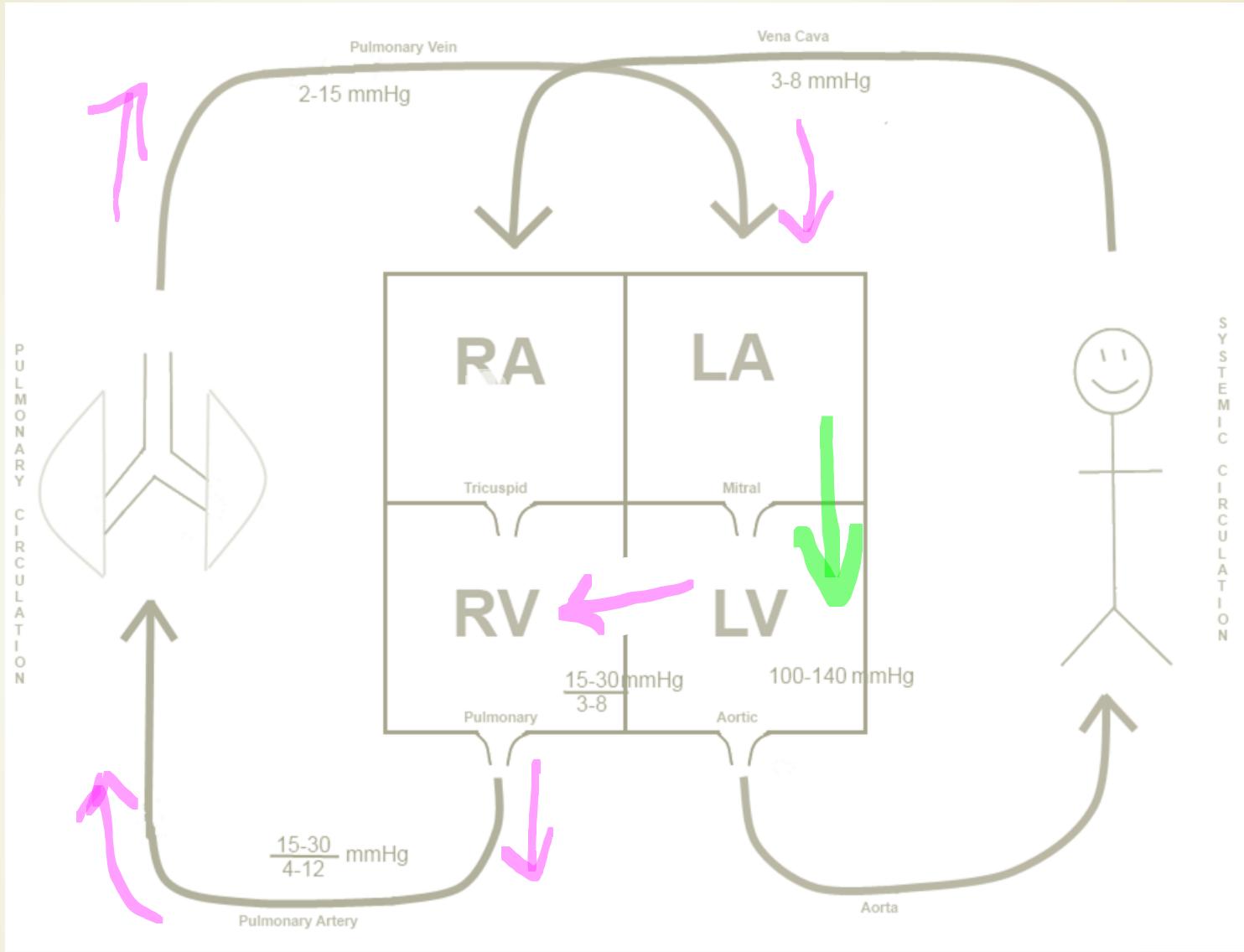
- PS -PPS
- TOF
- Pulmonary atresia
- Tricuspid atresia
- Ebstein anomaly

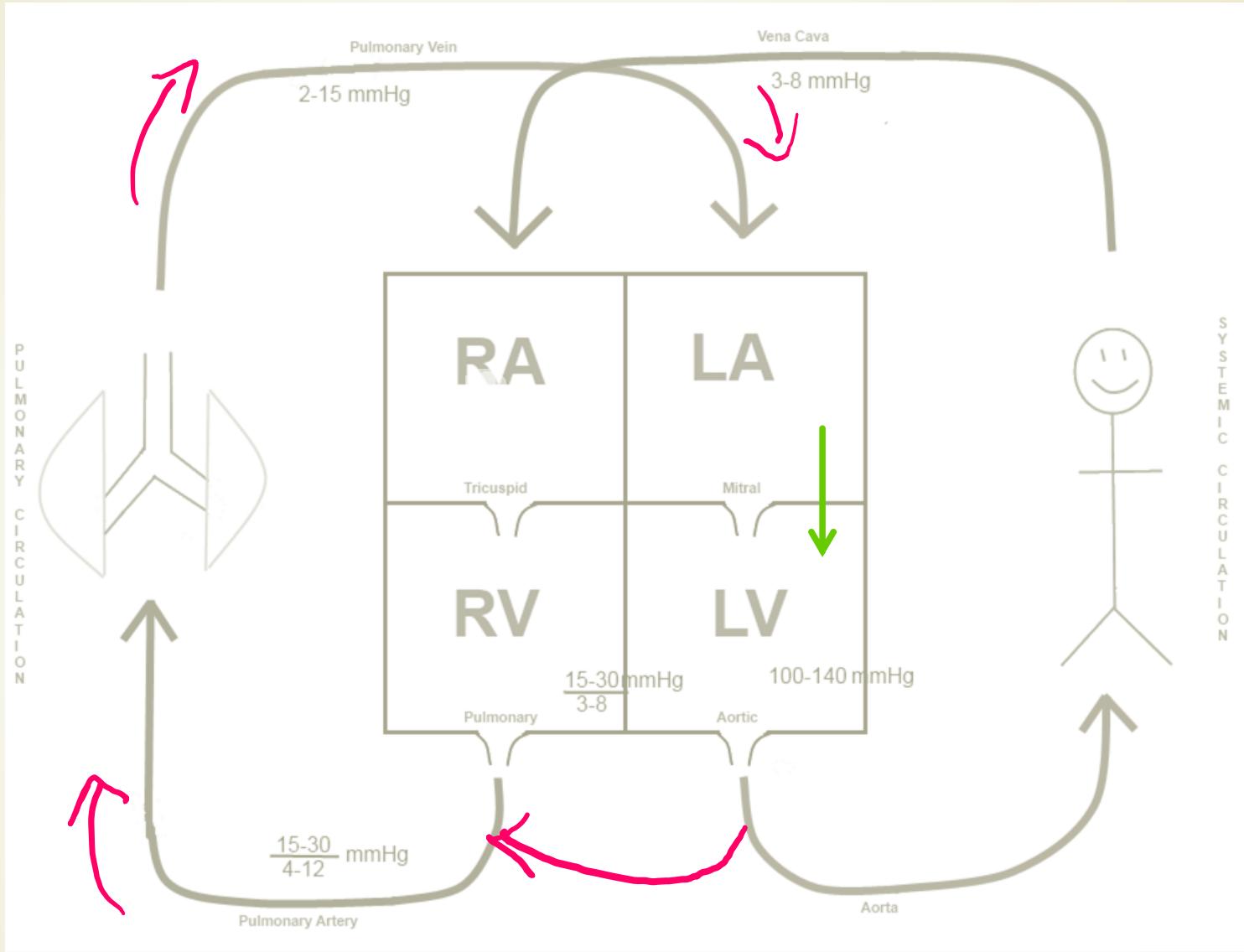
TGA - TAPVC with obstruction may be seen in each of these category

