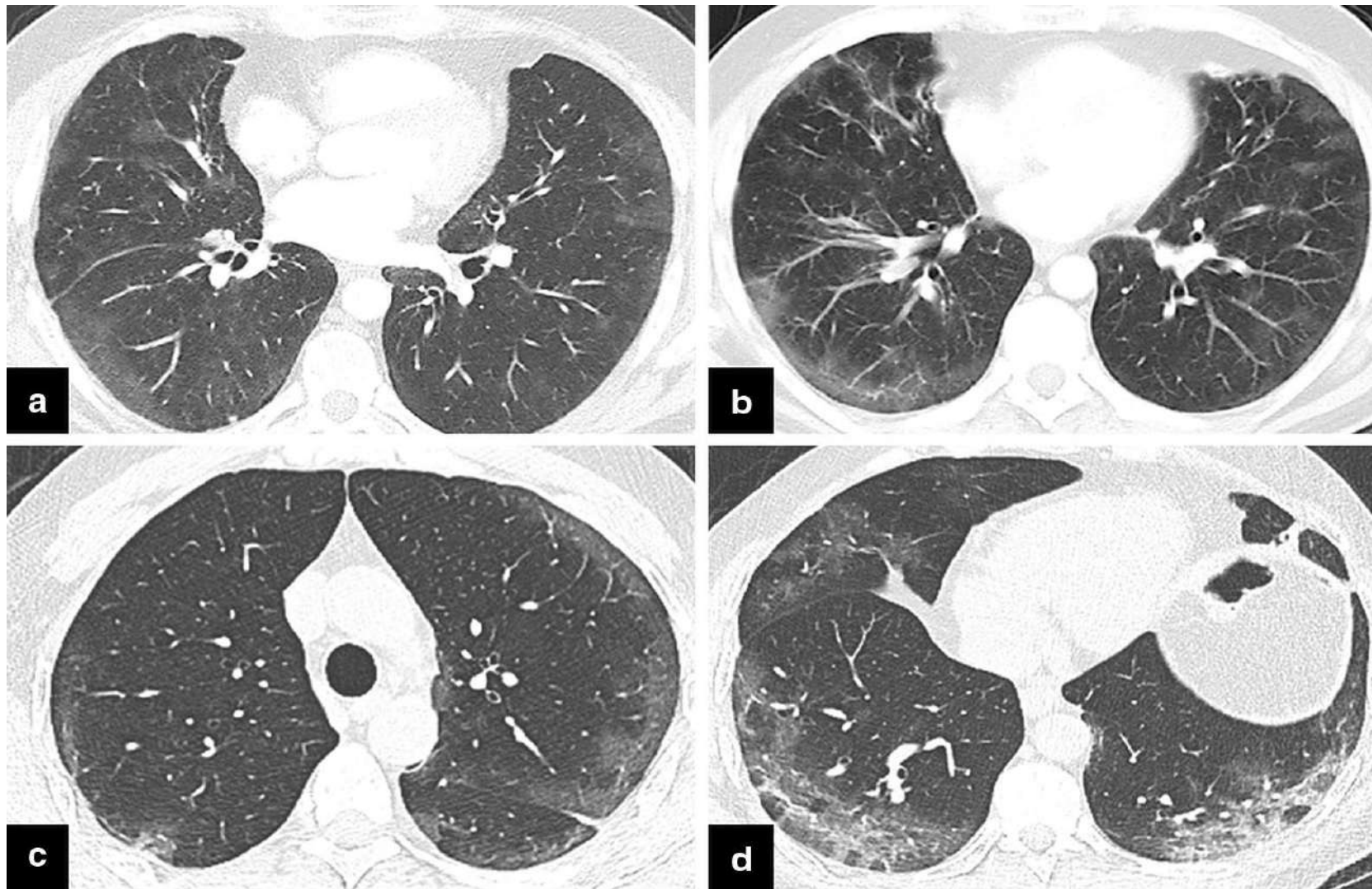
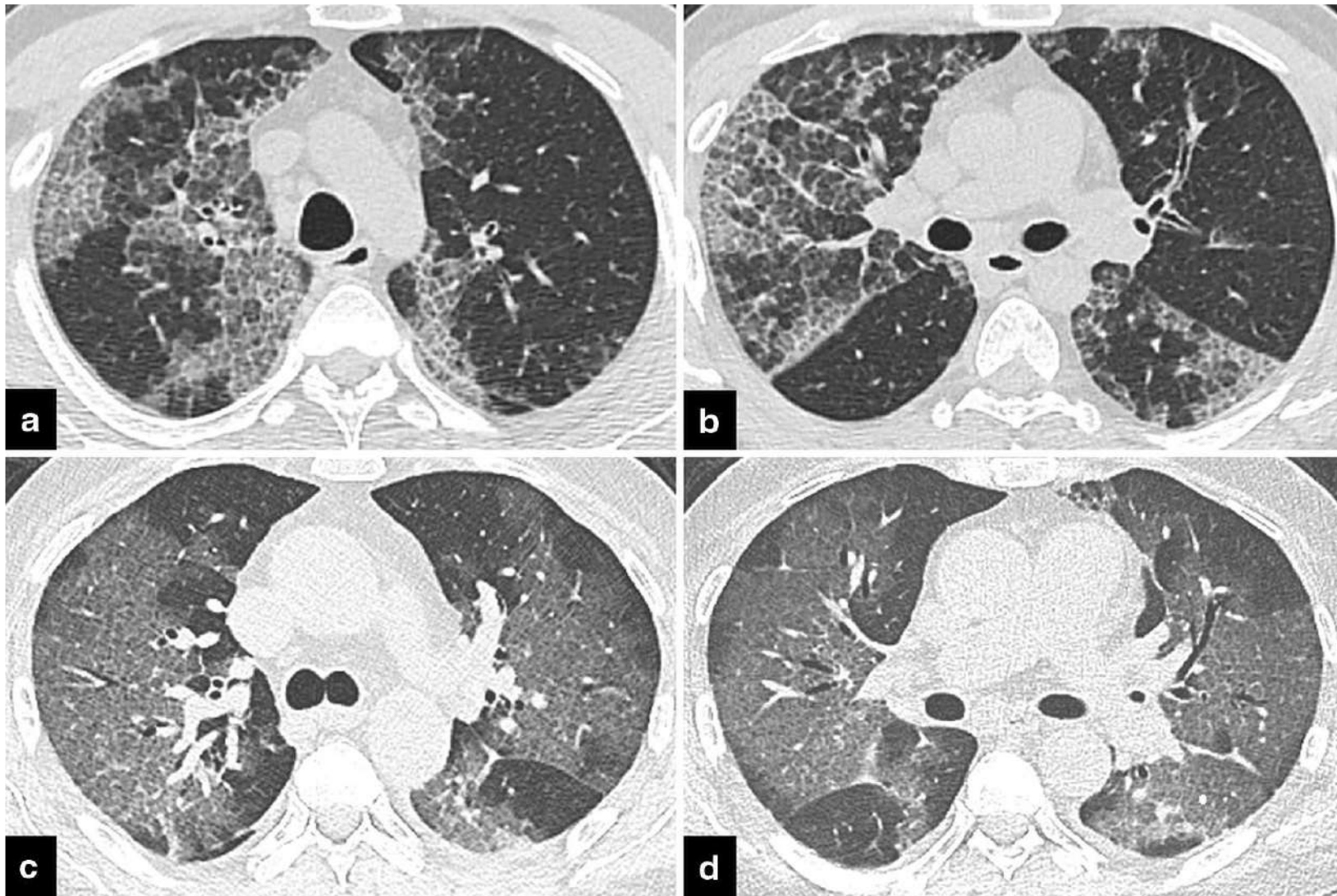


- **Fig. 14** Pulmonary infarction and COVID-19 pneumonia. a Axial CTA image in the mediastinal window shows thrombi in pulmonary artery branches (white arrows). b In the same patient, pulmonary infarction is seen as a subpleural wedge-shaped opacity in the right lung (arrow). c Pulmonary CT angiography was obtained in a patient presented with shortness of breath to the emergency