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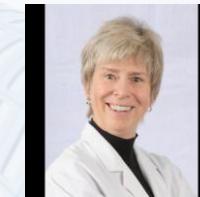


内容由RSNA各专科领域知名放射学专家撰写

- 涵盖放射、超声、核医学、血管介入、分子影像等全影像领域
- 内容更新快，搜索方便，支持中文直接搜索
- 对临床诊断、教学极具价值，适合各层次影像科医师



Anne G. Osborn
University of Utah



Dr. Paula Woodward
University of Colorado



Dr. Federle, Michael
Stanford University



Dr. Jeffrey S.
University of Utah



Dr. Akram Shaaban
University of Utah

Lhermitte-Duclos Syndrome
P. Ellen Grane, MD

MR Findings

- T1WI
 - Iso- to hypointense with striations
 - Rarely calcifications may cause ↑ signal
- T2WI
 - ↑ signal with characteristic iso- to hypointense striations
 - May have bizarre gyrfiform appearance
 - Newborns may not have obvious striations since cerebellar WM not fully myelinated
- FLAIR
 - ↑ signal with striations
 - May have hypointense cysts
- T2* GRE
 - Voids between folia
- DWI
 - ↑ signal on DWI usually due to T2 hyperintensity
 - Low to ↑ ADC; ↓ ADC in white matter, cysts
 - May have ↑ fractional anisotropy (FA) in white matter
- PWI
 - May show areas of ↑ rCBV and rCBF
- T1WI C+
 - ± enhancement (increased vascularity in molecular layer and leptomeninges, predominantly venous)
- MRS
 - ↓ NAA, ↓ choline, ↓ myoinositol
 - Variable lactate, may be increased

Nuclear Medicine Findings

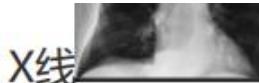
- PET
 - ↑ uptake FDG PET and 11C-methionine PET
 - Report of ↑ CBF, ↓ OEF, and similar CMRO₂ compared to normal cerebral hemisphere

Imaging Recommendations

- Best imaging tool
- MR with DWI, MRS, and contrast
- Protocol advice
- Coronal T2WI may be helpful

Axial T2WI MR shows a large left cerebellar mass → that compresses and distorts the brainstem ↓ and crosses the cerebellar midline □. Download to Presentation

Selected images



常规



核医学

介入

覆盖面广

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分类细致

脑+头颈部

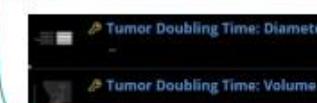
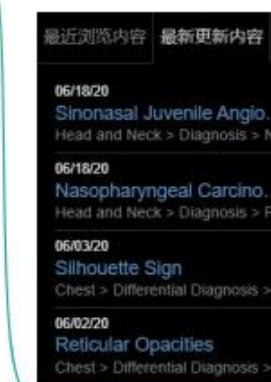
心脏+胸部+大血管+乳腺

胃肠道+泌尿生殖+妇科+产科+儿科

脊柱+骨关节

内容全面
6973主题

与时俱进



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主要分类

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Cardiac 168 主题

Chest 609 主题

Gastrointestinal 459 主题

Genitourinary 196 主题

Gynecology 155 主题

Head and Neck 771 主题

Interventional Radiology 200 主题

Musculoskeletal 867 主题

Nuclear Medicine 150 主题

Obstetrics 335 主题

Fetal HR = 75 bpm

Pediatrics 856 主题

Spine 460 主题

Vasculation 60 主题

RADTools 113 主题

按疾病系统浏览



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Topics Images Filter by Category What are you looking for? Compare Sign in ?