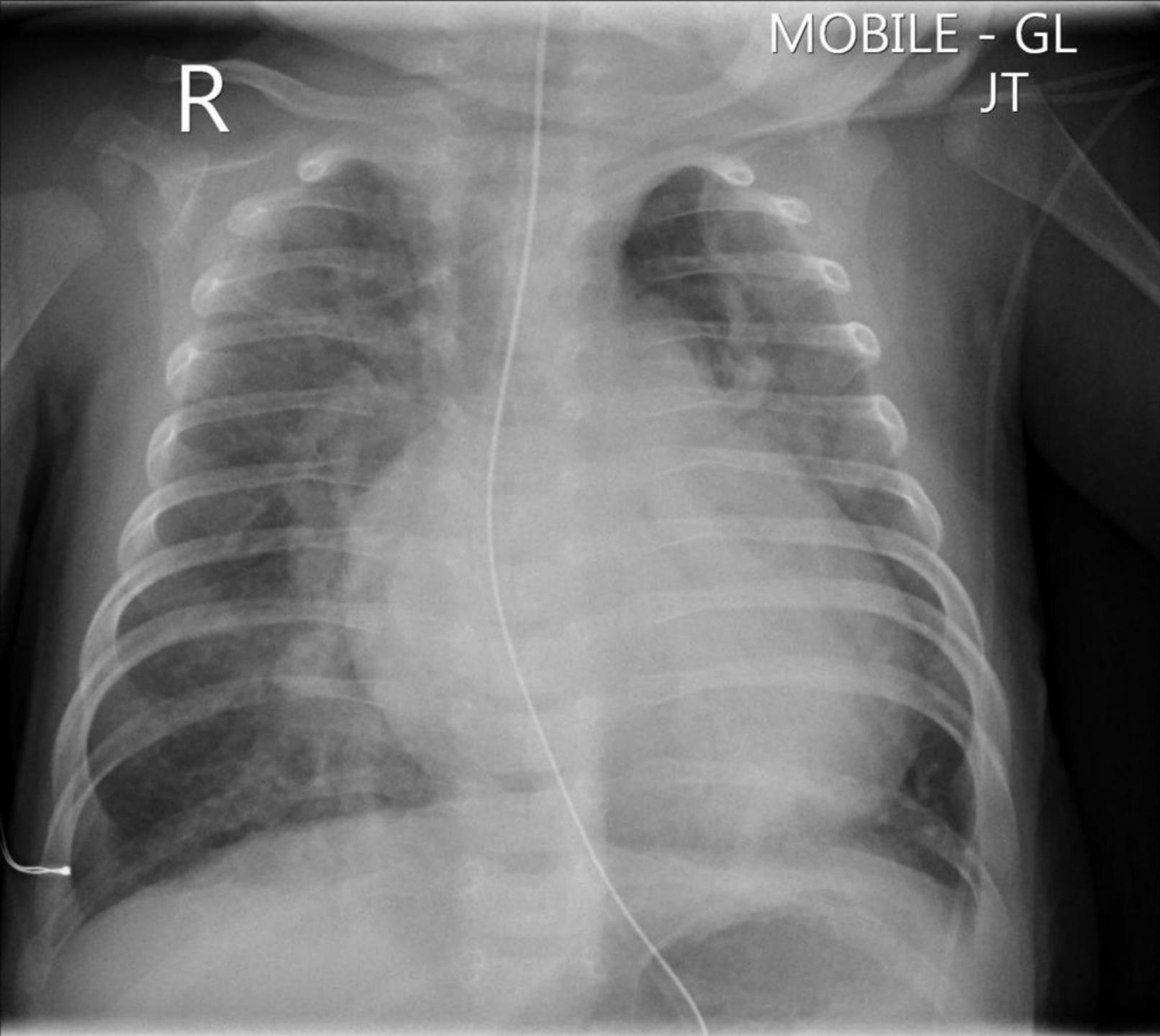
# Which chamber is more affected











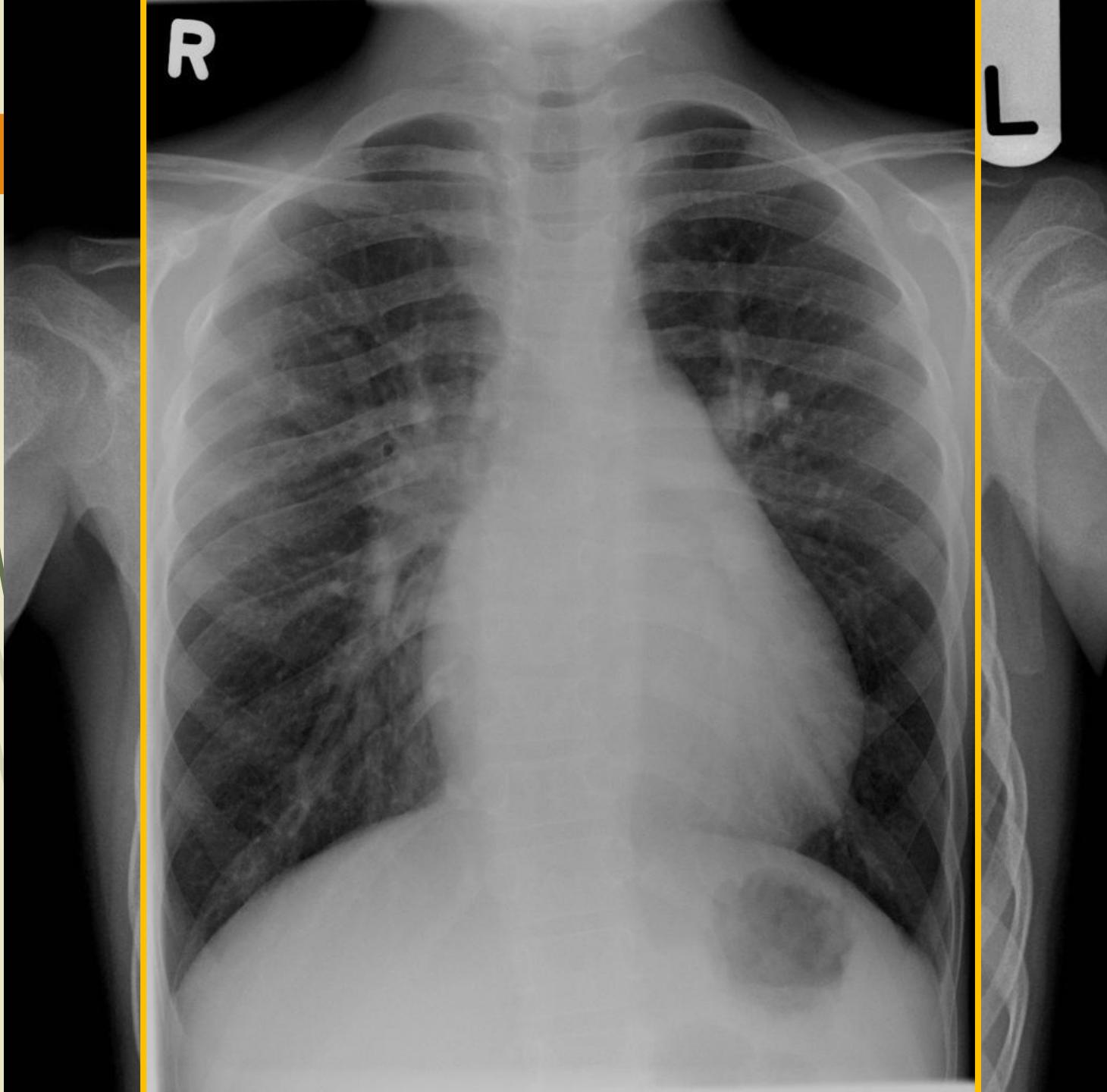
MOBILE - GL  
JT

- Finding :
- Heart
- Global cardiomegaly
    - RA dilated
    - LA dilated
    - LV dilated
    - RV dilated
    - Prominent PA nub

Lung :

Congested Lung (high flow)

Diagnosis:  
**VSD**



Finding :

Heart

- cardiomegaly
  - RA dilated
  - Prominent PA nub

Lung :

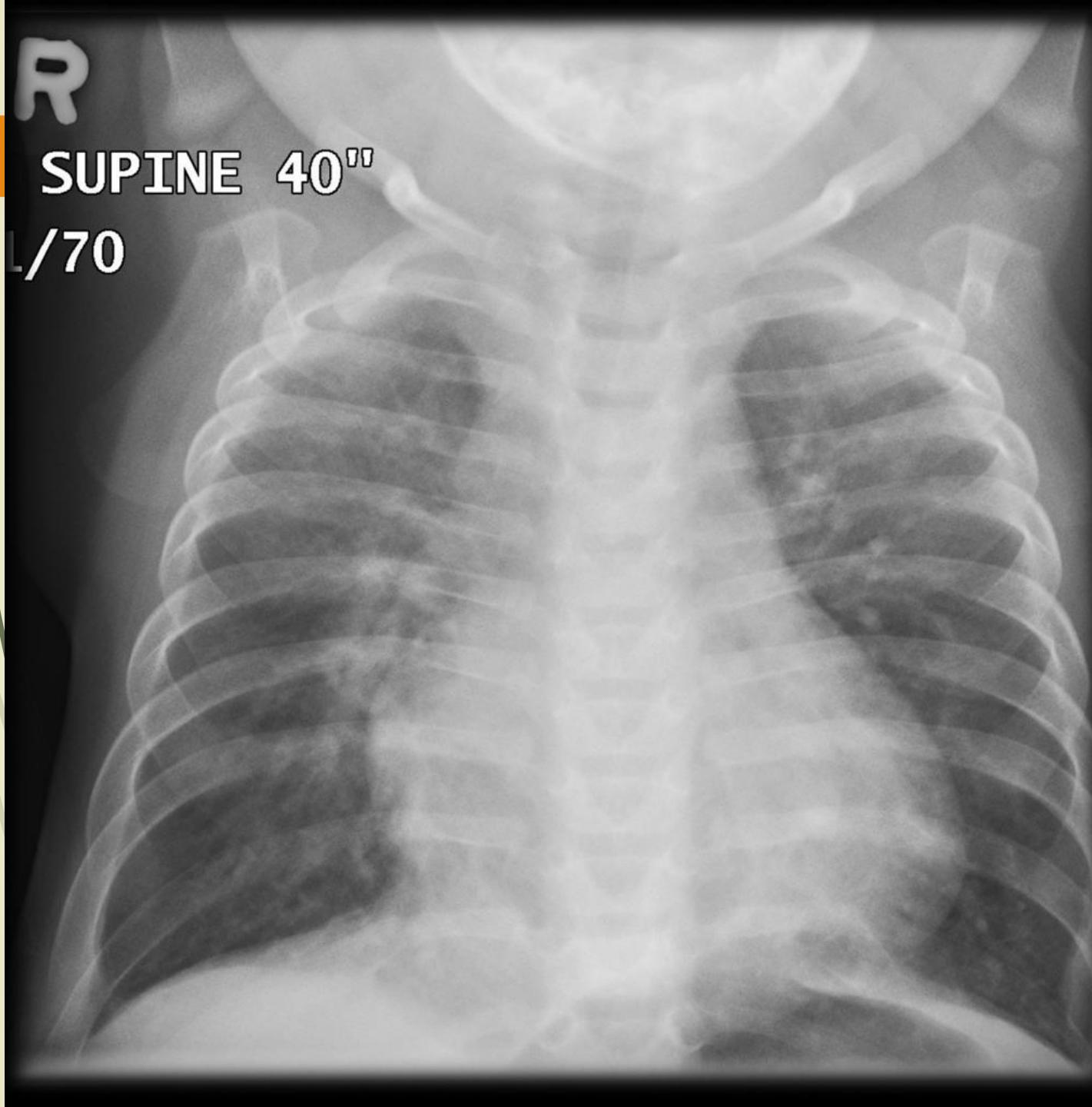
Congested Lung (high flow)

