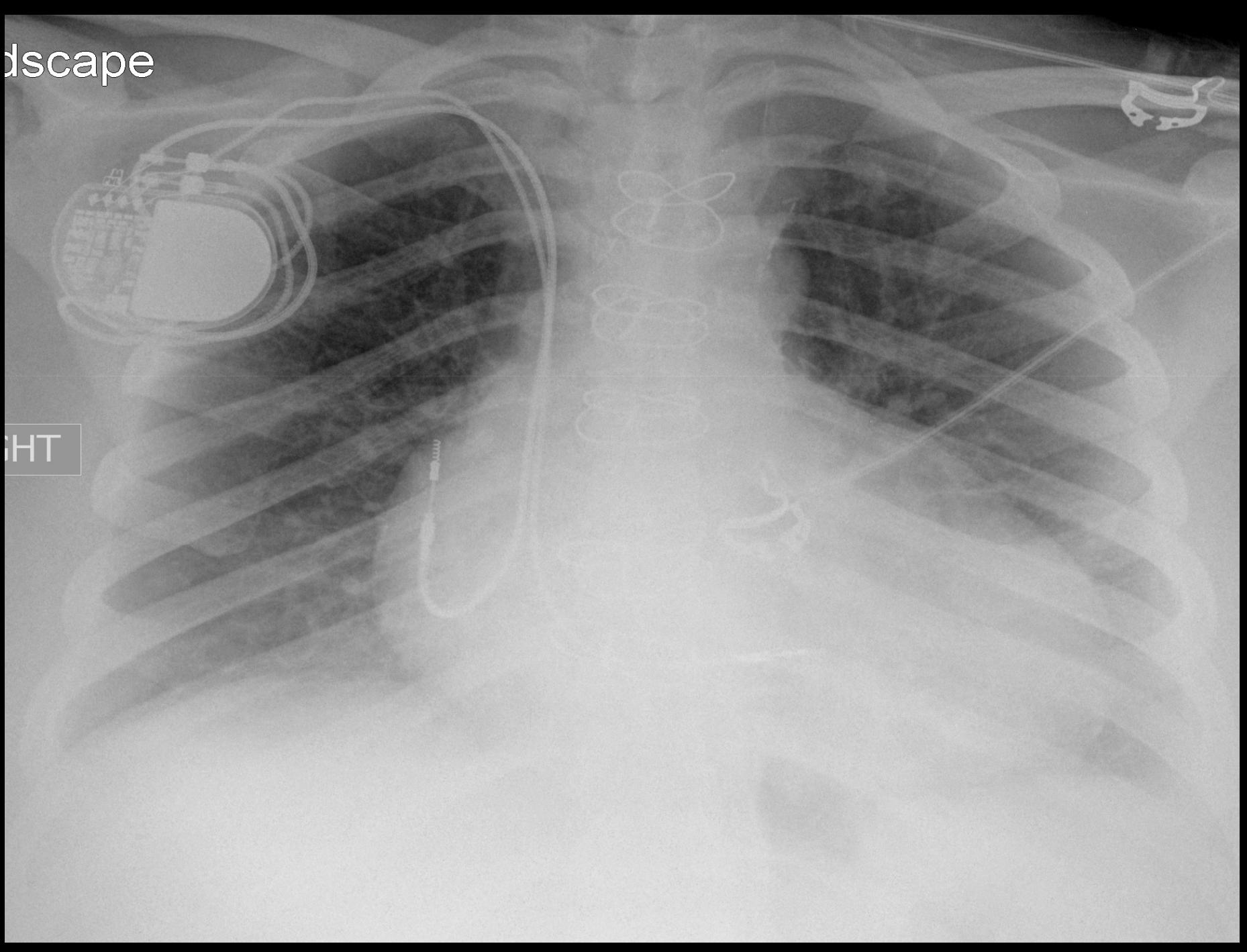