department. CT angiography showed subpleural opacities, but there was no thrombus in the related pulmonary artery branch (arrow). The patient's COVID-19 RT-PCR result turned out to be positive

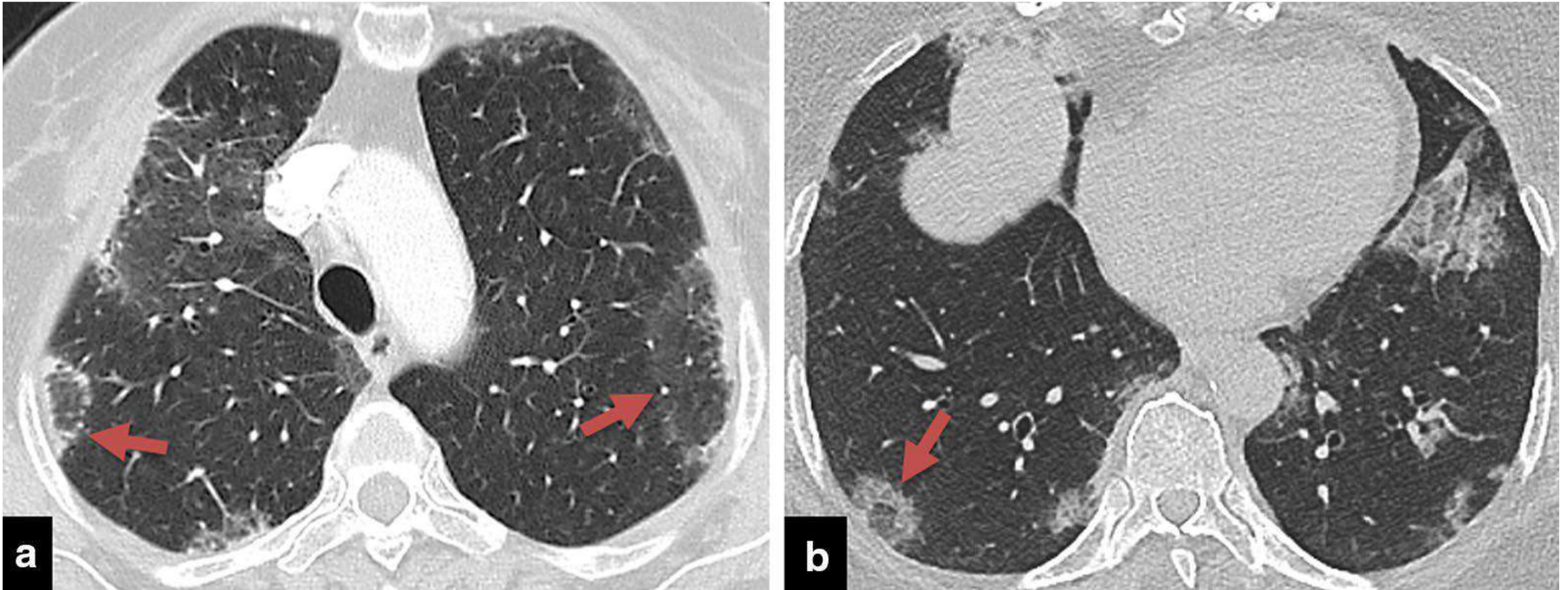


- **Fig. 15** COVID-19 pneumonia-mimicking interstitial lung disease. a, b In desquamate interstitial pneumonia (DIP), bilateral peripheral GGOs are observed. c, d Axial CT image showing bilateral subpleural GGOs and opacities in a patient diagnosed with COVID-19