Diagnosis:  
**ASD**

R

SUPINE 40"

L/70



Finding :

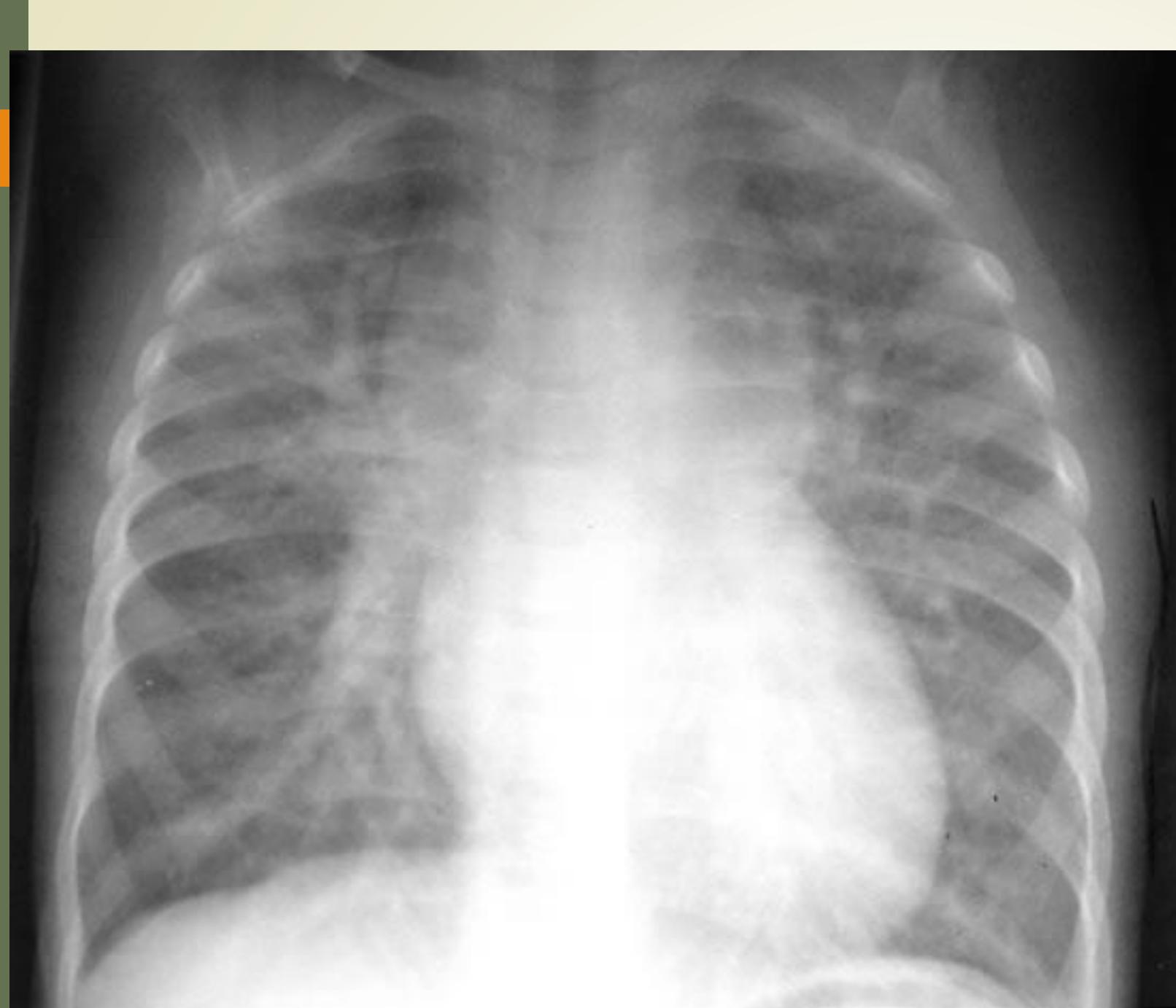
Heart

- cardiomegaly
  - RA dilated
  - Prominent PA nub
  - Mild biventricular hypertrophy
  - Mediastinum is wide

Lung :

Congested Lung (high flow)

Diagnosis:  
**AVSD**



Finding :