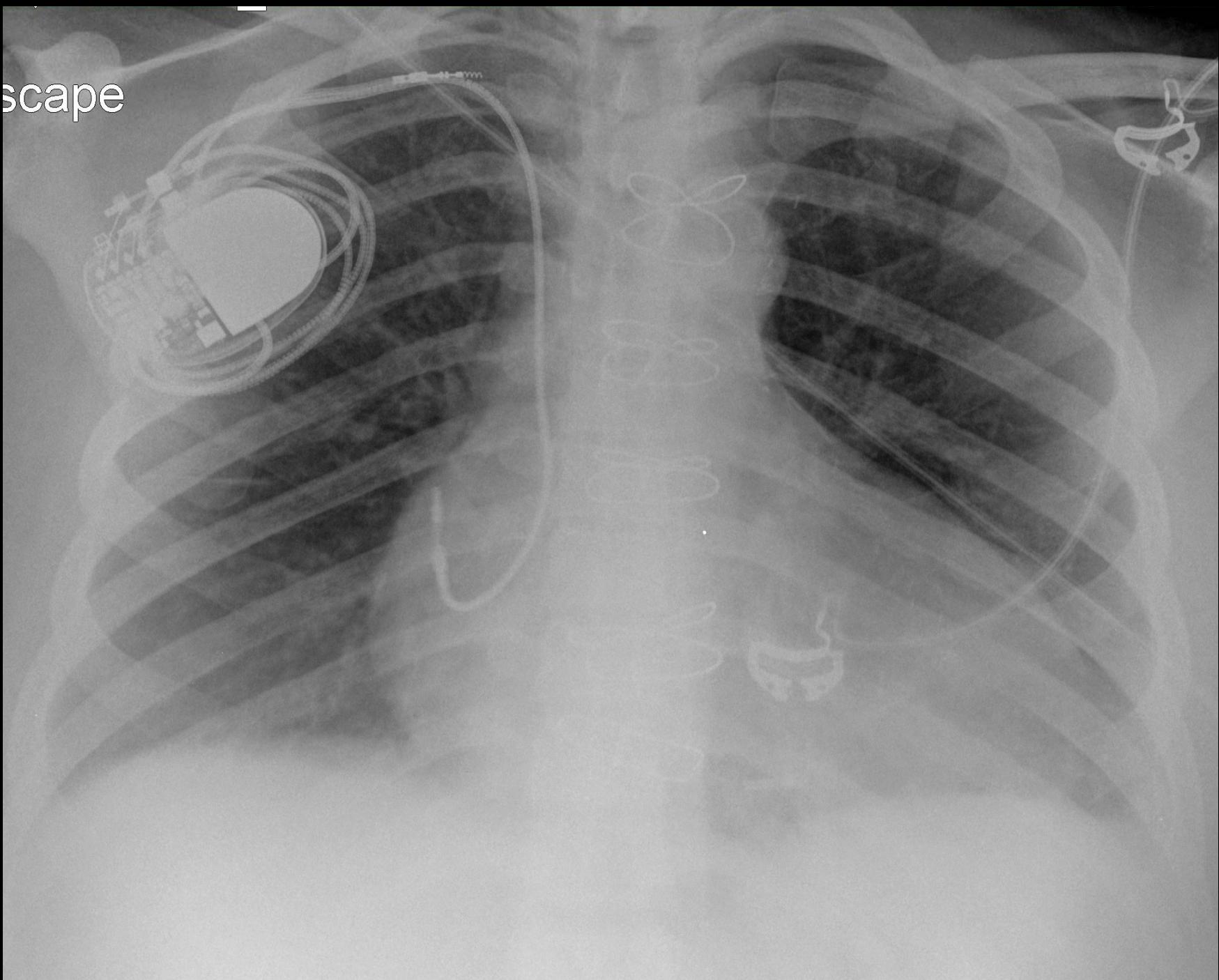