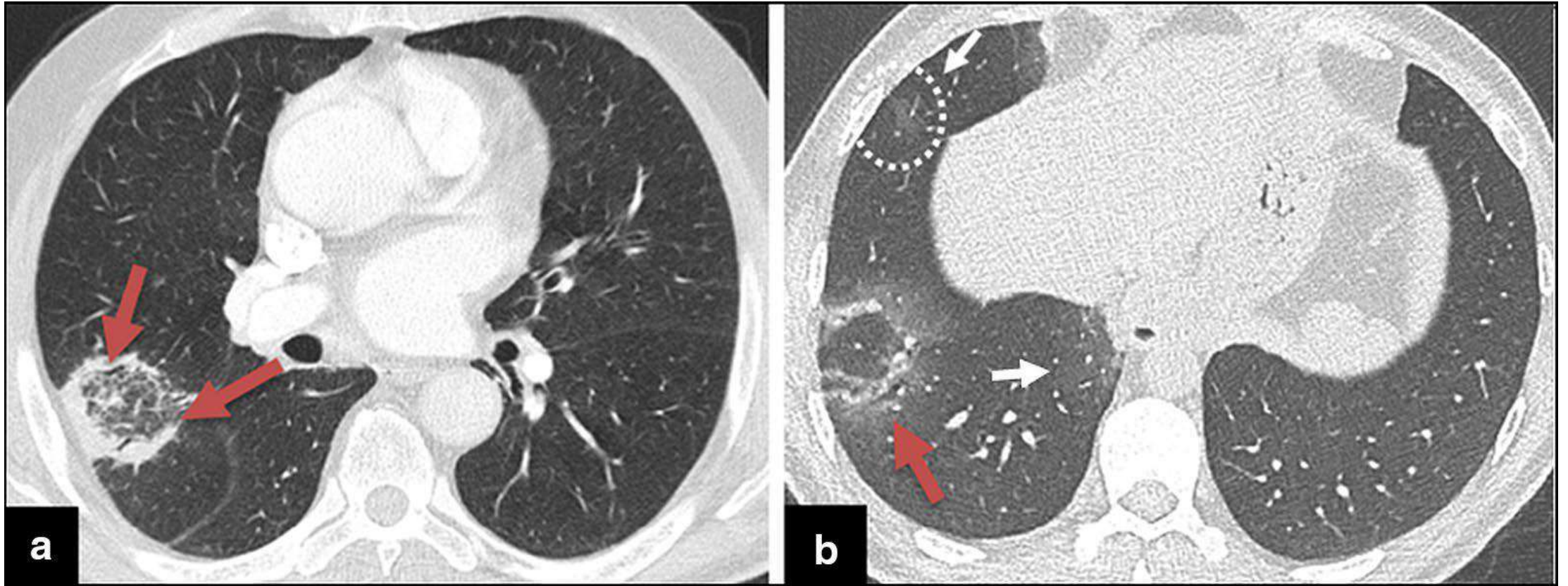


- **Fig. 12** Crazy-paving pattern. a, b Crazy-paving pattern in pulmonary alveolar proteinosis (PAP). c, d Axial CT images of a patient with COVID-19 show widespread GGOs with crazy-paving pattern in both lungs





- **Fig. 13** The reverse halo sign in sarcoidosis and COVID-19 pneumonia. a Sarcoidosis presenting with organizing pneumonia pattern, peripheral GGOs, and reverse halo