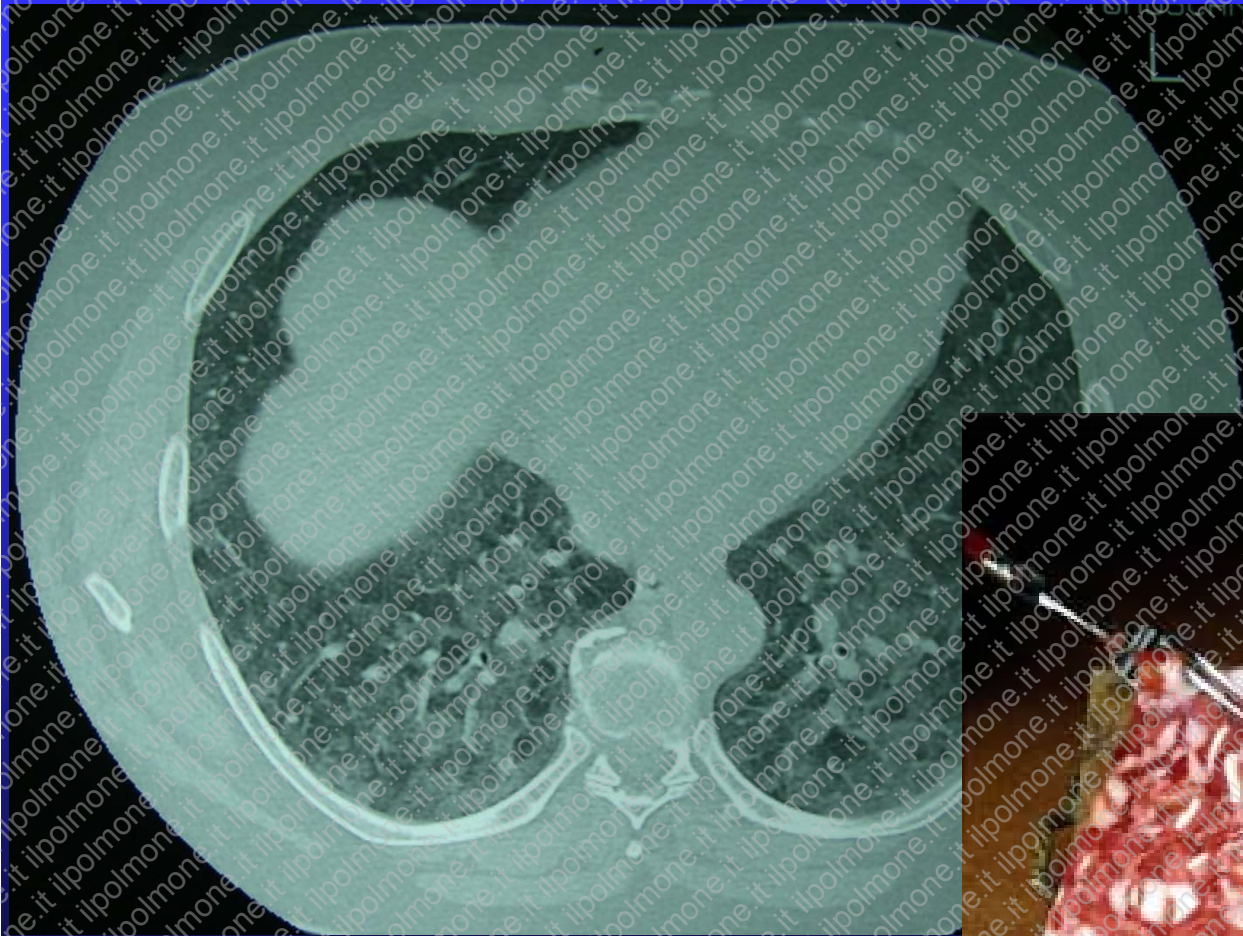


Espirium

Inspirium



# HRCT-HEAD AND CHEESE SIGN