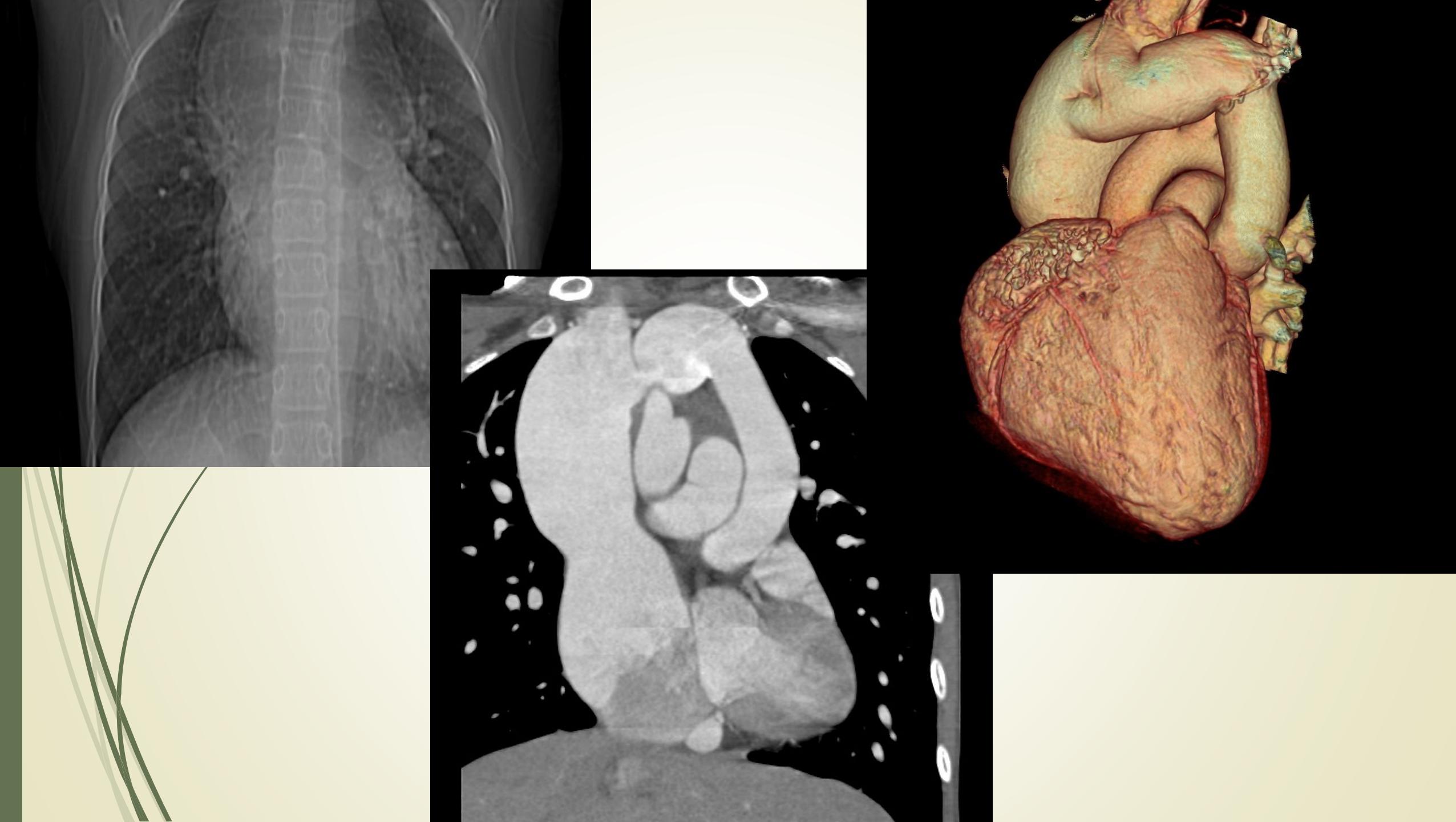
Heart

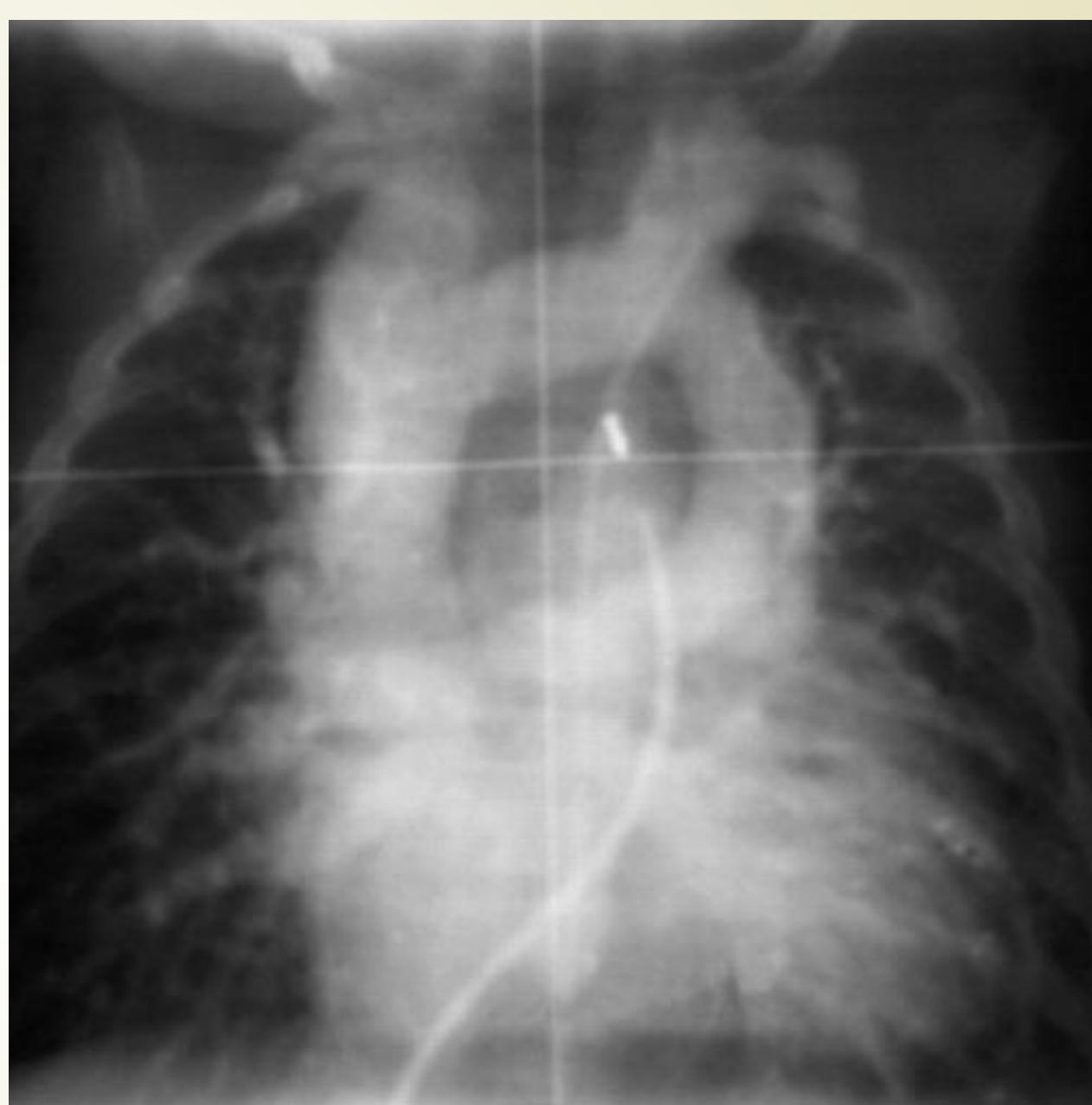
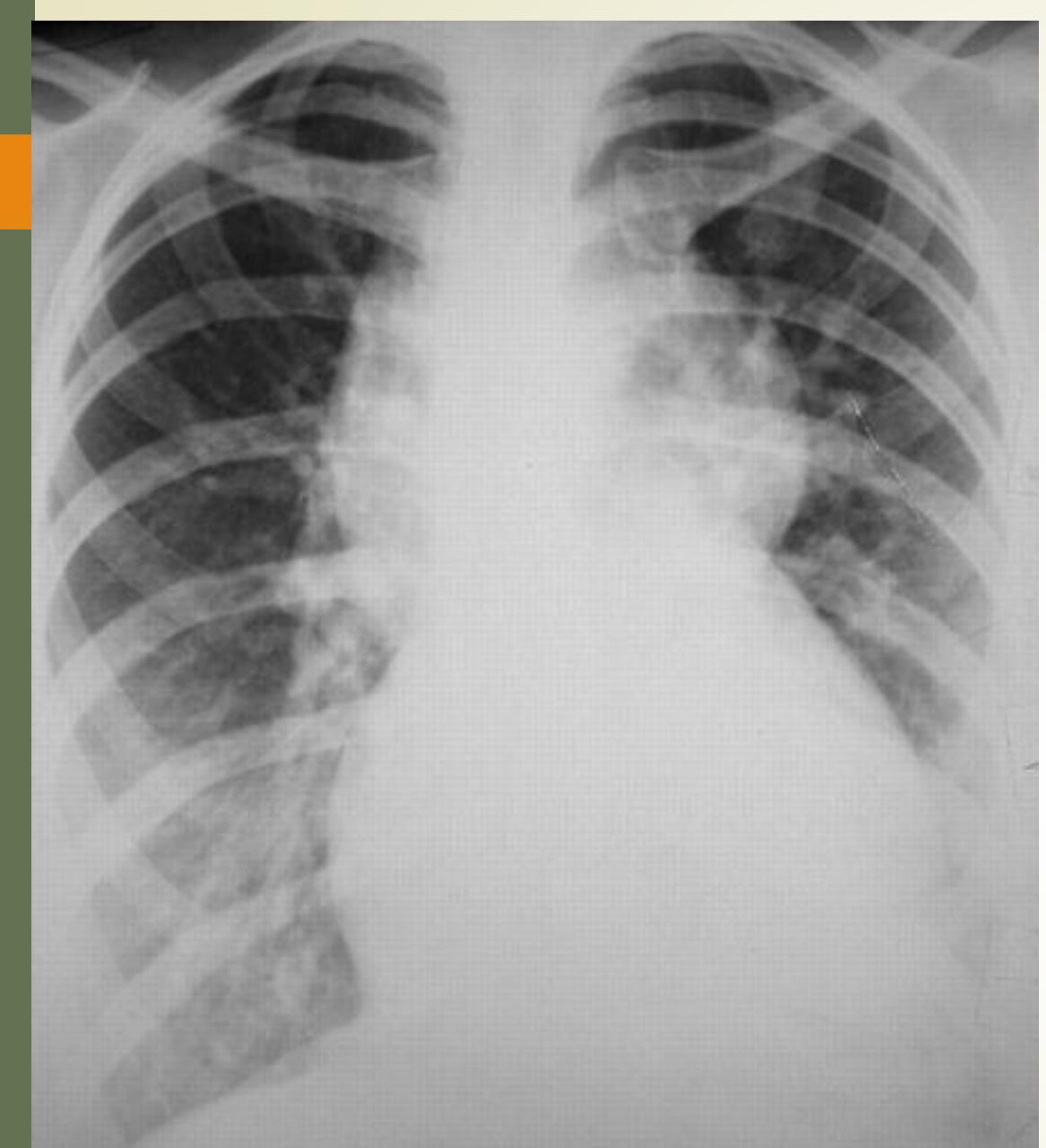
- cardiomegaly
  - RV dilated
  - Mediastinum is wide
  - Supracardiac shadow

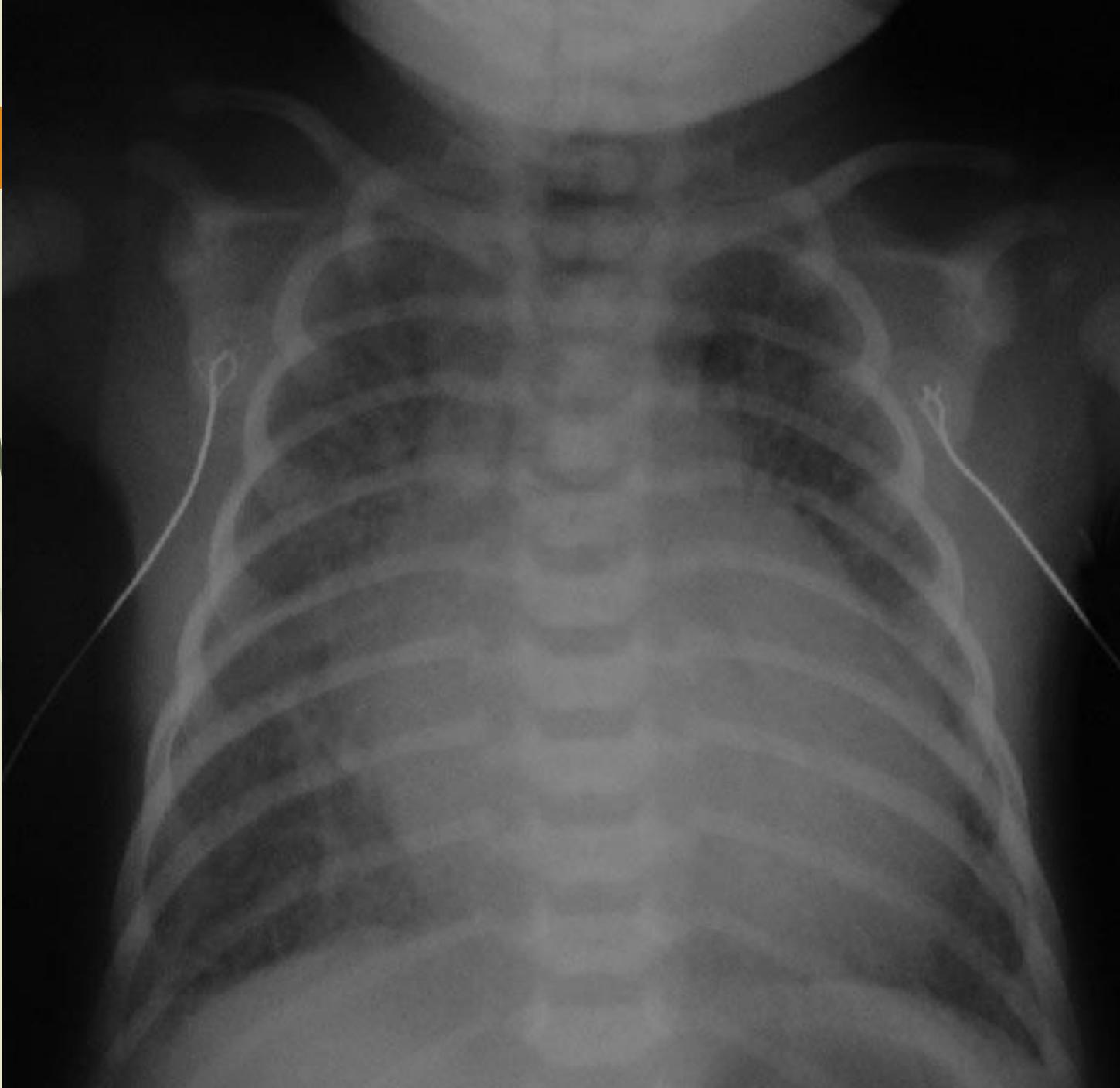
Lung :

Congested Lung (high flow)

Diagnosis:  
**TAPVC**







Finding :