Chest

- Anatomy (18) 解剖结构 >
- Diagnosis (502) 诊断 >
- Differential Diagnosis (119) 鉴别诊断 >

解剖
诊断
鉴别
诊断
结构

AI

AI

1. 诊断

胸部-诊断-心血管疾病-心血管肿瘤-主动脉肉瘤



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Topics Images Filter by Category What are you looking for? Search icon

Chest Diagnosis Cardiovascular Disorders Cardiovascular Neoplasms Compare Print

Aortic Sarcoma Dx

John P. Lichtenberger, III, MD Last updated 09/29/21

Is this what you were looking for? Yes No

Description

- KEY FACTS
- TERMINOLOGY
- IMAGING
- DIFFERENTIAL DIAGNOSIS
- PATHOLOGY
- CLINICAL ISSUES
- DIAGNOSTIC CHECKLIST

References (9)

目录

KEY FACTS

Terminology

- Primary malignant tumors of aorta (PMTA)
- Very rare, highly aggressive class of sarcomas that arise from aortic wall or intima and carry poor prognosis

Imaging

- Radiography**
 - Lobulated mediastinal contour
 - Aortic enlargement
- CT**
 - Polypoid, enhancing soft tissue mass arising from aortic wall, within aortic lumen, or along &/or around aorta
 - Aortic aneurysm due to weakening of aortic wall by infiltrating mass and flow disturbance
 - Stenosis of aortic lumen from intra- or extraluminal mass
 - Occlusion of aortic branches by bland or tumor emboli
- MR**
 - Enhancement and distinction from mural plaque

Top Differential Diagnoses

- Aortic aneurysm
- Severe atherosclerosis or ulcerated plaque

Selected Images

Axial CTA shows an enhancing periaortic mass → with luminal surface irregularity and focal ulceration → and bilateral pleural effusions. Aortic sarcomas may be intraluminal or periaortic, and are distinguished from atherosclerosis by absence of intimal calcification.

Axial CTA of the same patient shows anterior displacement and narrowing of the thoracic aorta → due to extrinsic compression by the periaortic mass →. Note intratumoral hyperattenuating thrombus ⇨.

2. 鉴别诊断 -- 同框比较



Allergic Bronchopulmonary Aspergillosis
Chest
Allen Heeger, DO
[View images](#)
Reviewed 09/29/21 Dx
 Compare
24 images | 20 references

Bronchiectasis
Chest
Sherief H. Garrana, MD; Laura E. Heyneman, MD
[View images](#)
Reviewed 10/08/21 Dx
 Compare
19 images | 12 references

Bronchitis
Chest
Carlos S. Restrepo, MD; Carol C. Wu, MD
[View images](#)
Reviewed 10/14/21 Dx
 Compare
11 images | 2 references

Broncholithiasis
Chest
Santiago Martínez-Jiménez, MD, FACP
[View images](#)
Reviewed 10/14/21 Dx
 Compare
19 images | 9 references

Cystic Fibrosis
Chest
Aletta Ann Frazier, MD
[View images](#)
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14 images | 21 references

Mounier-Kuhn Syndrome
Chest
Sonia L. Betancourt-Cuellar, MD; Carlos S. Restrepo, MD
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 Compare
9 images | 6 references

<https://app.statdx.com/document/broncholithiasis/6a010385-523c-4257-b60a-4dedb358f948>

2. 鉴别诊断 -- 同框比较



Compare Diagnoses (3)

Remove all

Bronchiectasis

Images Text

Graphic shows degrees of severity of bronchiectasis. Cylindrical → bronchiectasis, the mildest form, manifests with uniform bronchial dilatation and absence of airway tapering. Varicoid → bronchiectasis manifests as beaded bronchi. Saccular → bronchiectasis results in dilated, bulbous airways.

Broncholithiasis

Images Text

Composite image with coronal NECT (left) and coronal CECT (right) obtained years later shows a calcified subcarinal lymph node → that eroded into the left mainstem bronchus → with a transbronchial configuration. Most broncholiths are calcified lymph nodes that erode into the airway.

Bronchitis

Images Text

Graphic shows morphologic features of chronic bronchitis that include generalized thickening of the trachea and central bronchi and coating of central airway walls with a thick layer of mucus. Inset depicts a thickened bronchiole in cross-section with thickened mucosal lining.