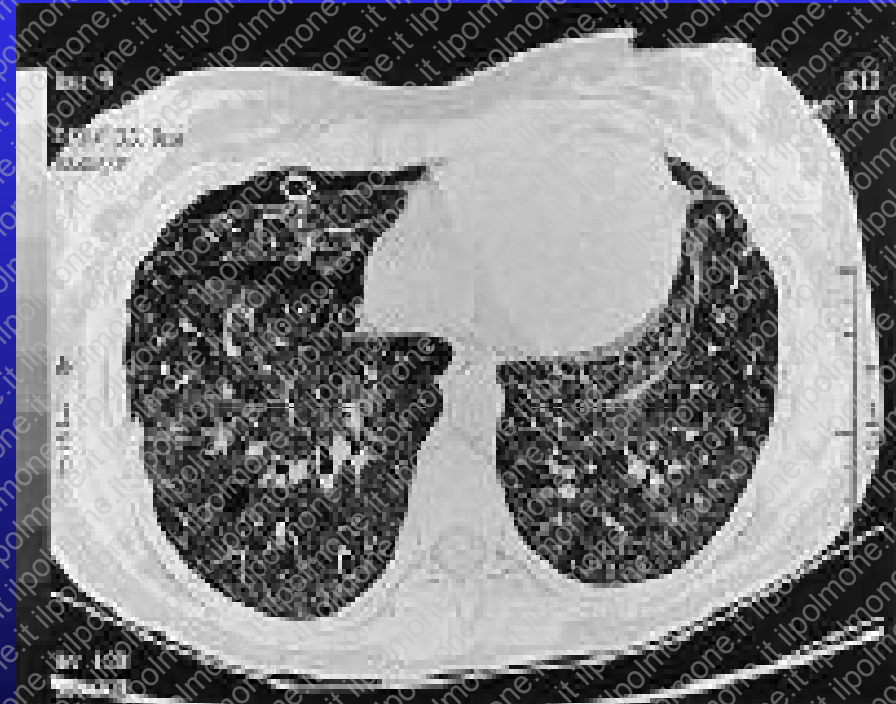
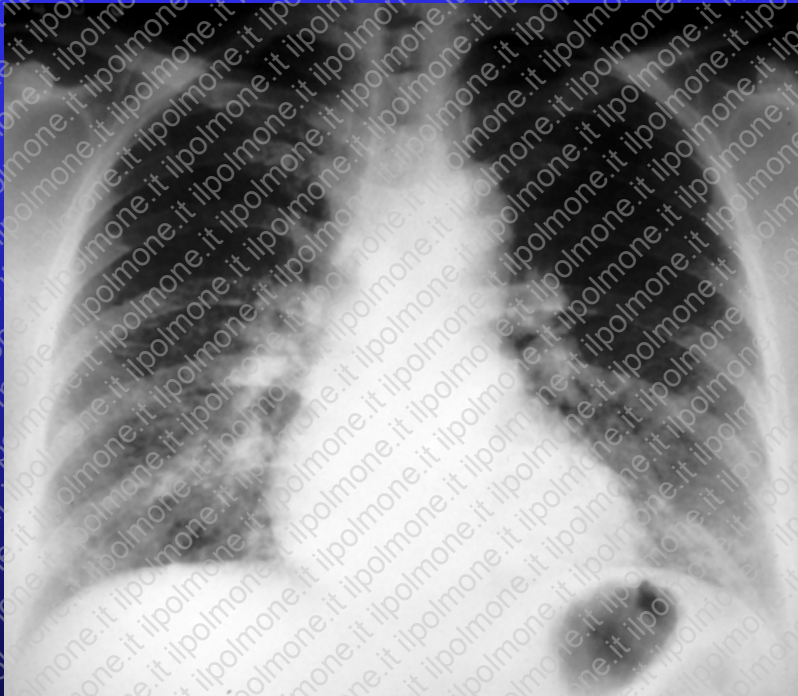
# RADIOLOGY