signs (arrows). b Opacities in COVID-19 pneumonia with reverse halo sign in right lower lobe (arrow). Concomitant multifocal opacities are observed



- **Fig. 10** The reverse halo sign in cryptogenic organizing pneumonia and COVID-19 pneumonia. a Axial CT image showing organizing pneumonia presenting with reverse halo sign (arrows). b A rounded opacity with reverse halo sign and surrounding GGOs in the right lower lobe in COVID-19 pneumonia (arrow). GGOs are seen in the right middle lobe and medial right lower lobe (white arrows)



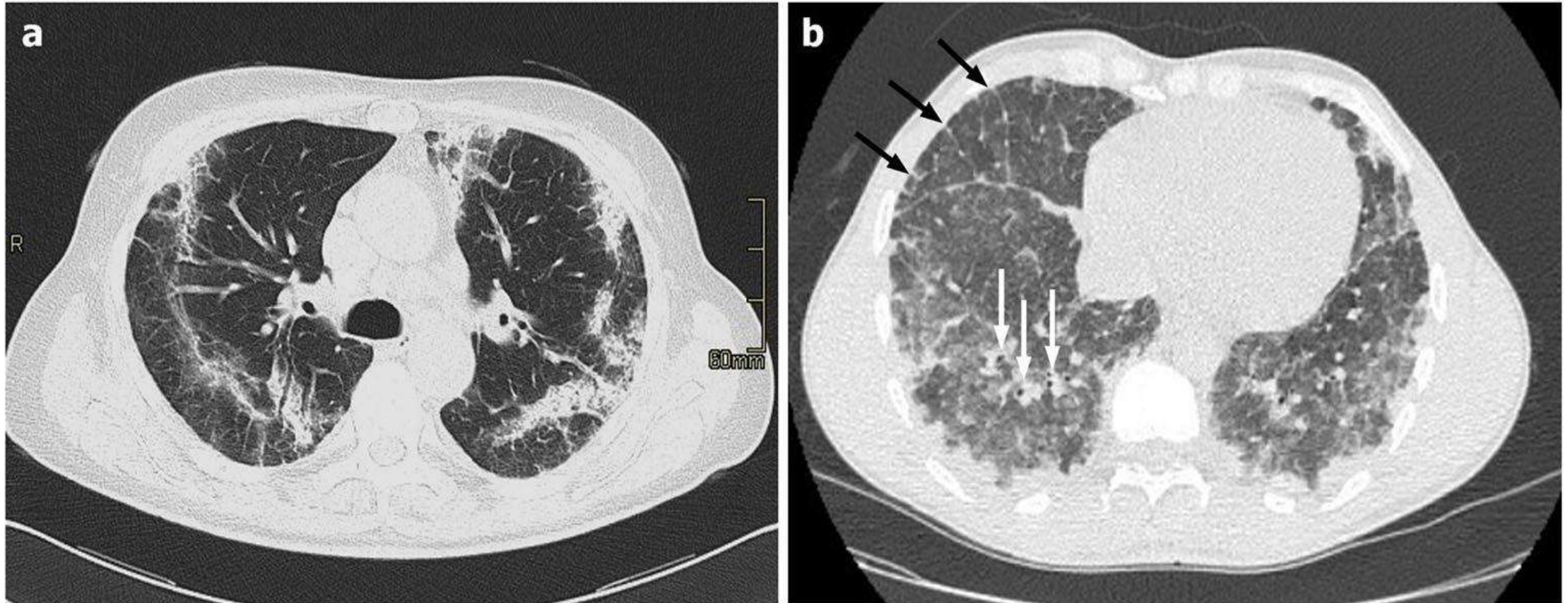


Fig. 6 a–b Axial HRCT images of two patient with acute eosinophilic pneumonia (a–b) show parenchymal ground-glass opacities and consolidations with a peripheral and lower lobes prevalent distribution; thickening of interlobular septa (black arrows in b) and broncho-vascular bundles (white arrows in b) are also seen

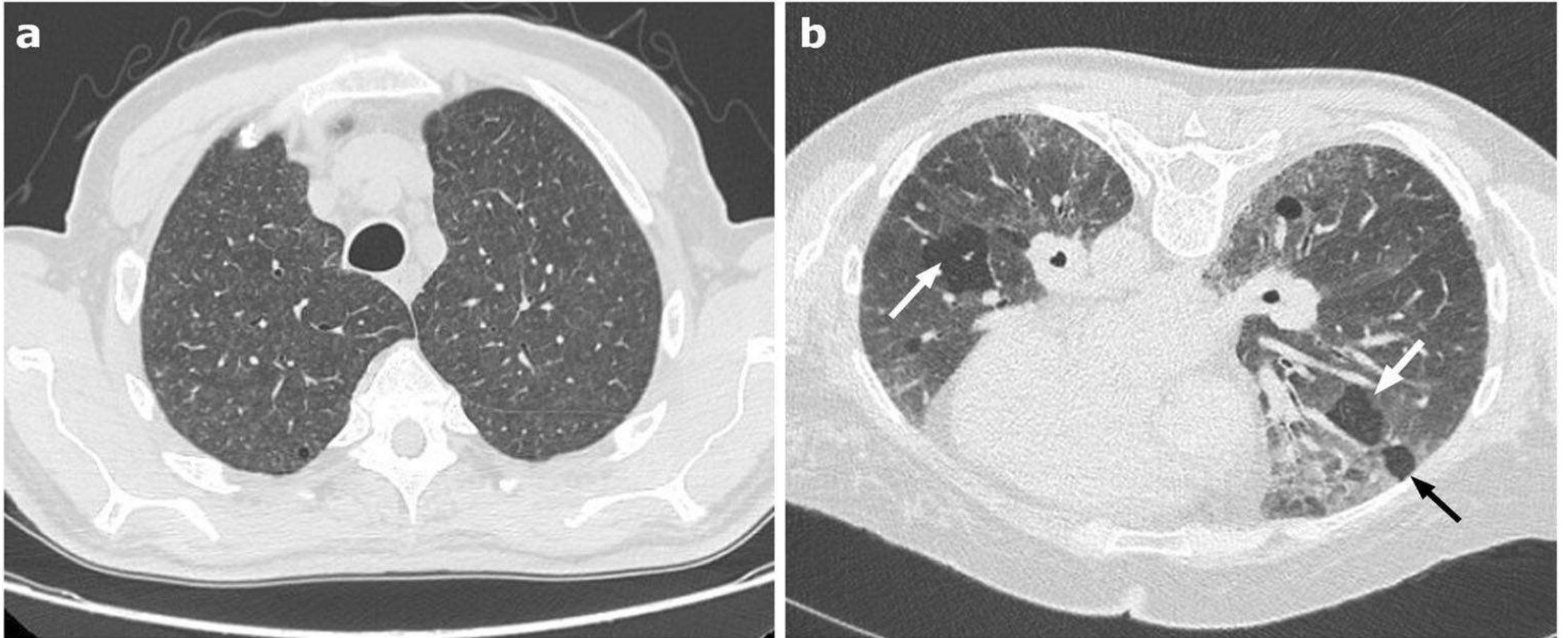