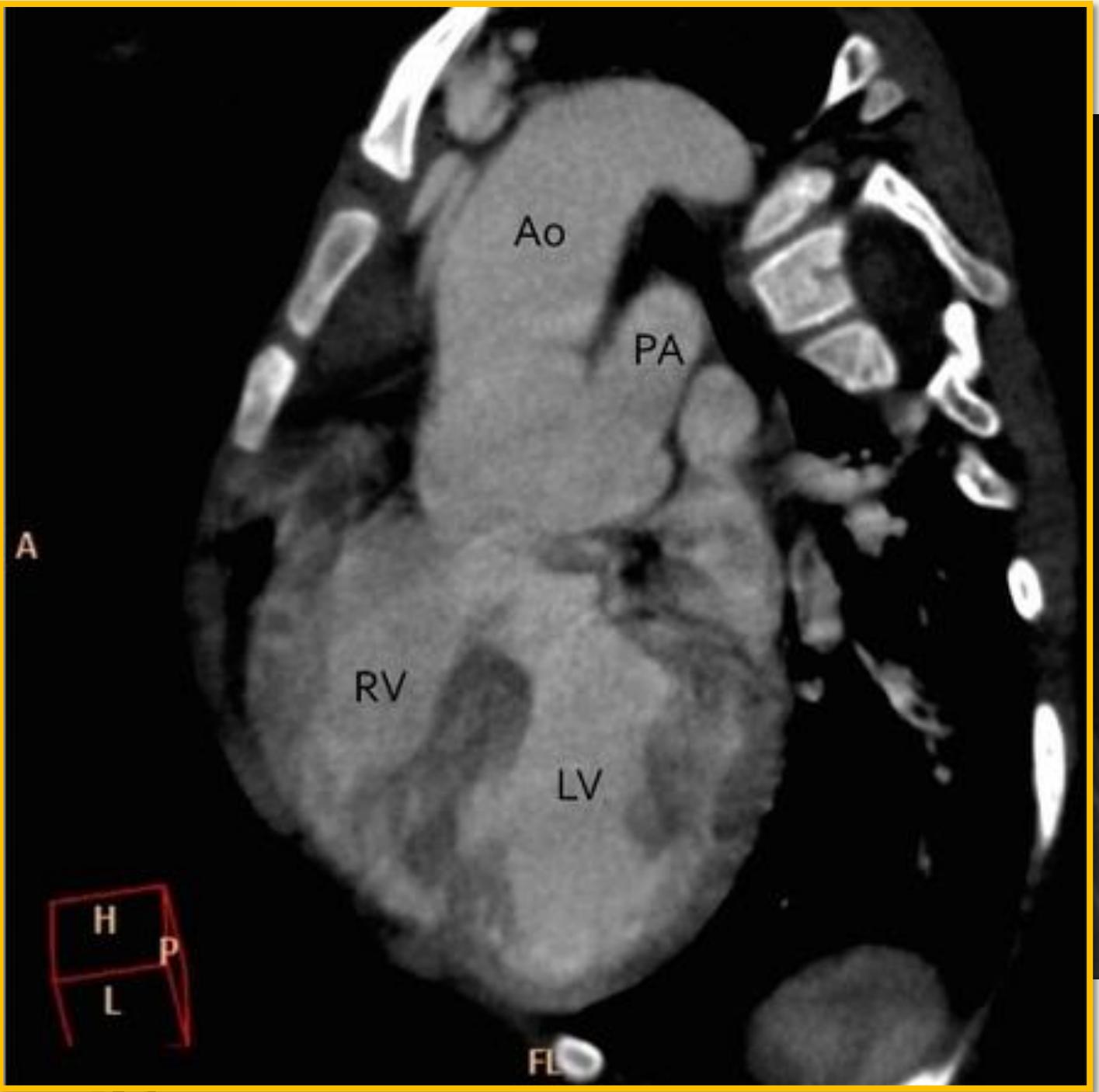
Heart

- Cardiomegaly(Golobal)
  - Prominent pulmonary nub

Lung :

Congested Lung (high flow)

Diagnosis:  
**HLHS**



Finding :

Heart

- Cardiomegaly
  - LV dilated
  - RA dilated
  - Rt arch

Lung :

Congested Lung (high flow)

Diagnosis:

**Truncus Arteriosus**



Finding :

Heart

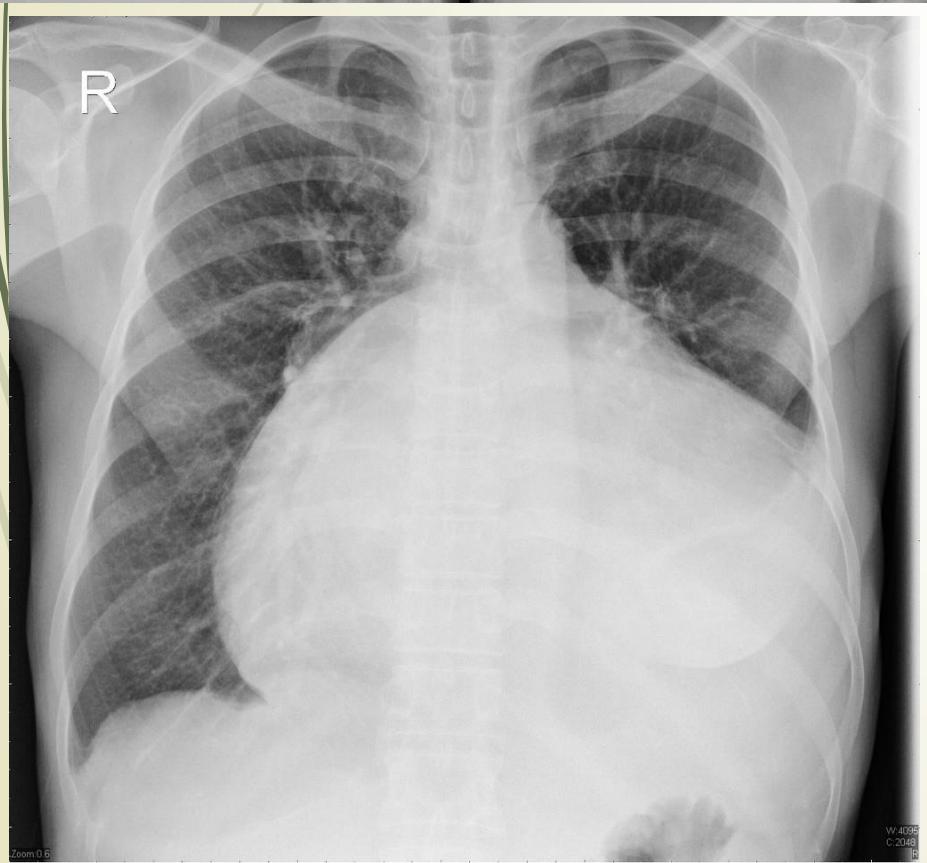
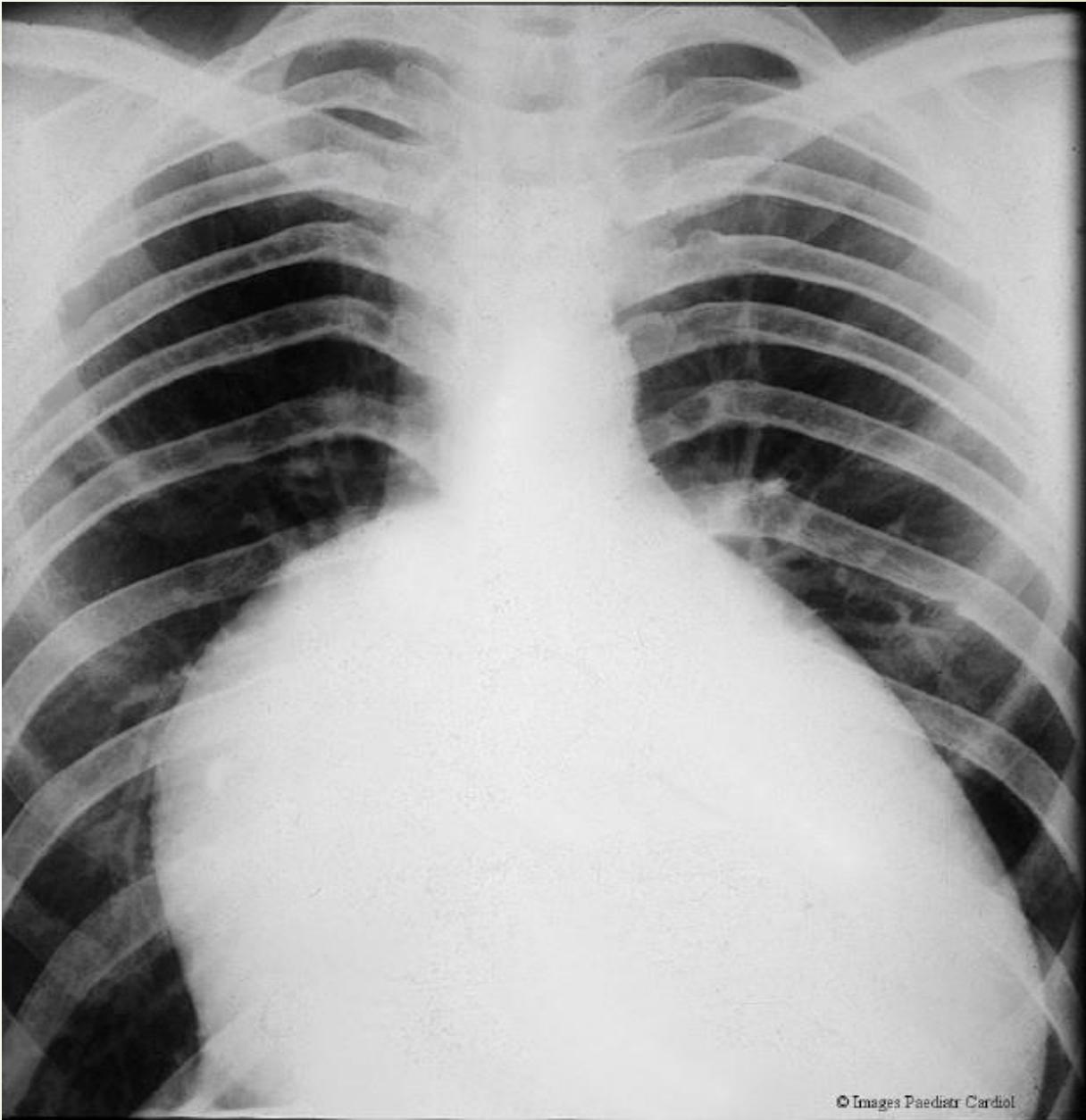
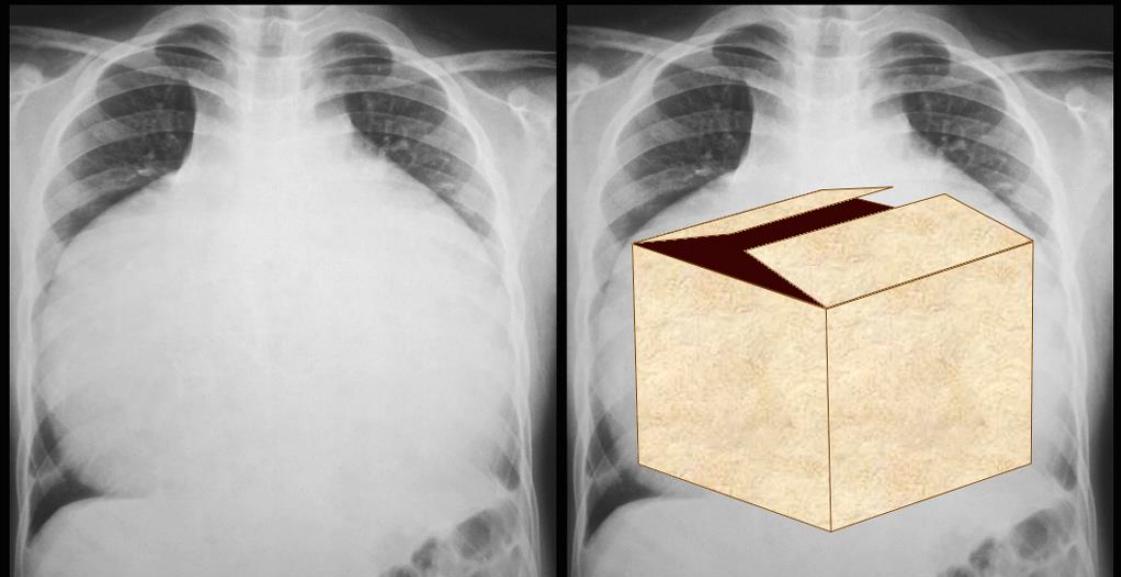
- Cardiomegaly (Hug)
  - RV dilated
  - RA dilated
  - Box heart