- As in acute EAA, in the *sub-acute* EAA the chest radiograph may be normal or show micronodular or reticular opacities
- The abnormalities are sometimes most prominent in the middle to upper lung zones



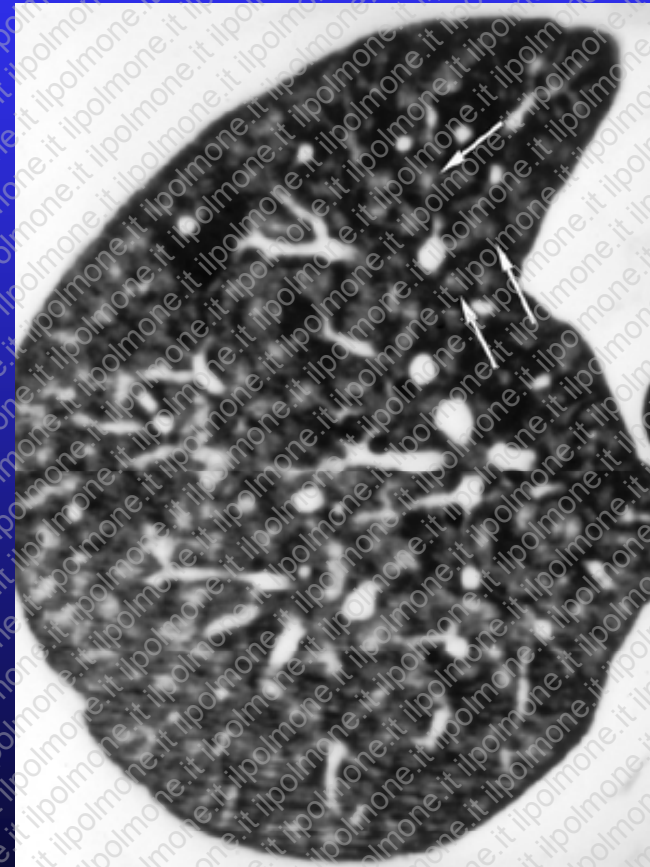


# RADIOLOGY



# HRCT

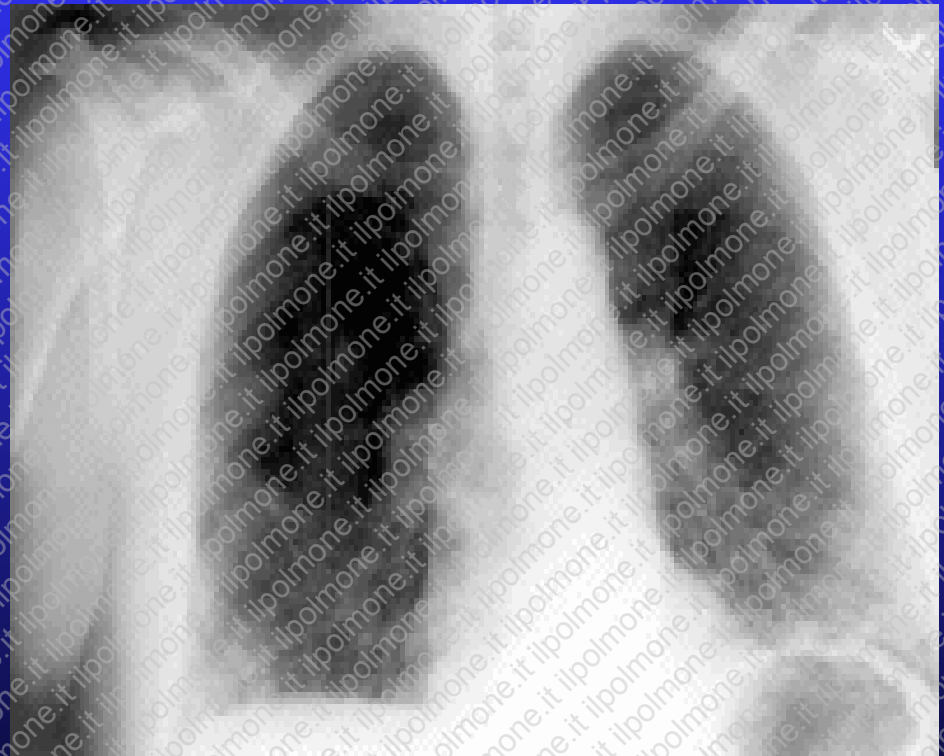
In *sub-acute* EAA HRCT shows diffuse micronodules, *ground-glass* attenuation, focal air-trapping or emphysema or mild fibrotic changes



