

A 55-Year-Old Man With a Small Right Lung and a Right-Sided Heart

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A healthy 55-year-old man without known medical problems presented for a routine physical examination and was found to have an abnormal ECG. He denied chest pain, dyspnea, palpitations, dizziness, or syncopal episodes. He also denied orthopnea, paroxysmal nocturnal dyspnea, and lower-extremity edema. His exercise capacity had been excellent. He was a lifelong nonsmoker and never had lung problems. CHEST 2015; 147(3):e95-e99

Physical Examination Findings

The patient's vital signs were as follows: BP, 120/90 mm Hg; pulse, 70 beats/min; respiration, 18 breaths/min; and oxygen saturation as measured by pulse oximetry, 98% on ambient air. Cardiac examination revealed a point of maximal impulse 1 cm to the right of the lower sternal border, normal heart sounds, no murmurs, and no jugular venous distension. Lung examination was pertinent for decreased breath sounds on the right side of his chest. There was no cyanosis or edema in his extremities.

Diagnostic Studies

The ECG demonstrated a normal sinus rhythm with right axis deviation. A chest radiograph is shown in Figure 1. An echocardiogram showed normal biventricular size and function without evidence of pulmonary hypertension or septal defect. A chest CT scan is shown in Figure 2.

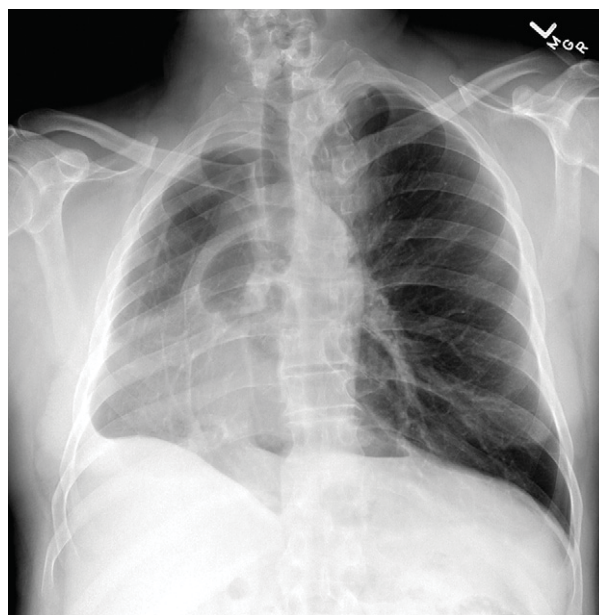


Figure 1 – The initial chest radiograph.

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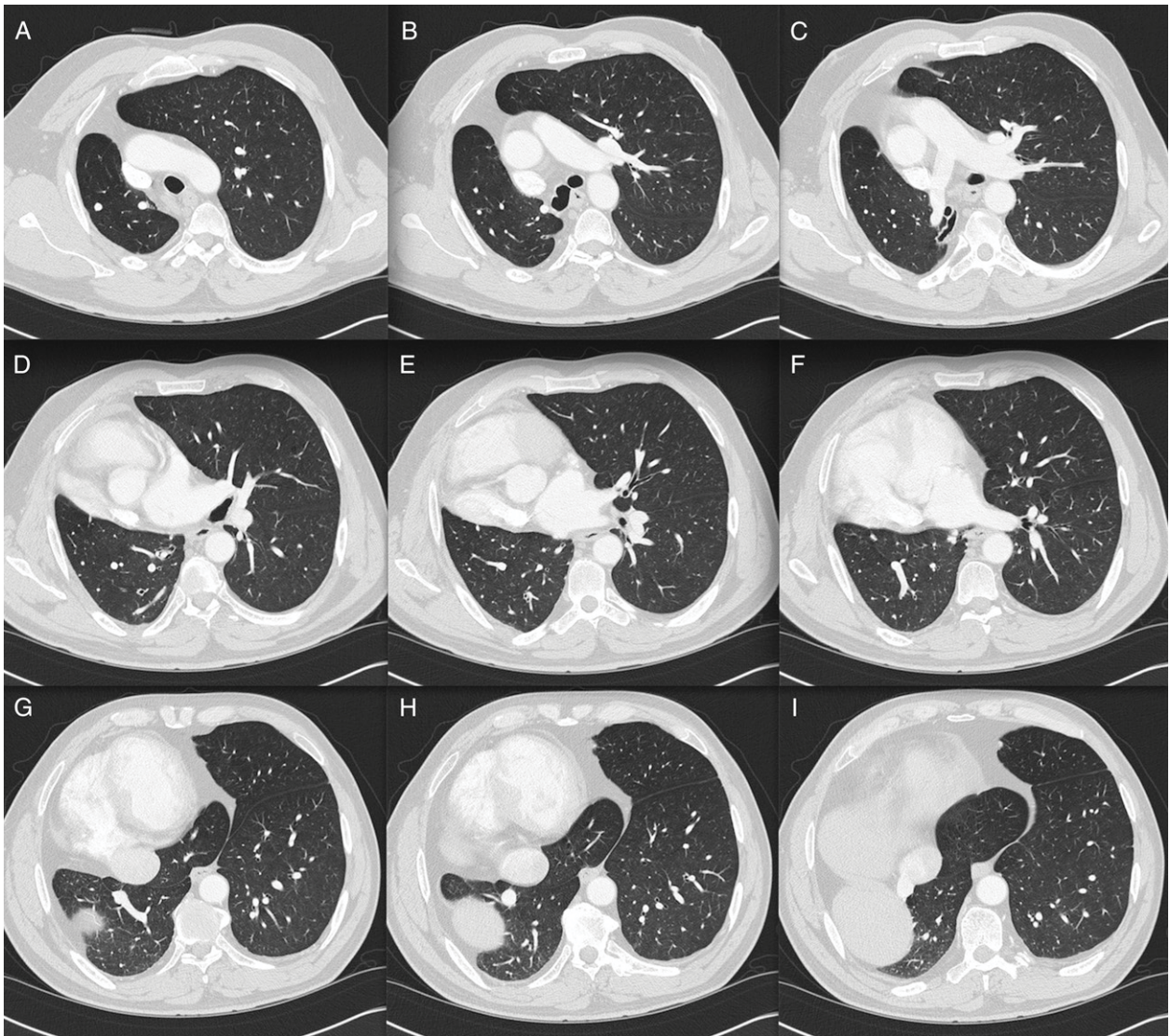


Figure 2 – A-I, Serial transverse cuts of high resolution chest CT scan with contrast.

What is the likely diagnosis?

What study would help establish the diagnosis?

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