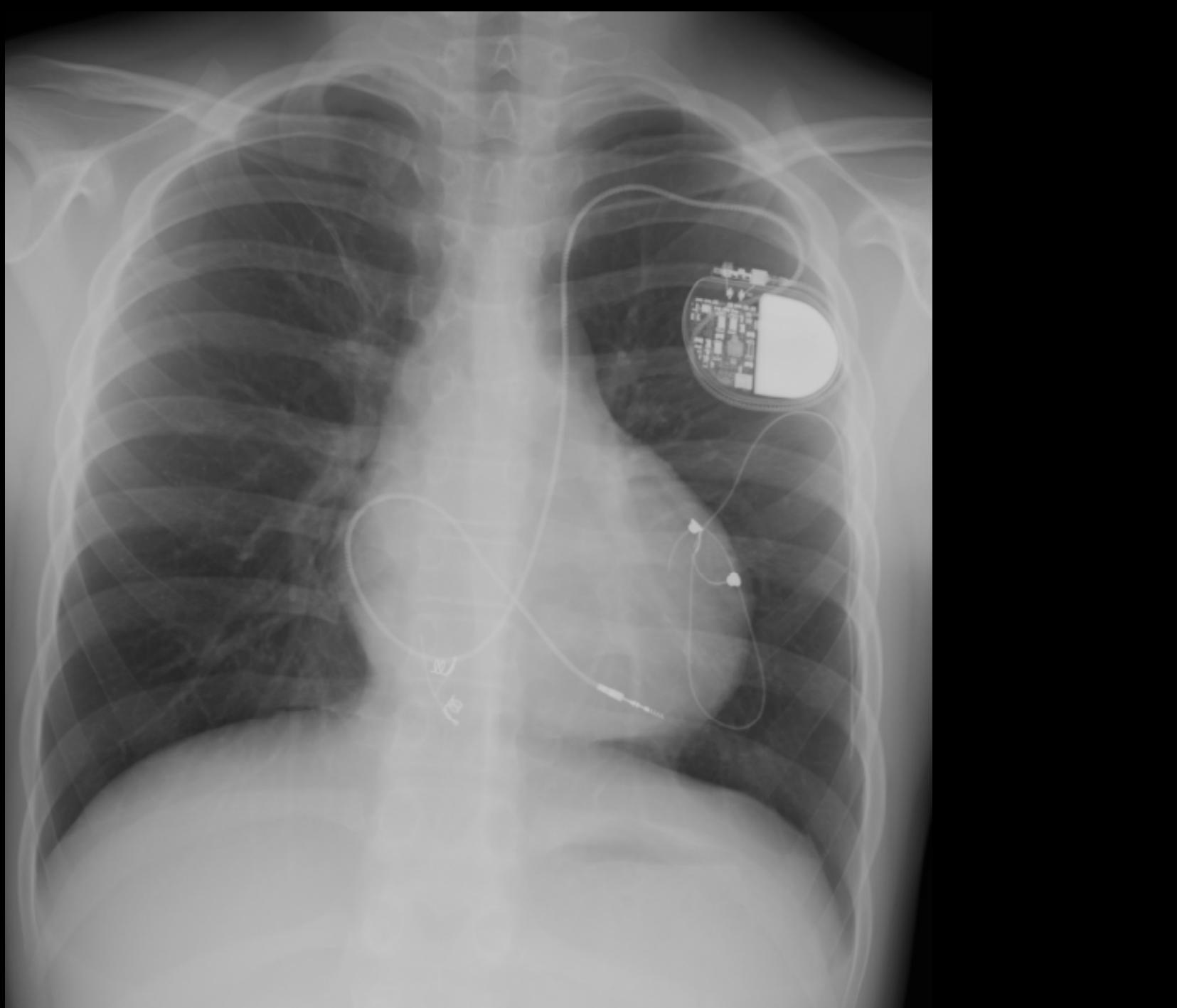
andscape

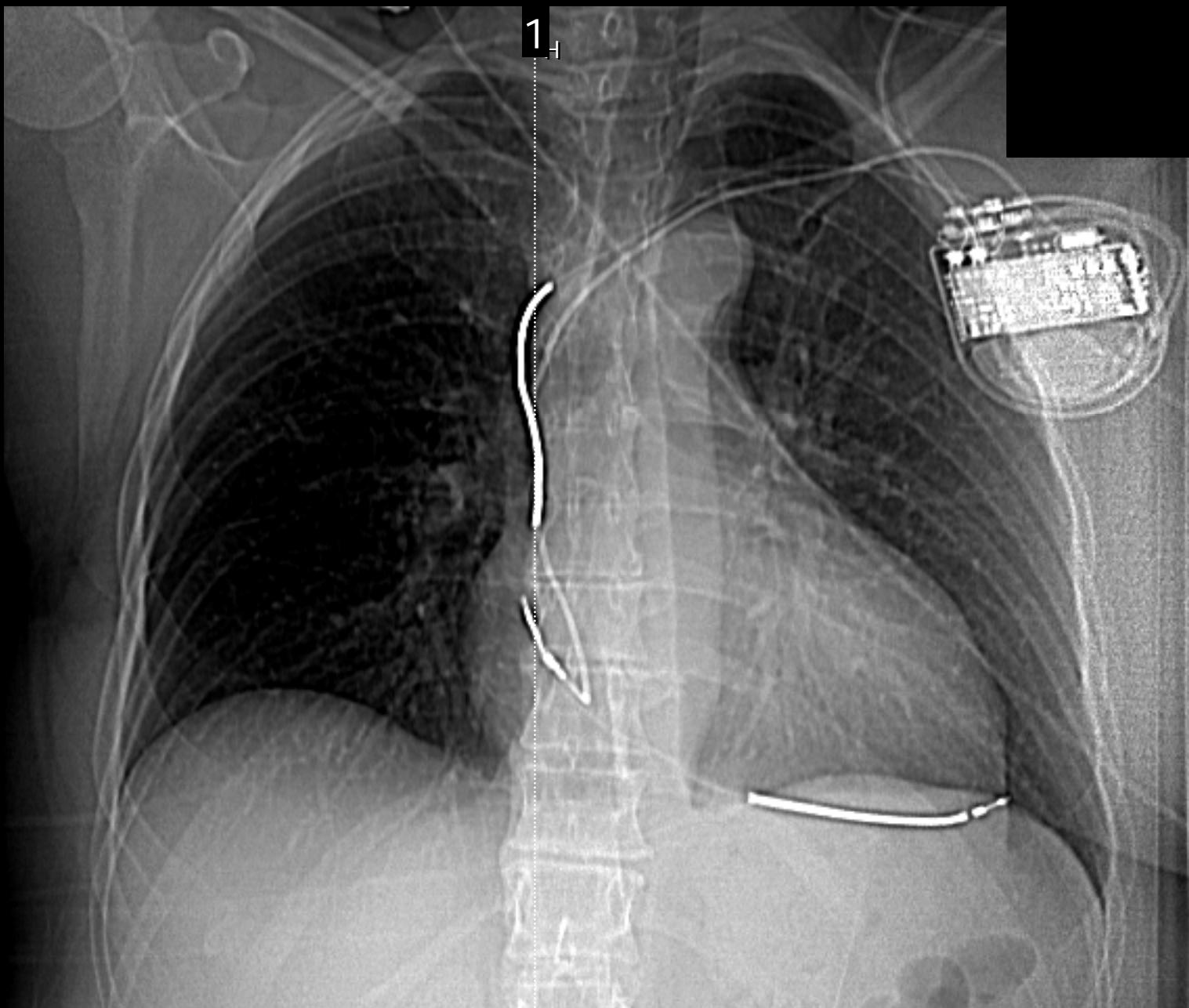