Chest ▾ Diagnosis ▾ Airway Diseases ▾ Bronchial Dilatation and Impaction ▾

Compare Print

Allergic Bronchopulmonary Aspergillosis Dx

Allen Heeger, DO Last updated 09/29/21

Is this what you were looking for? Yes No

Description

- KEY FACTS
- TERMINOLOGY
- IMAGING
- DIFFERENTIAL DIAGNOSIS
- PATHOLOGY
- CLINICAL ISSUES
- DIAGNOSTIC CHECKLIST

Anatomy (2)

Cases (10) Cases (10)

Differentials (3)

References (20)

TYPICAL

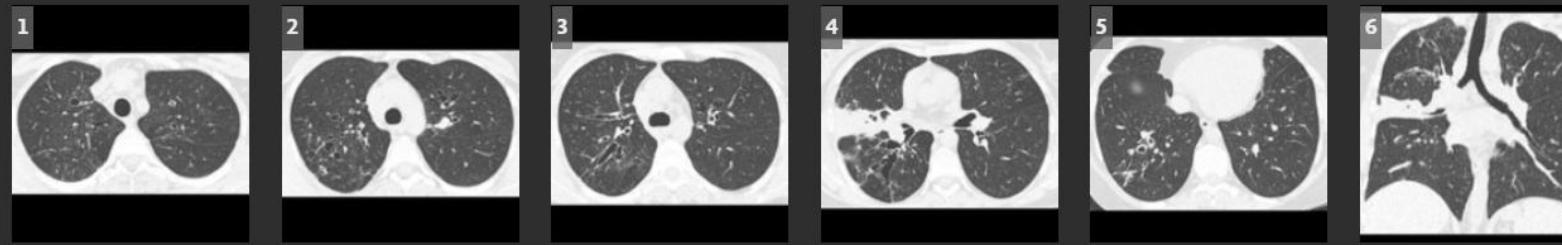
Bronchiectasis Details ▾

1 2 3 4 5



Central bronchiectasis Details ▾

1 2 3 4 5 6



3. 解剖结构



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Topics Images Filter by Category What are you looking for? ?

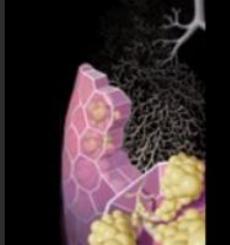
Chest Diagnosis Airway Diseases Bronchial Dilatation and Impaction Compare Print

Allergic Bronchopulmonary Aspergillosis Dx

Allen Heeger, DO Last updated 09/29/21 Is this what you were looking for? Yes No

Description ← Related Anatomy

• KEY FACTS
• TERMINOLOGY
• IMAGING
• DIFFERENTIAL DIAGNOSIS
• PATHOLOGY
• CLINICAL ISSUES
• DIAGNOSTIC CHECKLIST
Anatomy (2)
Cases (10)
Differentials (3)
References (20)

 **Airway Structure**
Chest
Reviewed 09/07/23 Anatomy
Santiago Martínez-Jiménez, MD, FACP
View images 64 images | 0 references

 **Vascular Structure**
Chest
Reviewed 08/21/23 Anatomy
Santiago Martínez-Jiménez, MD, FACP
View images 41 images | 0 references



Search for Images



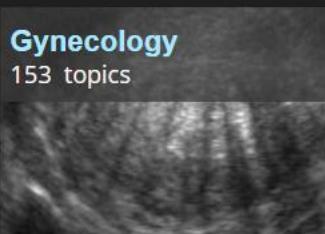
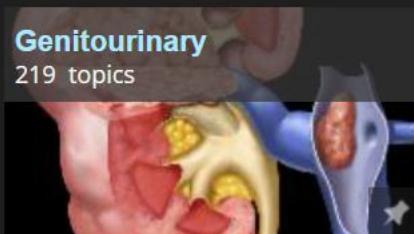
Filter by Category