Lung :

Oligemic Lung (low flow)

Diagnosis:

**Ebstein anomaly**





Finding :

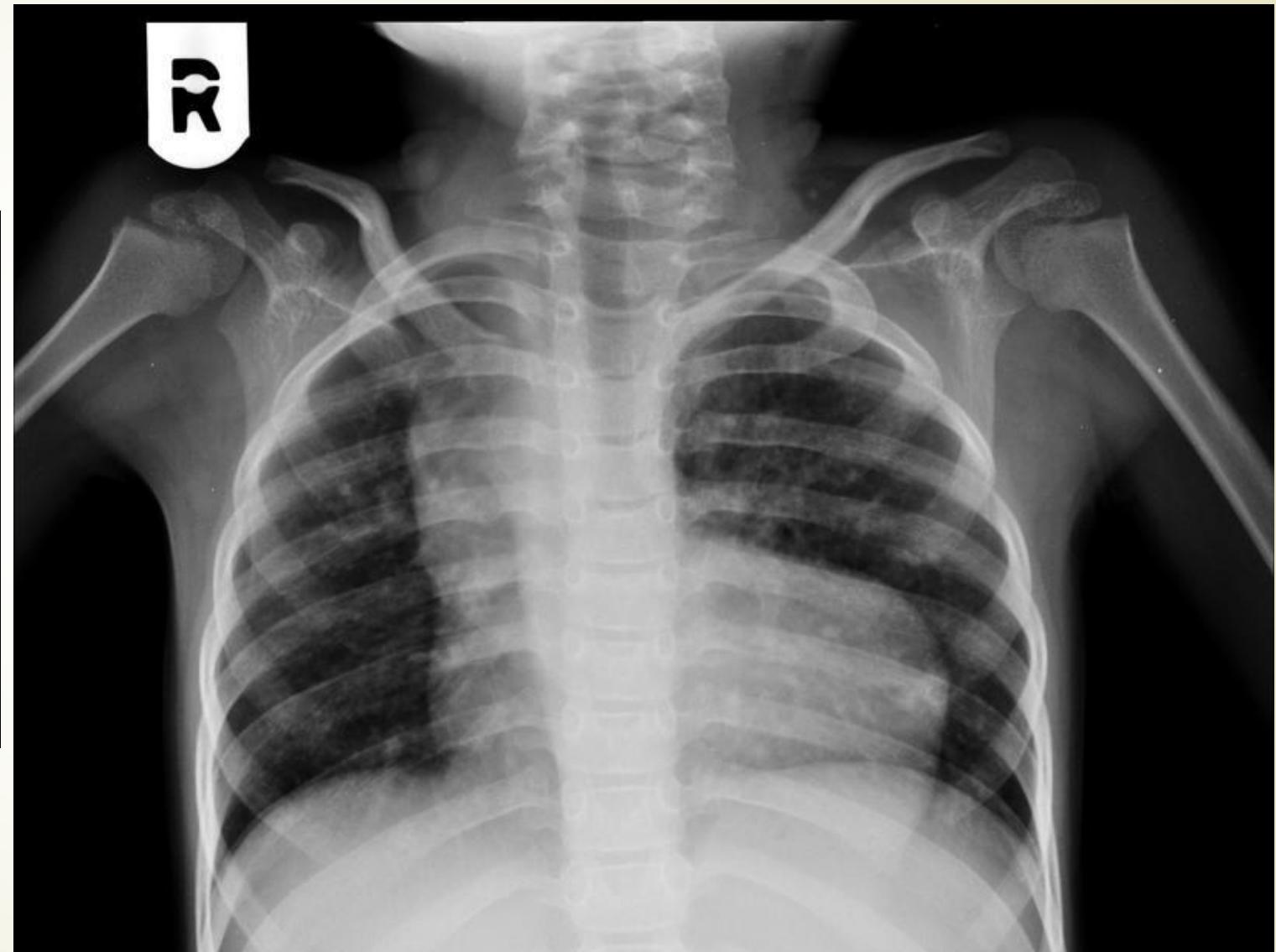
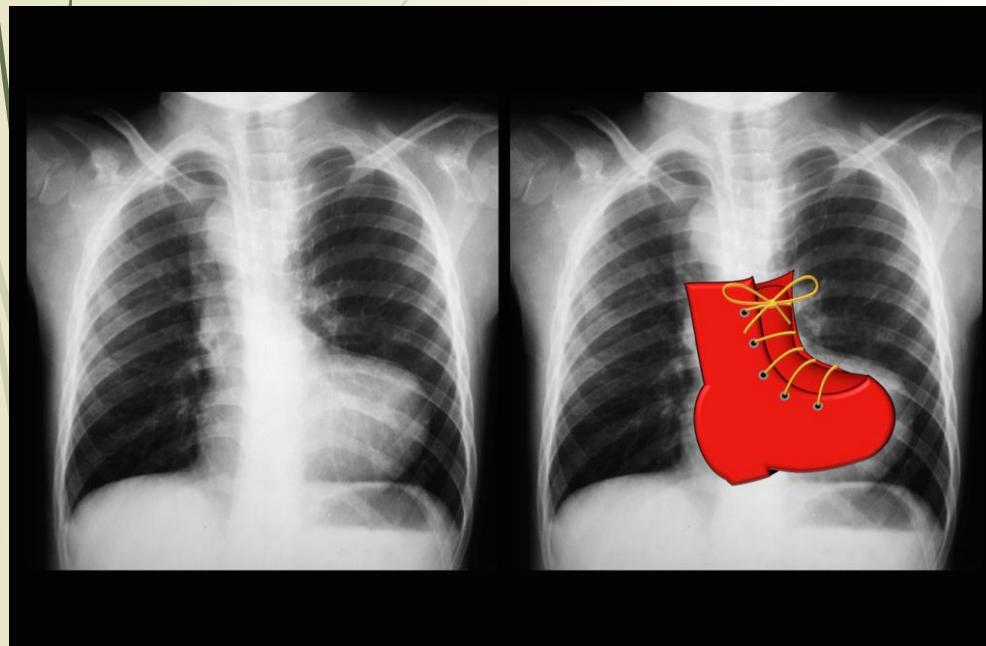
Heart