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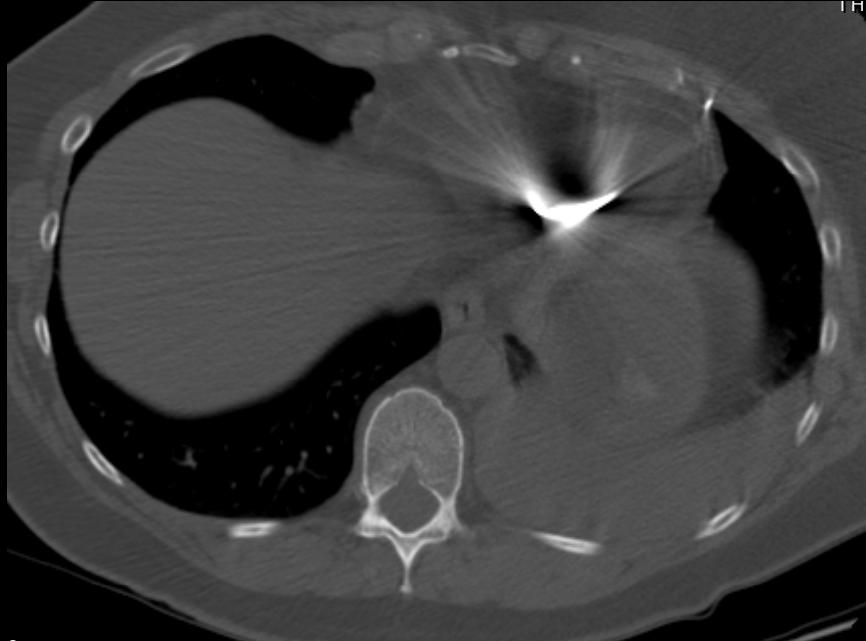