Chiari

Primary Categories

6772 topics



Nuclear Medicine

Obstetrics

Pediatrics

Spine

Ultrasound

Chiari 1

Chiari 1 Malformation

Chiari 2

Chiari 2 Malformation

Chiari 3

Chiari 3 Malformation

按疾病检索



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Filter by Category Chiari

176 results for All: "Chiari"

All Topics Dx DDX Anatomy Procedure

Chiari 3 Spine Reviewed 2/18/25 <input type="checkbox"/> Compare View images 5 images 24 references	Chiari 2 Pediatrics Reviewed 2/1/24 <input type="checkbox"/> Compare View images 25 images 23 references
Chiari 1 Pediatrics Reviewed 2/1/24 <input type="checkbox"/> Compare View images 19 images 30 references	Complex Chiari Pediatrics Reviewed 2/14/24 <input type="checkbox"/> Compare View images 12 images 13 references

可以看到具体的影像图片以及所有和其相关的医学信息

Images Document

Chiari 1

[Go to Full Document](#)

KEY FACTS

Terminology

- Chiari 1 malformation (CM1)
 - CM1: Constellation of findings (not a disease, not simply a measurement)

- Chiari畸形（小脑扁桃体下疝）
- 详细分型，及合并症胼胝体发育不良等
- 附有相应的描述、图片和参考文献

脊柱 ▾ 诊断 ▾ 先天性 ▾ Chiari 障碍 ▾ 基亚里 1 ▾

dx 基亚里 1

凯文·R·摩尔, 医学博士; Usha D. Nagaraj, 医学博士

这些信息是您要查找的信息吗? 是的 不

申领芝商所



相比



书签



打印



关键事实

下一个 | ▾



术语

- Chiari 1 畸形 (CM1); 同义词: Chiari 1 型、Chiari 1 畸形、小脑扁桃体异位

成像

- 尖状小脑扁桃体在枕骨大孔下方延伸 $\geq 5 \text{ mm}$ (basion-opisthion/McRae 线), 脑脊液空间消失
- \pm 齿状突后屈、斜坡水平缩短、基底内陷、寰枕同化
- \pm 脑干尾部下降、脑干受压、髓质扭结
- \pm 脊髓空洞症、脊柱侧弯

顶级鉴别诊断

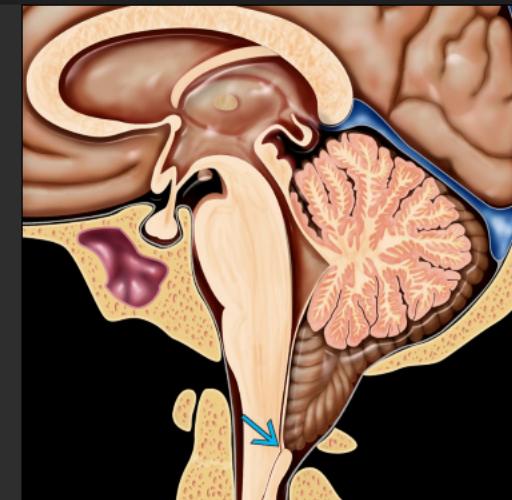
- 正常低位小脑扁桃体
- Chiari 2 畸形
- 颅内压升高继发扁桃体突出
- 颅内低血压

