



REMARKS

- 1 Dyspnoea can be broadly classified into cardiac or pulmonary origins.
- 2 Chest X-ray (CXR) usually forms part of the initial workup for patients presenting with dyspnoea.
- 3 In two-thirds of the cases, CXR can help to make a diagnosis.
- 4 For patients with asthma or chronic obstructive pulmonary disease (COPD) exacerbation, a CXR is only needed under specific circumstances, e.g. when infection is suspected or if the condition does not respond to treatment.
- 5 High resolution CT (HRCT) is useful for diffuse lung disease, for example, interstitial lung disease, bronchiectasis, pneumoconiosis, sarcoidosis and emphysema. Expiratory HRCT can detect air trapping and tracheobronchomalacia.
- 6 Contrast CT thorax is needed when there is persistent consolidation, suspicion of pulmonary embolism, pulmonary or extrapulmonary mass.
- 7 MRI is usually reserved for evaluation of pleural disease or patients with chest wall mass.

REFERENCES

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