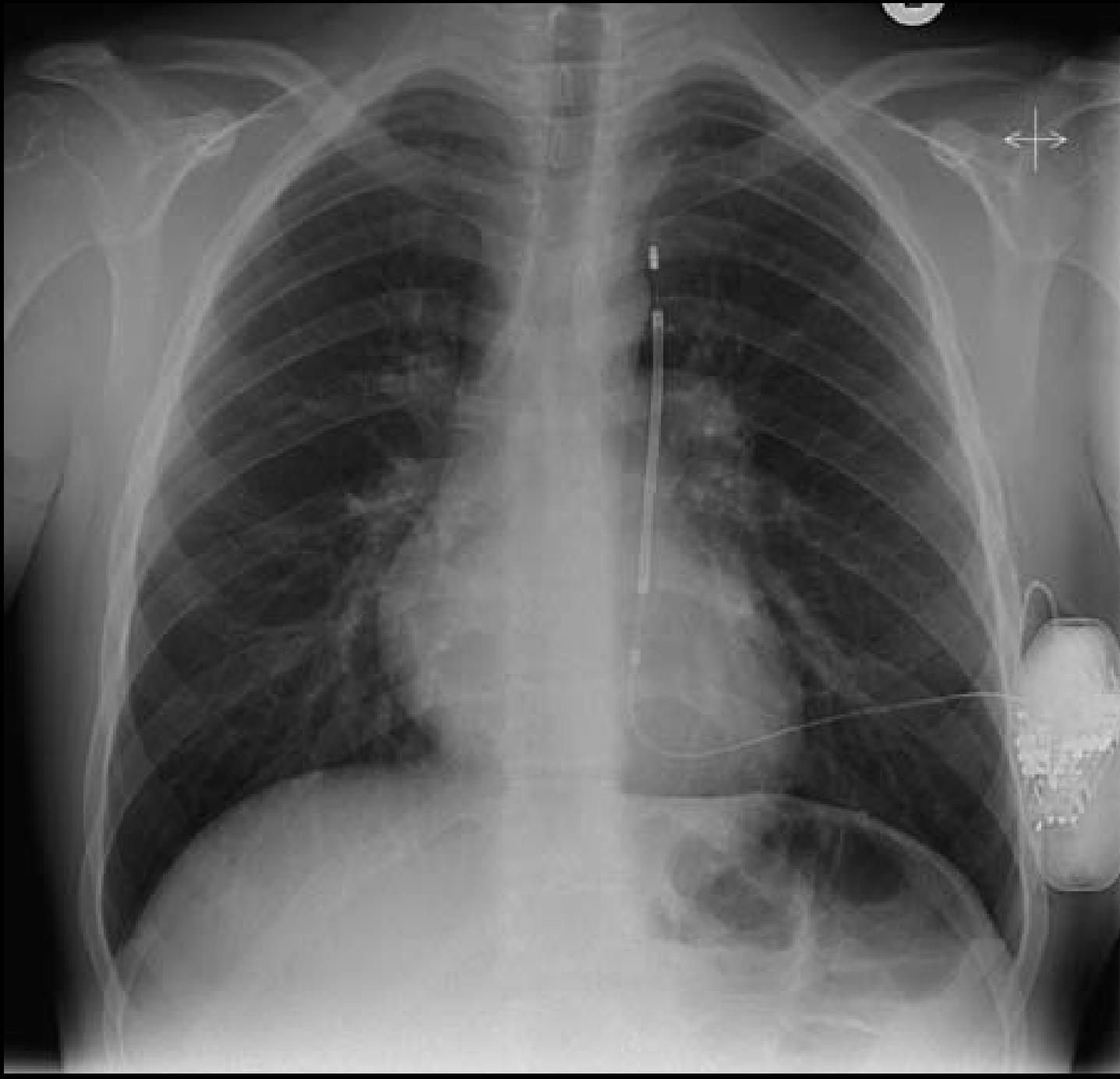
scape













# Question #1



Concerning the left superior vena cava,  
How does it communicate with the heart?

- A. Enters the left atrium via the pulmonary veins
- B. Enters the left atrium via the coronary sinus
- C. Enters the right atrium via the sinus of valsalva
- D. Enters the right atrium via the coronary sinus