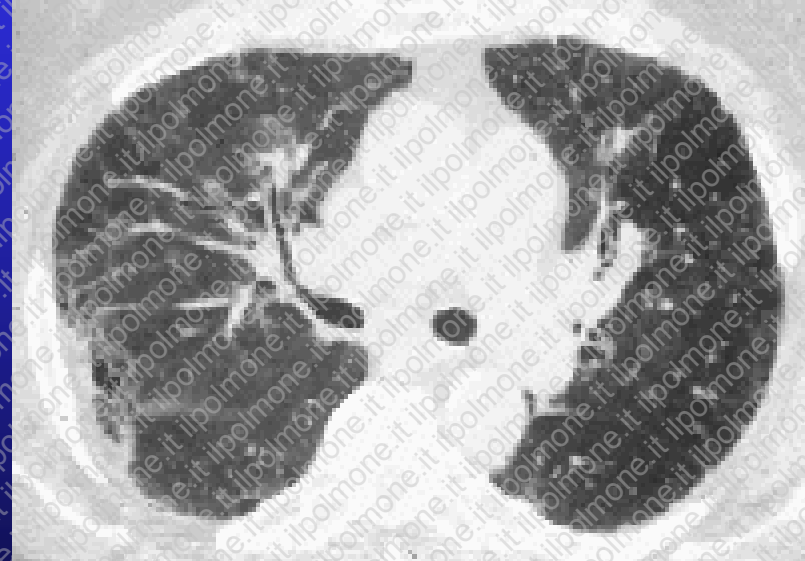


# RADIOLOGY

In *chronic* EAA the radiographic features often mirror those of IPF. Typically shows progressive fibrotic changes with loss of lung volume, particularly affecting the upper lobes



