The Permanente Journal/ Fall 2008/ Volume 12 No. 4

**Image Diagnosis: Pulmonary Embolism**

Gus M Garmel, MD, FACEP, FAAEM

Figure 1. Axial view from a computed tomography (CT) angiogram which beautifully demonstrates a large saddle pulmonary embolus in a previously healthy female age 33 years who presented to the Emergency Department following a syncopal episode. She was not pregnant, and had mild chest pain, dyspnea, tachycardia, and tachypnea, which were not present before her episode.

Figure 2. (same patient) CT angiogram demonstrating a large branching clot consistent with a pulmonary embolism.

Figure 3. Compression ultrasound demonstrates a patent popliteal artery (A) in both images. A clot can be seen in the popliteal vein (V), which does not collapse during compression (right-sided image).

**Acknowledgments**

Dr Garmel would like to thank Bruce Wolman, MD; John Rego, MD; and Diane Craig, MD, for their assistance selecting the most illustrative images for this interesting case, as well as for their participation in the care of this challenging patient.

Gus M Garmel, MD, FACEP, FAAEM, is a Senior Emergency Medicine Physician at the Santa Clara Medical Center. He is also the Co-Program Director of the Stanford/Kaiser Emergency Medicine Residency Program, and an Associate Professor of Emergency Medicine (Surgery) at Stanford University. E-mail: gus.garmel@kp.org.
Image Diagnosis: Radial Head Fracture

Gus M Garmel, MD, FACEP, FAAEM

The patient presented to the urgent care clinic after trauma to the upper extremity.

Figure 1. Lateral view of an elbow, in which you can easily see a posterior fat pad (never normal) and an anterior “sail sign.” Together, these represent a relatively large hemarthrosis around the elbow joint, suggestive of a fracture. On close inspection, a cortical disruption and small depression of the radial head is apparent. There is also slight elevation of the supinator line due to the hemarthrosis present, although this finding is much more subtle and less specific.
Image Diagnosis: Abdominal Aortic Aneurysm

Gus M Garmel, MD, FACEP, FAAEM

Figure 1. Abdominal computed tomography (CT) scan with IV contrast demonstrates a leaking abdominal aortic aneurysm (AAA). The light arrow points to contrast within the lumen of the abdominal aorta. The dark arrow points to the outer walls of the abdominal aorta. At the level of the kidneys, the abdominal aorta is always found directly on top of the spine.

K = kidney, B = spine (vertebral body), L = liver

Figure 2. Normal abdominal CT scan.

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