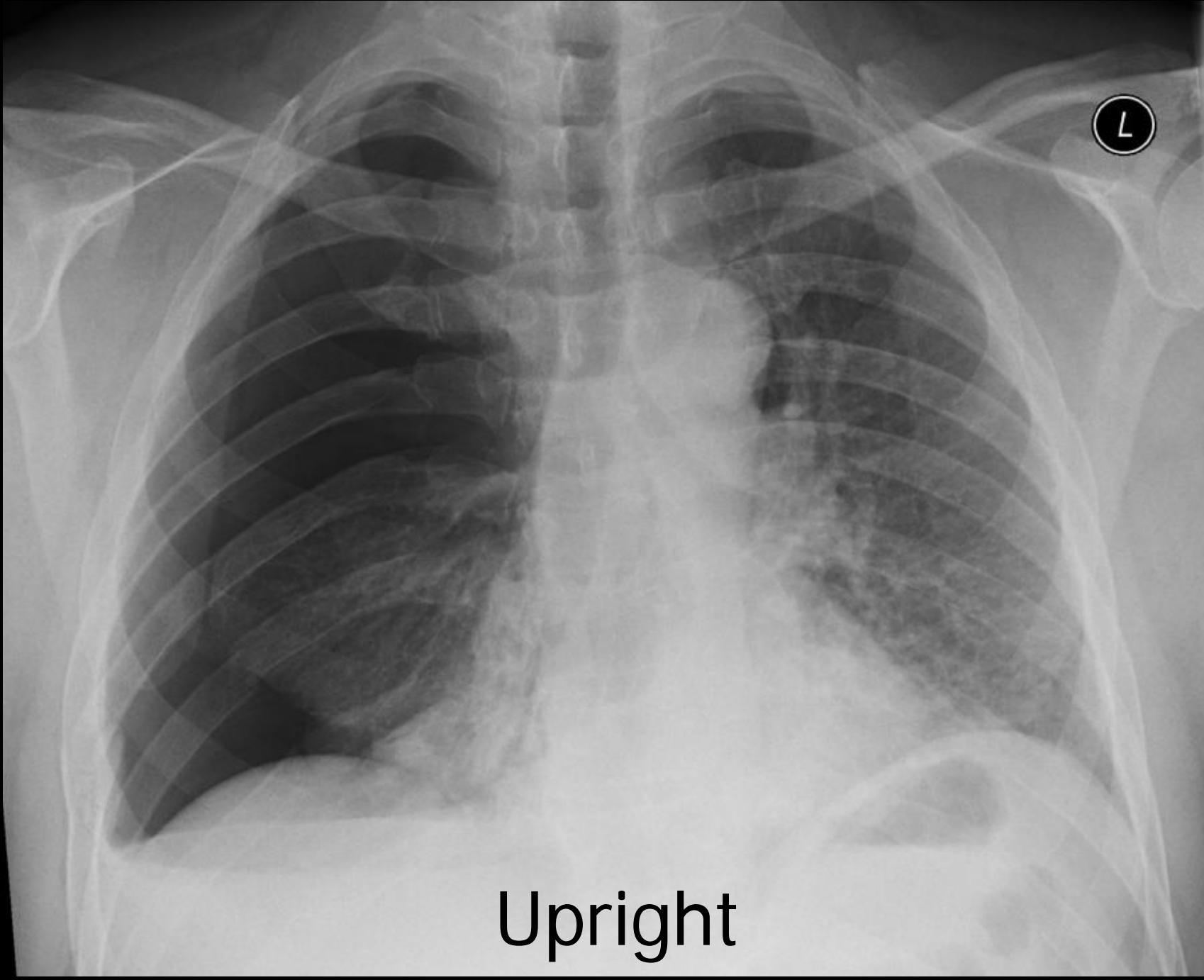


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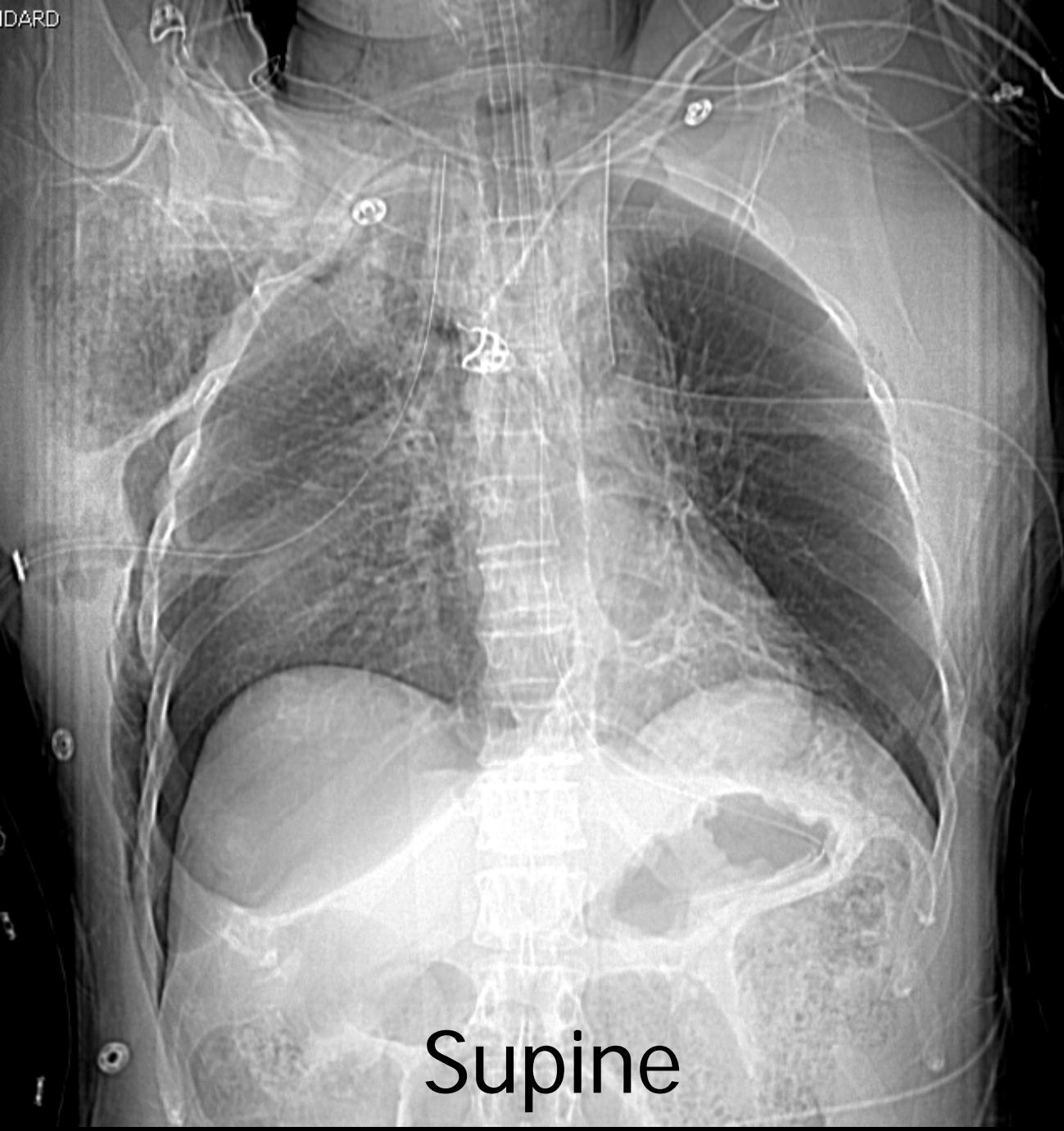