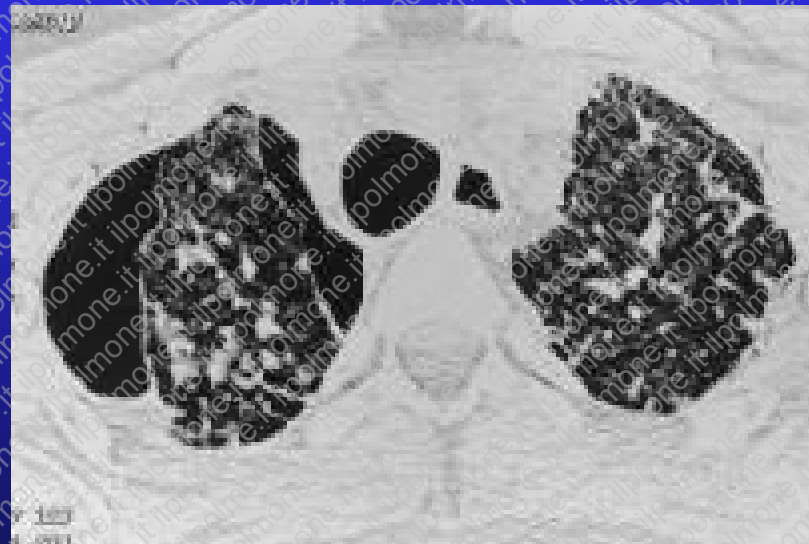
# HRCT





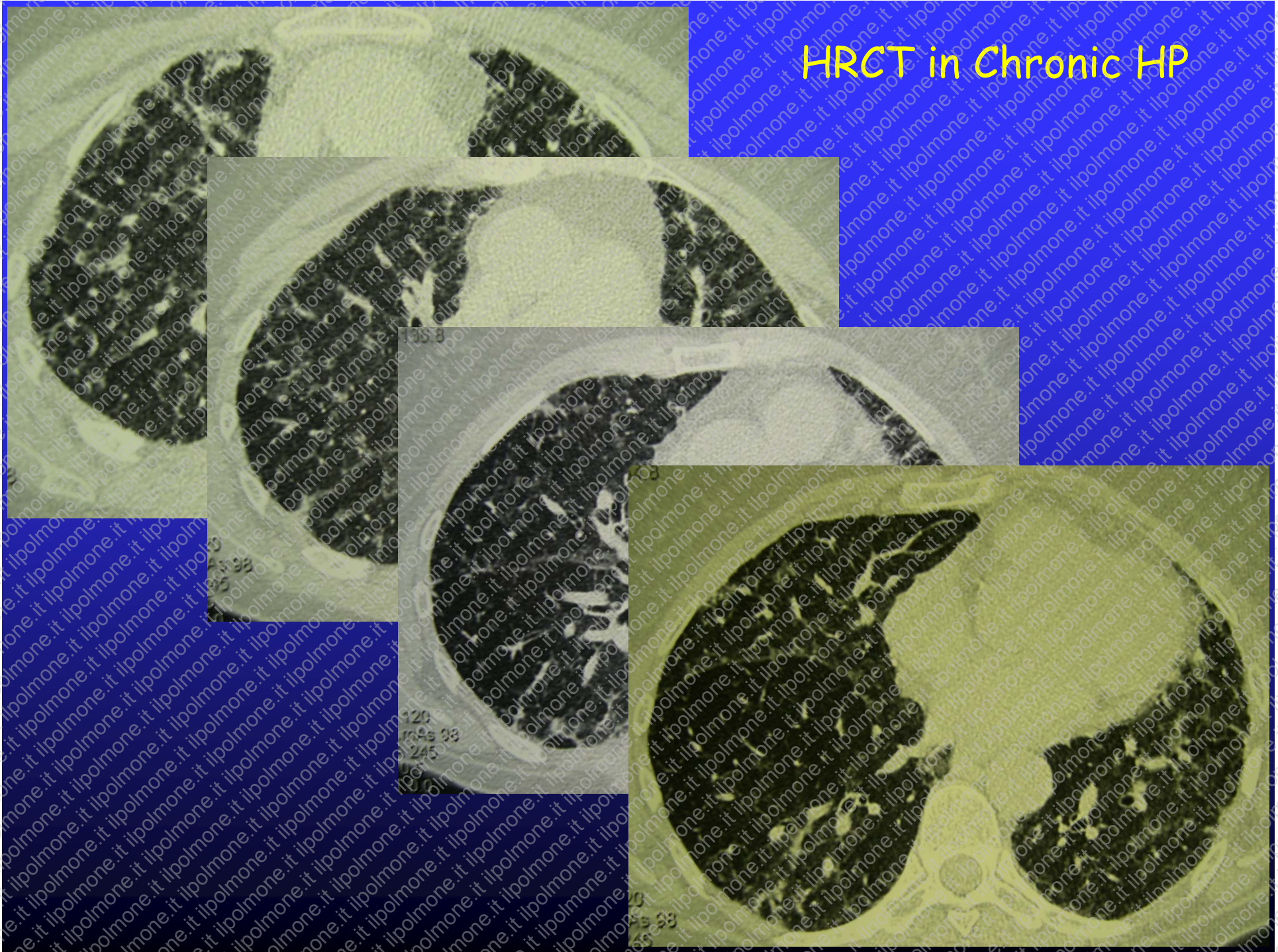
# HRCT

- In *chronic* EAA HRCT shows progressive fibrotic changes with loss of lung volume, particularly affecting the upper lobes
- Irregular interlobular and intralobular septal thickening, honeycombing with traction bronchiectasis and architectural distortion of the lung





# HRCT in Chronic HP





# HRCT in Chronic HP