病理

- 最常见的原因是后颅窝小V发育不全; 与开放性脊柱畸形无关
- 可能是缝合线过早闭合的结果
 - 原因包括分流婴儿脑积水、骨发育不良、遗传综合征

临床问题

- 最常见的症状: 枕部头痛
 - 高达 30% 的患者无症状



查看全屏图像

矢状图显示小脑扁桃体尖尖, 从枕骨大孔下方延伸至 C1 后弓下方。obex → 也下移。

下移的小脑扁桃体

选定的图像

16



不同类型鉴别



退出比较

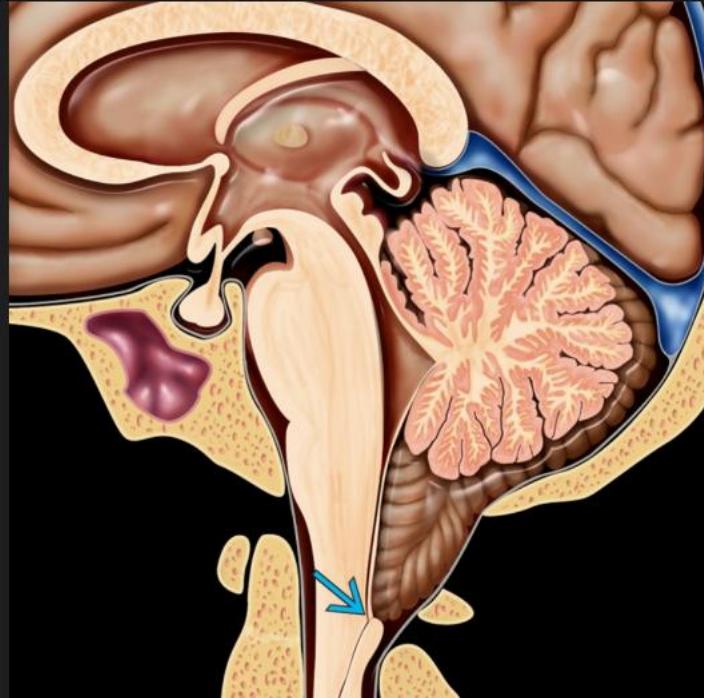
STATdx® 比较诊断 (3)

基亚里 1
基亚里 1

解雇

图片

文本



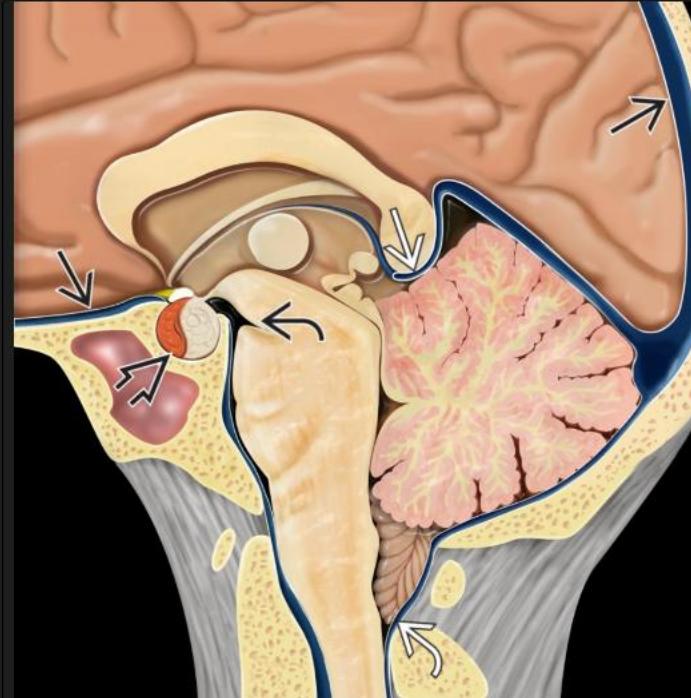
矢状图显示小脑扁桃体尖尖，从枕骨大孔下方延伸至 C1 后弓下方。obex→也下移。