# Pleural Disease



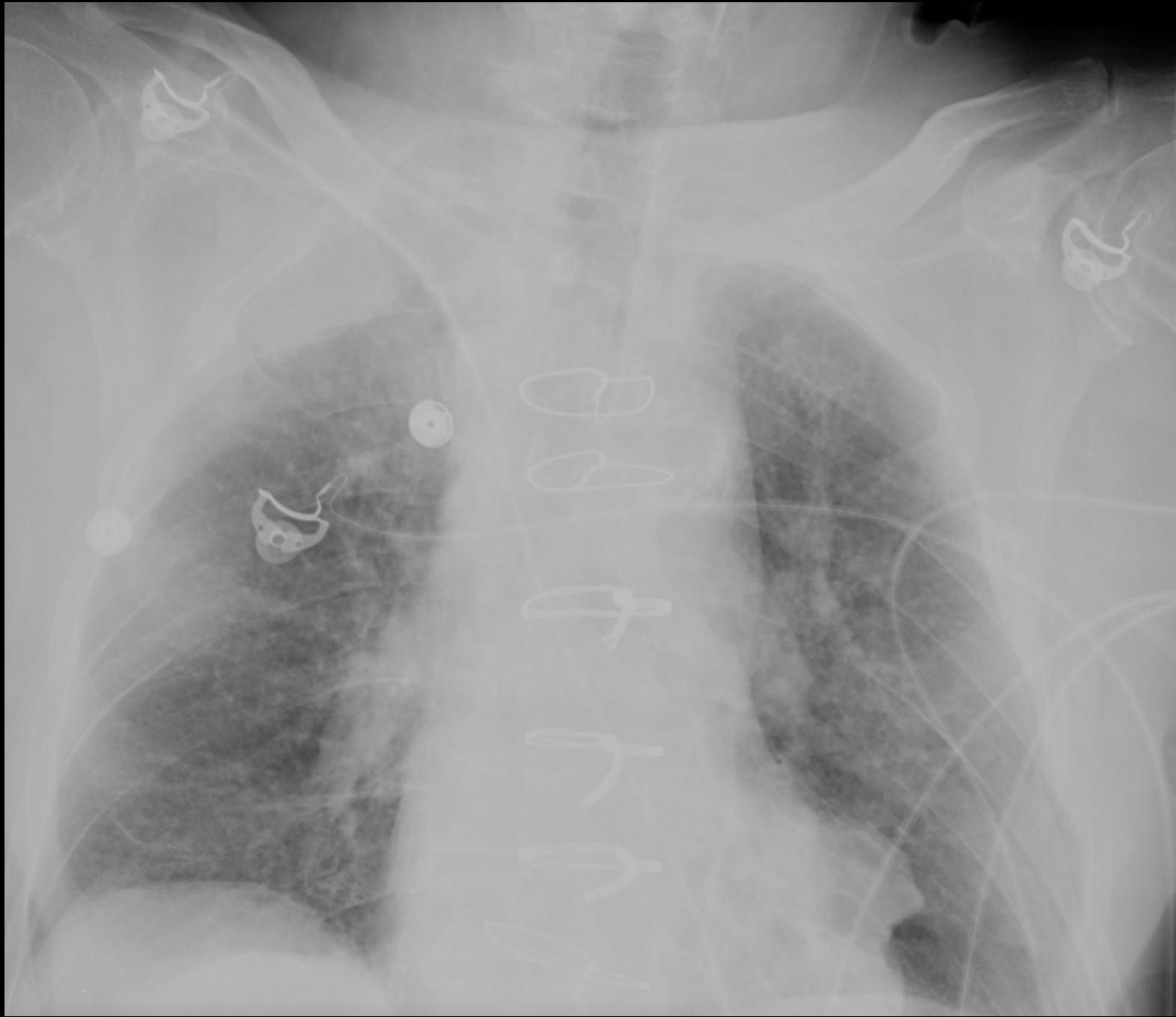
Upright

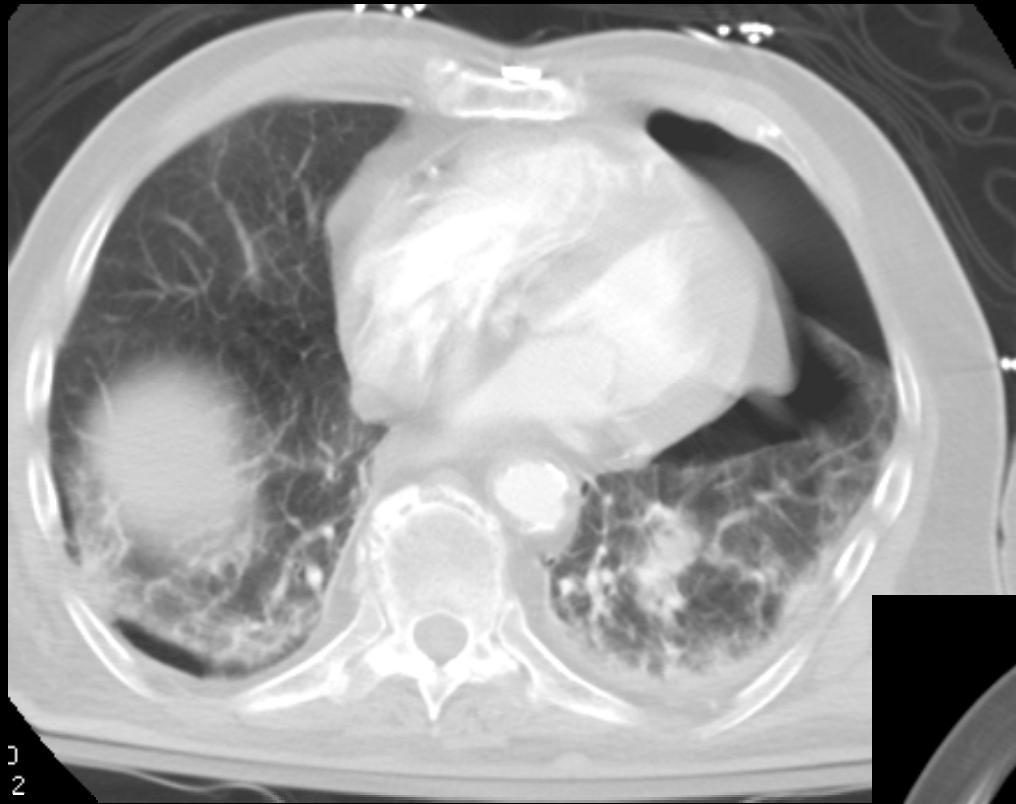
IDARD



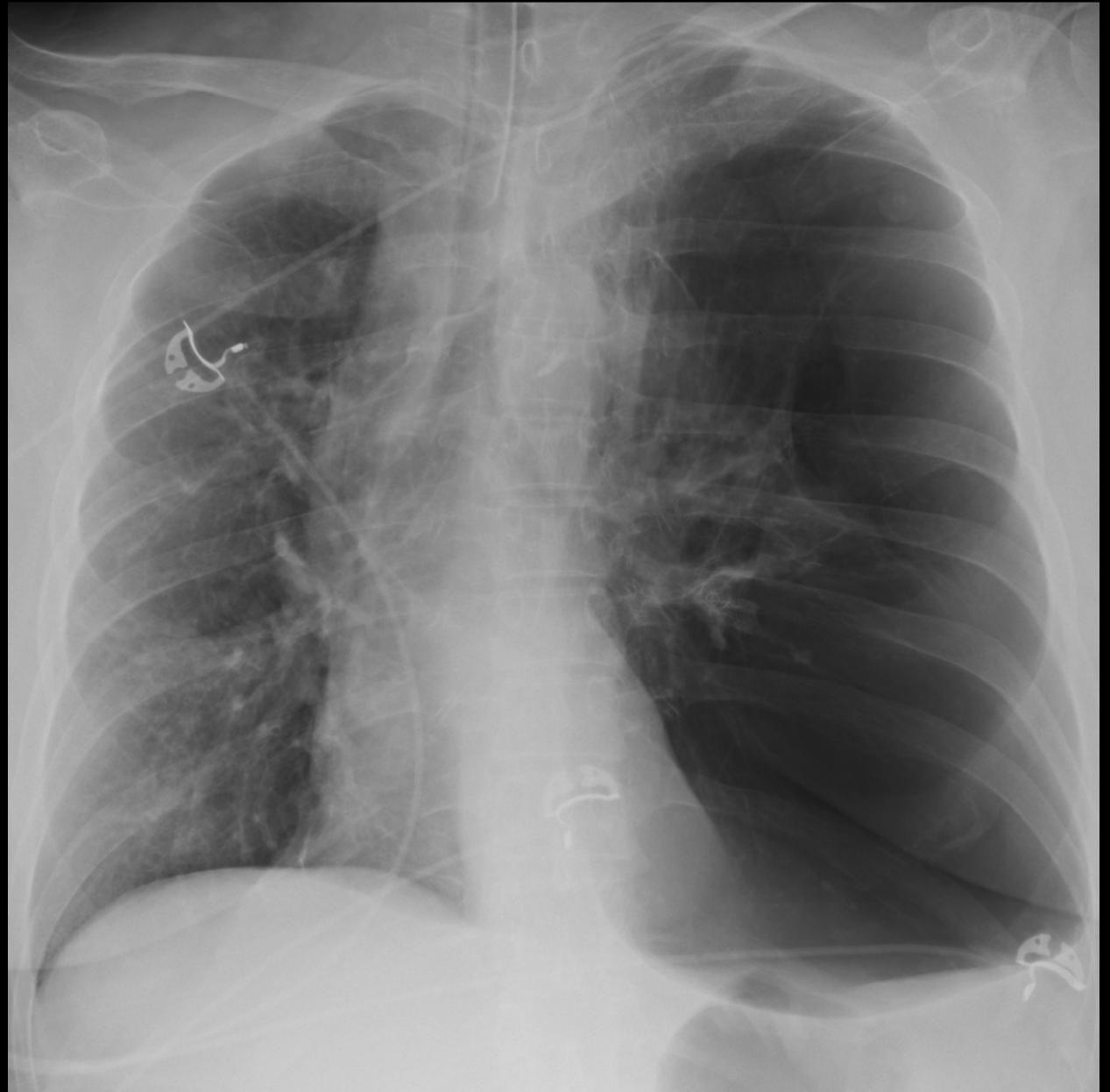
Supine

- Deep sulcus
- Hyperexpanded hemithorax
- Increased lucency
- Increased sharpness of heart border
- Subcutaneous emphysema





- Hyperexpanded chest
- Shift of mediastinum
- Depression of hemidiaphragm



- Blood in pleural space
- Source: chest wall, lung parenchyma, heart or great vessels
- Chest wall injuries can cause bleeding from intercostal and IMA
- As much as 1,000 mL of blood may be missed when viewing portable supine CXR (400-500 mL required for blunt CP angle on upright CXR)