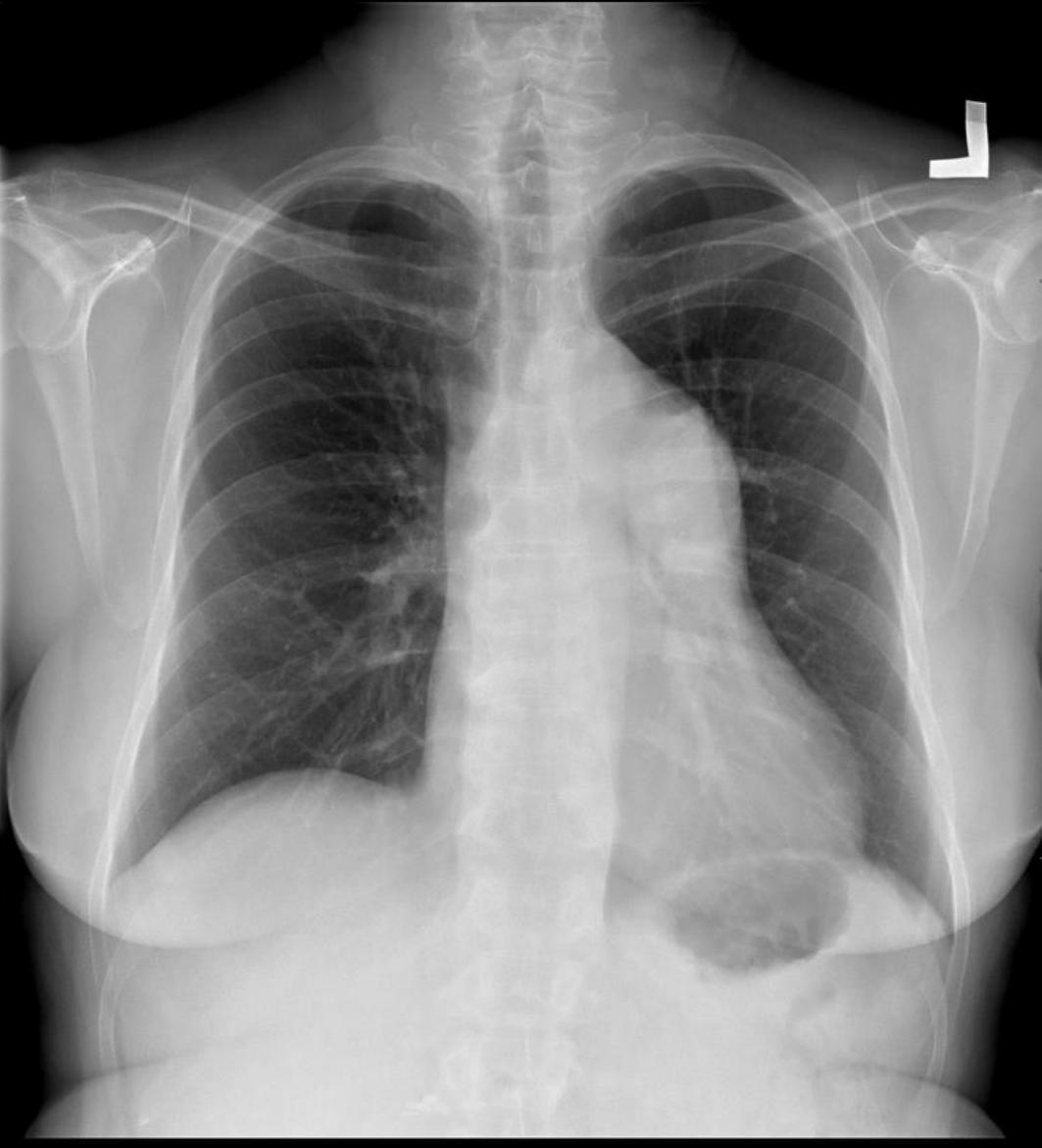
- NL size
- RV hypertrophy
- Rt arch
- Diminished pulmonary nub

Lung :

Oligemic Lung (low flow)

Diagnosis:  
**TOF**





Finding :

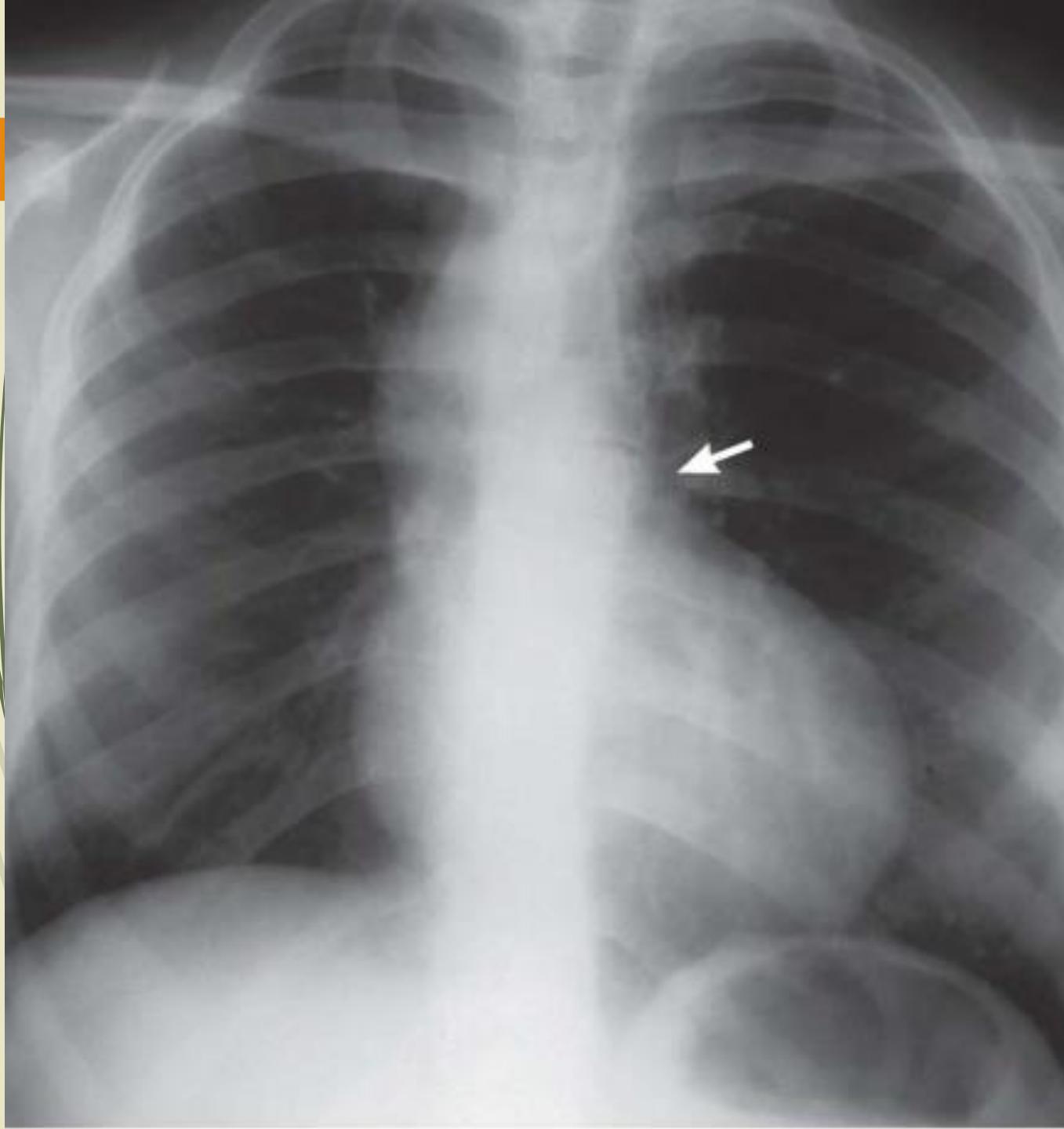
Heart

- N1 size
- Mild RV hypertrophy
- Prominent pulmonary nub

Lung :

Oligemic Lung (low flow)

Diagnosis:  
**Congenital PS**



Finding :

Heart

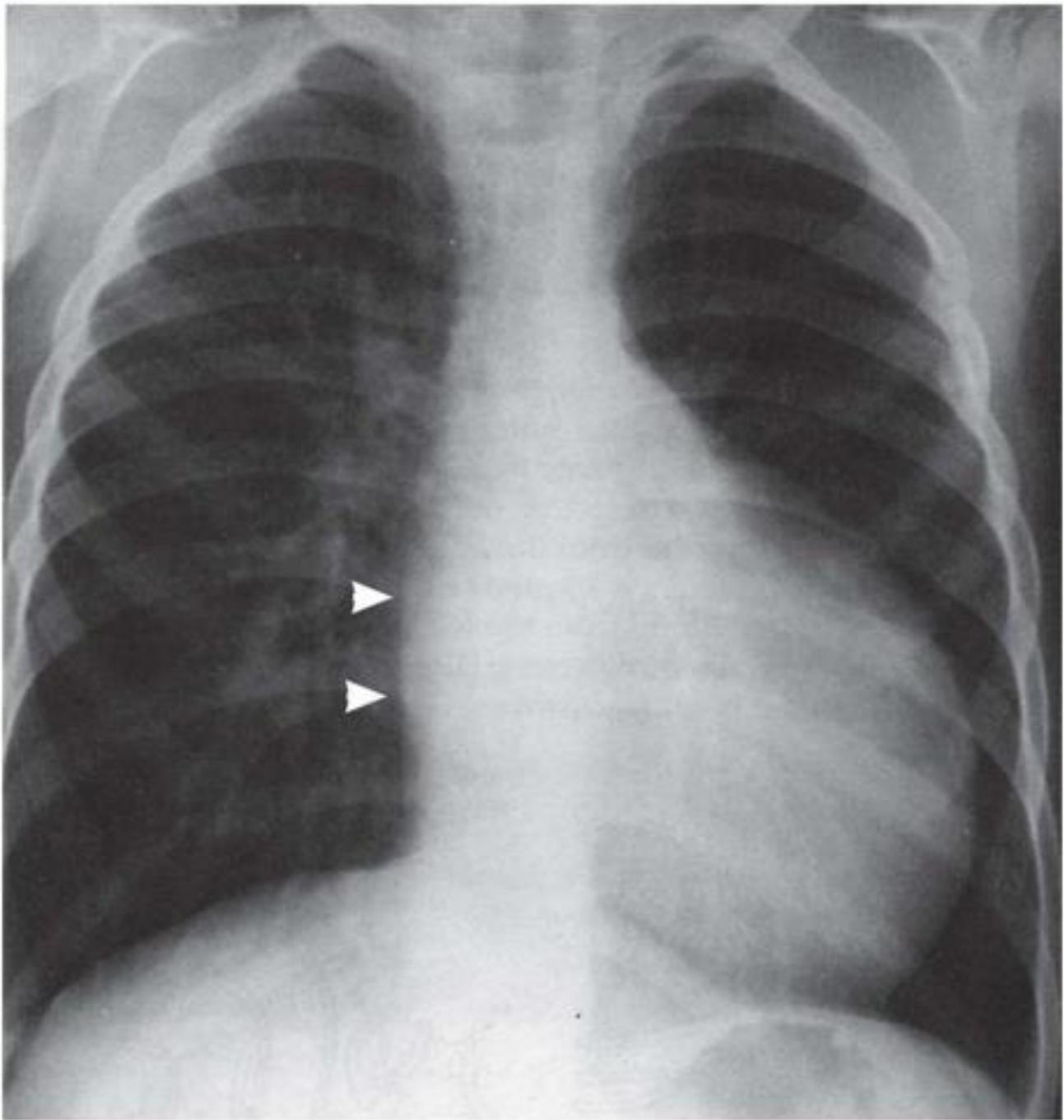
- Nl size
- Mild RV hypertrophy
- No pulmonary nub