基亚里 1
颅内低血压

解雇

图片

文本



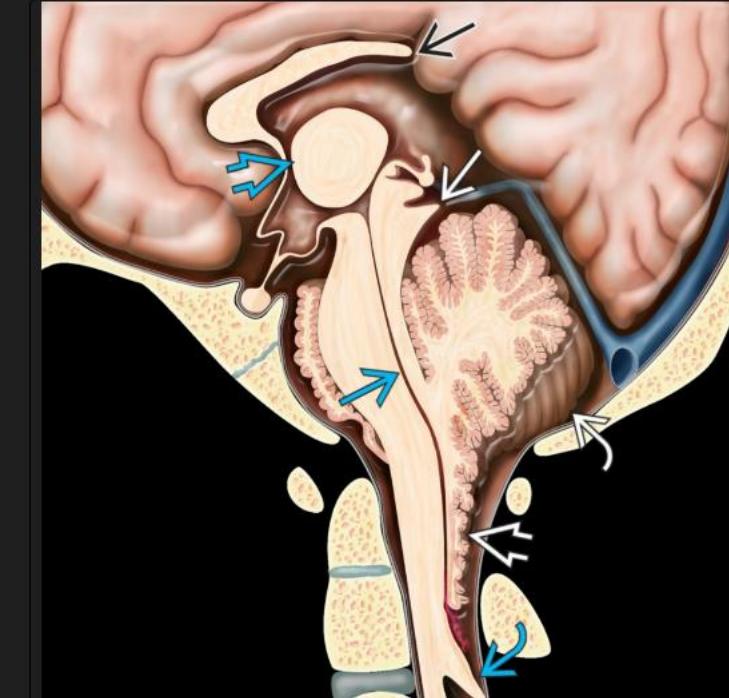
图表显示 IH 伴有硬脑膜窦扩张→、垂体增大→和扁桃体突出→。中脑下降导致中脑下垂、脑桥下移、脑桥-中脑角闭合→、压脾压低 ICV/Galen 交界处静脉→。

搜索“Chiari 2”
Chiari 2 畸形

解雇

图片

文本



详细的后脑视图显示小脑突出→、第四脑室受压→和大池闭塞→。其他发现包括胼胝体发育不全→、顶盖喙状→、中间肿块增大→和颈髓骨刺→。

不同类型鉴别



退出比较

STATdx® 比较诊断 (3)