Lung :

Oligemic Lung (low flow)

Diagnosis:

Pulmonary atresia



Finding :

Heart

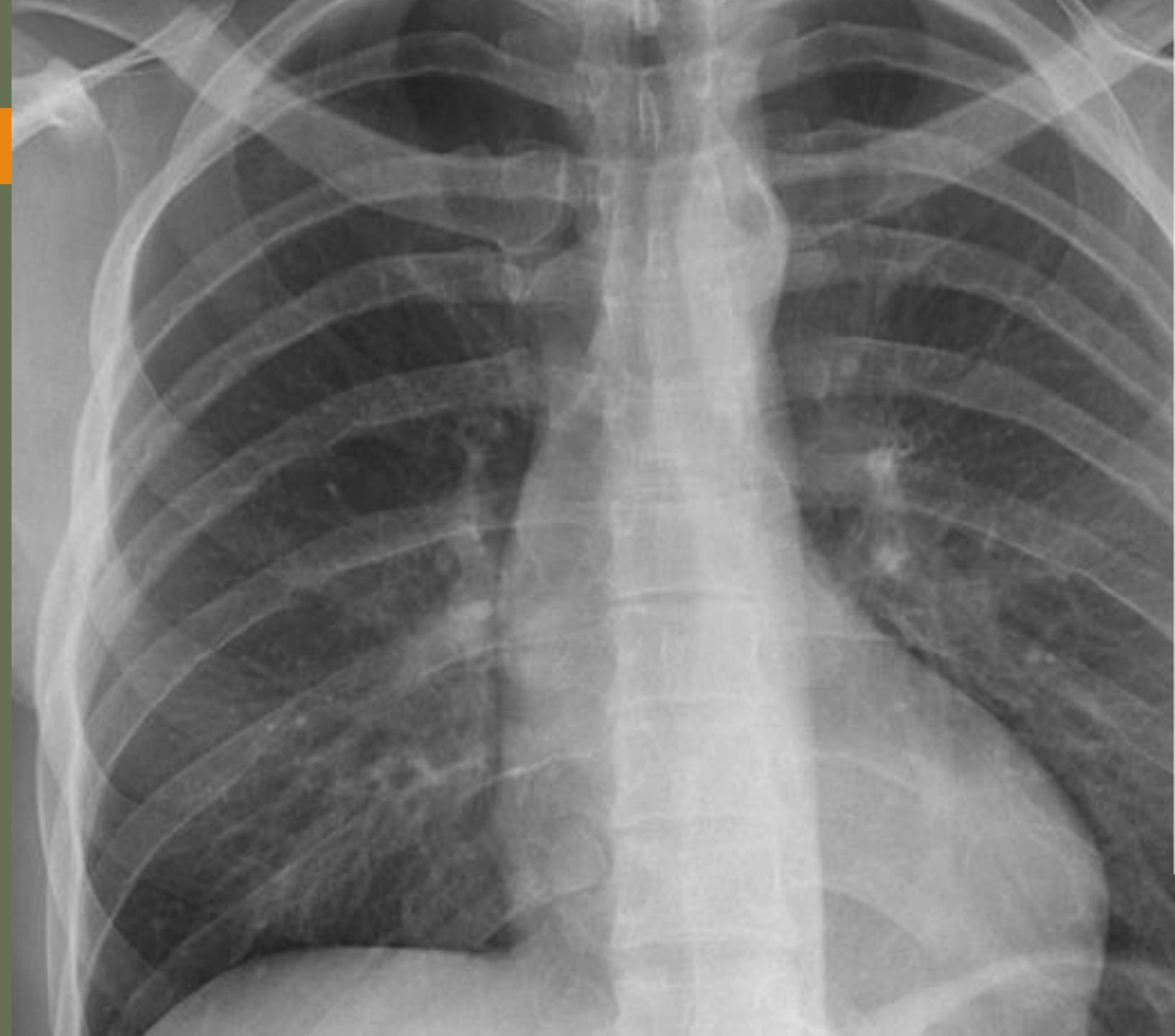
- Mild cardiomegaly
- Apex upward (?)
- Flatten RA

Lung :

Oligemic Lung (low flow)

Diagnosis:

**Tricuspid atresia**



Finding :

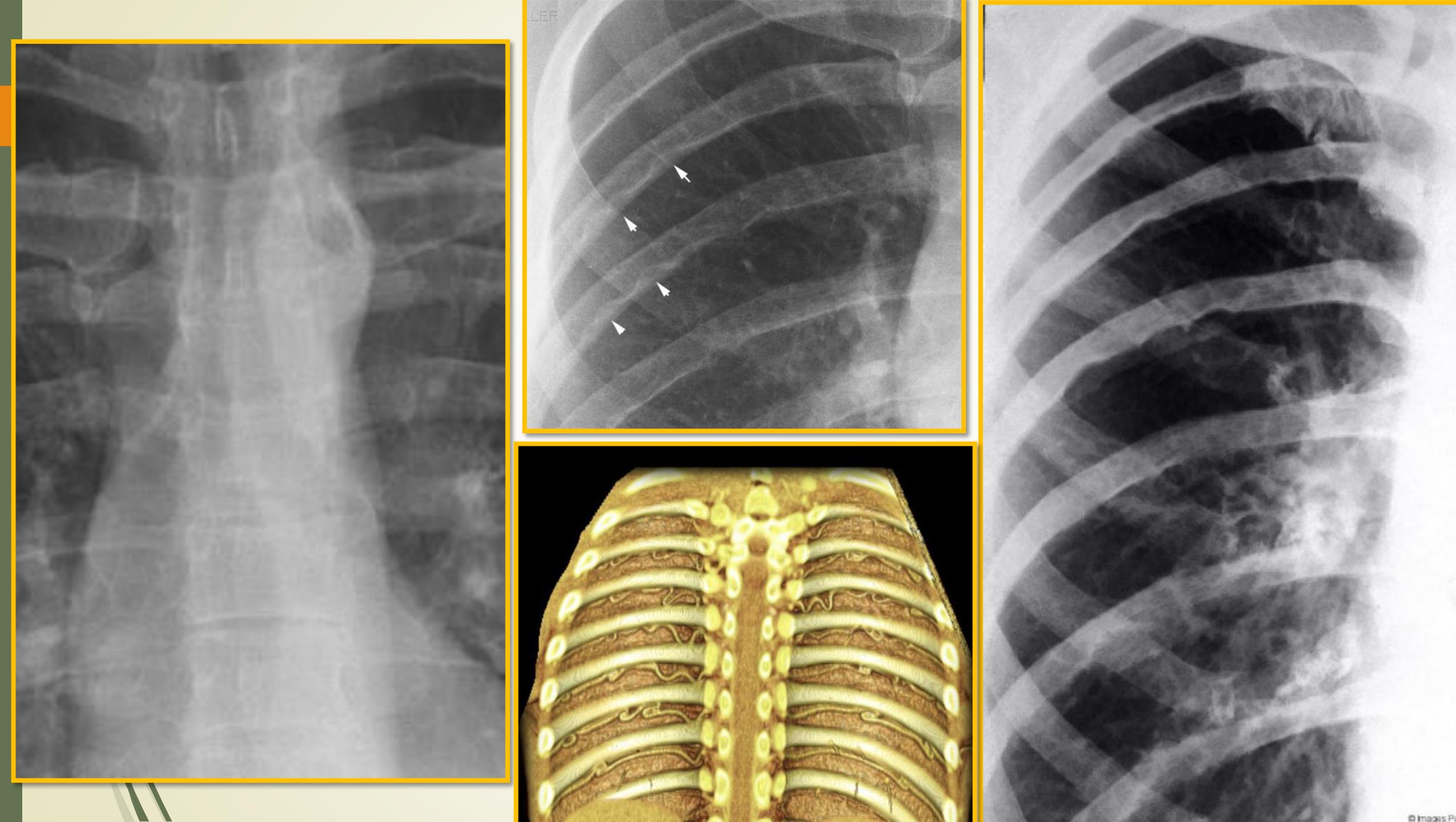
Heart

- No cardiomegaly
- 3 sign
- Rib notching

Lung :

Nl to high flow Lung

Diagnosis:  
**COA**





Finding :

Heart

- No cardiomegaly
- Narrow mediastinum
- Egg on strim

Lung :

high flow Lung

Diagnosis:  
**TGA**



# Thanks for your attention

- I'm Available for further discussion or any consultation
- Pediatric Ward officer  
pediatric cardiologist  
Nemazee hospital
- Email:  
[Mohammadi219@gmail.com](mailto:Mohammadi219@gmail.com)
- Telegram on my phone number