图片

文本



同一患者的矢状 T2 MR 证实扁桃体异位 → 延伸至 C2/C3 水平。小脑叶是倾斜的。第四脑室尖顶 ➡ 处于正常位置。

图片

文本



一名接受“偏头痛”治疗的患者的矢状 T2 MR 显示严重的中脑塌陷 ➡，小脑扁桃体向下移位 ➡，下丘脑覆盖鞍背，乳头体 ➡ 位于背部下方。

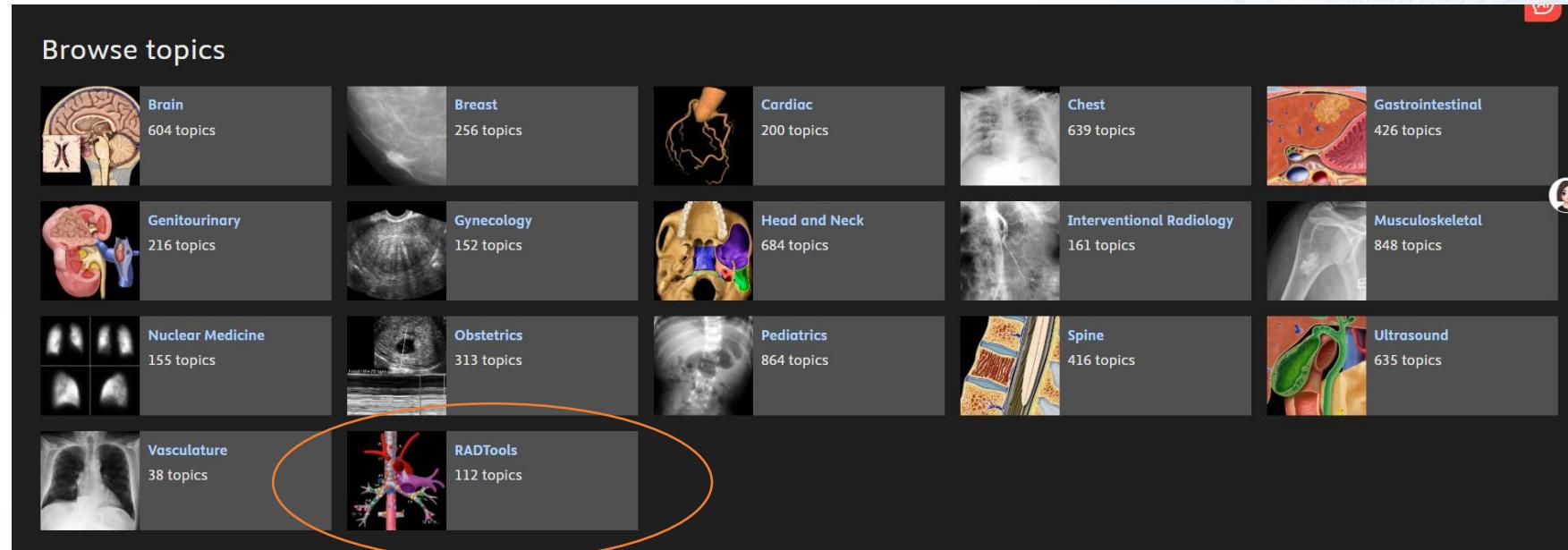
图片

文本



胎儿 MR 显示类似的小脑疝、后部缺席胼胝体 (CC) 的 ➡ 径向沟和仅前扣带回的发现。注意扩大的第三脑室有明显的中间肿块。➡ ➡ ➡

其他辅助功能 RADTools



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Topics Images Filter by Category What are you looking for? AI

RADTools

- Calculators (1) >
- Incidental Findings (11) >
- MIPS (12) >
- Tables (88) >

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Topics Images Filter by Category What are you looking for? 🔍

RADTools ▾ Incidental Findings ▾ Chest ▾ 🖨️ Print

Managing Incidental Findings on Thoracic CT Tool

Santiago Martínez-Jiménez, MD, FACP Last updated 01/25/23

Is this what you were looking for? Yes No 

Description ◀ ▶

- AMERICAN COLLEGE OF RADIOLOGY (ACR)
- PULMONARY FINDINGS
- MEDIASTINAL FINDINGS
- CARDIOVASCULAR
- NOTE ON IMAGES

References (10)

American College of Radiology (ACR)

- ACR published consensus criteria regarding incidental findings in mediastinum (including thyroid), cardiovascular structures, and lung
- Definition of incidental finding
 - Imaging finding in asymptomatic adults ≥ 35 years of age imaged for unrelated indication
 - Does not apply to findings in patients with related signs and symptoms
 - Although incidental, these findings should be reported

Pulmonary Findings

Nodule

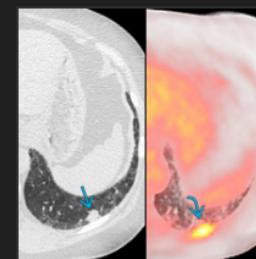
- Rounded opacity, well- or poorly defined, < 3 cm in diameter (Fleischner Society)
- Asymptomatic nodules are common and often incidental
- Imaging features to be assessed
 - Size
 - Average diameter (average of long- and short-axis dimensions) on lung window
 - Volumetric analysis may also be used and is more reproducible
 - Measurements should be performed on thin-section CT (< 1.5 mm)
 - Nodules < 6 mm: Very low statistical probability of representing cancer
 - Part-solid nodules: Entire nodule and solid components should be measured separately and reported
 - Nodules with benign features (see attenuation) do not require measurement

Selected Images

Thumbnail Caption

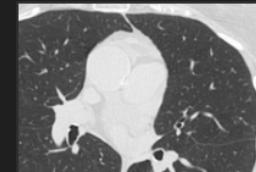
Squamous Cell Carcinoma

Composite image with axial NECT (left) and axial FDG PET/CT shows an incidental left lower lobe lobulated nodule → with FDG avidity →. Squamous cell lung cancer was confirmed at surgical resection.



Adenocarcinoma

Axial NECT shows an incidental left lower lobe ground-glass nodule → that persisted on follow-up imaging. Primary lung adenocarcinoma was confirmed at surgical resection. Pulmonary nodules are some of the most common incident...



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