Fig. 5 a–b Axial supine (a) and prone (b) HRCT images of a patient with non-fibrotic hypersensitivity pneumonitis showing small bilateral ground-glass centrilobular nodules (a) and bilateral patchy ground-glass opacities with lobular air-trapping (arrows in b) resulting in a mosaic pattern attenuation

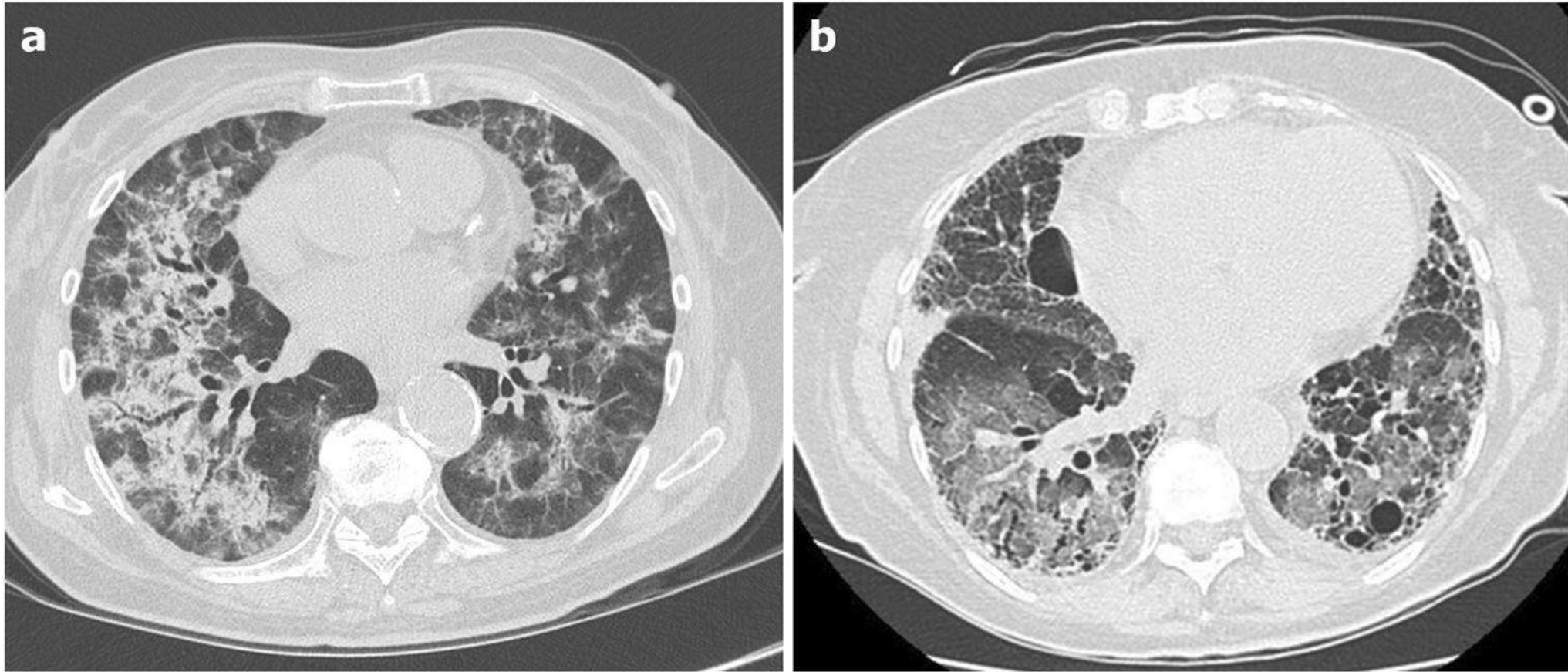
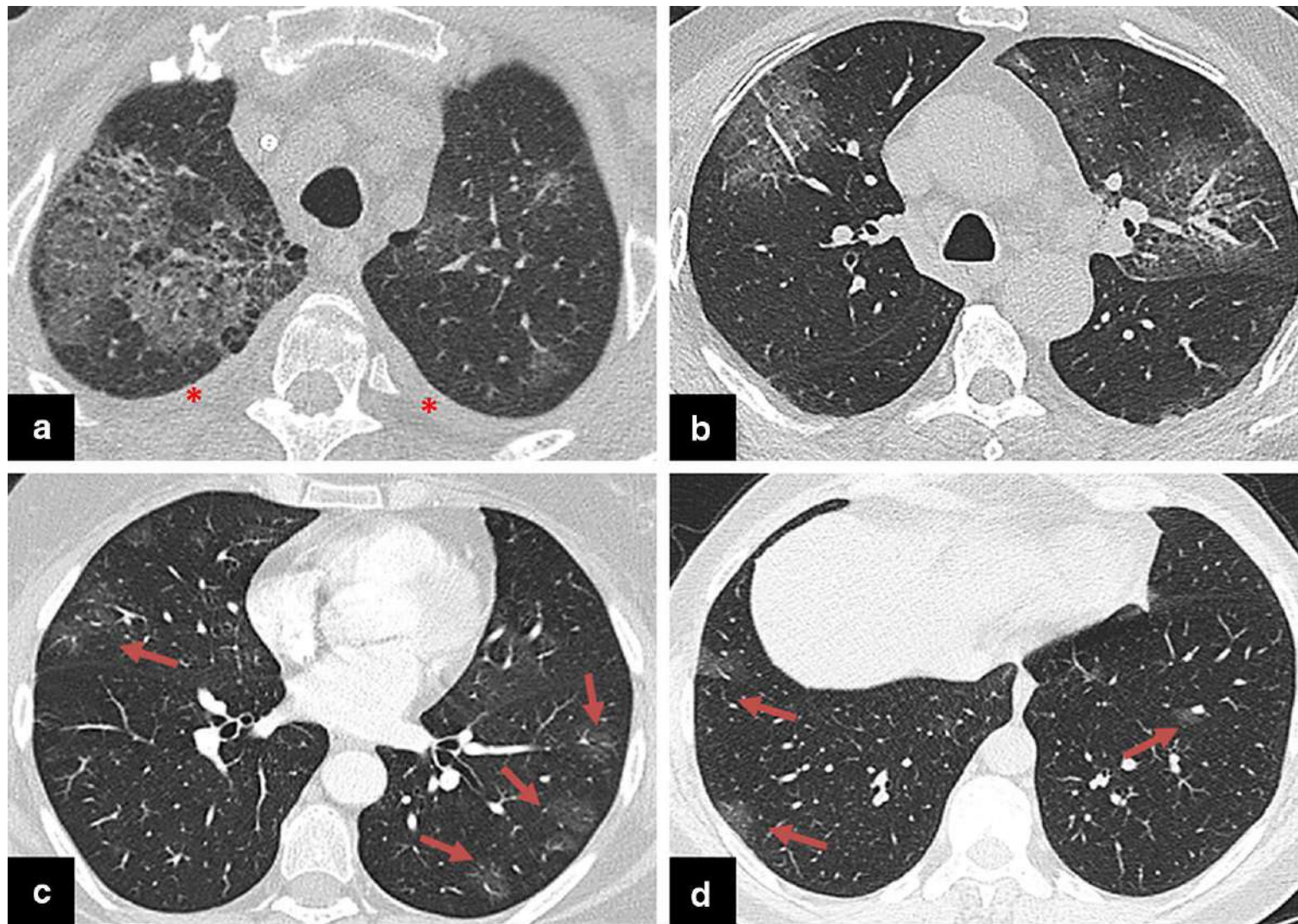


Fig. 8 a–b Axial HRCT images of two patients with acute exacerbation of interstitial lung disease (ILD) show extensive bilateral ground-glass opacities and focal consolidations, superimposed to a background parenchymal pattern consistent with an underlying ILD compatible with non-specific interstitial pneumonia pattern (a) and with usual interstitial pneumonia pattern(b)





**Fig. 6** COVID-19 pneumonia-mimicking vasculitic diseases. a Axial CT image of a patient diagnosed with granulomatosis with polyangiitis shows bilateral upper lobe GGOs with superimposed septal thickenings due to hemorrhage. Bilateral minimal pleural effusion is seen (asterisks). b Similar bilateral upper lobe GGOs with superimposed septal thickenings are observed in COVID-19 pneumonia. c Bilateral mostly peripheral subtle GGOs in a patient diagnosed with eosinophilic granulomatosis with polyangiitis (Churg-Strauss)(arrows). d Peripheral subtle GGOs are seen in a COVID-19 patient as an early finding (arrows)

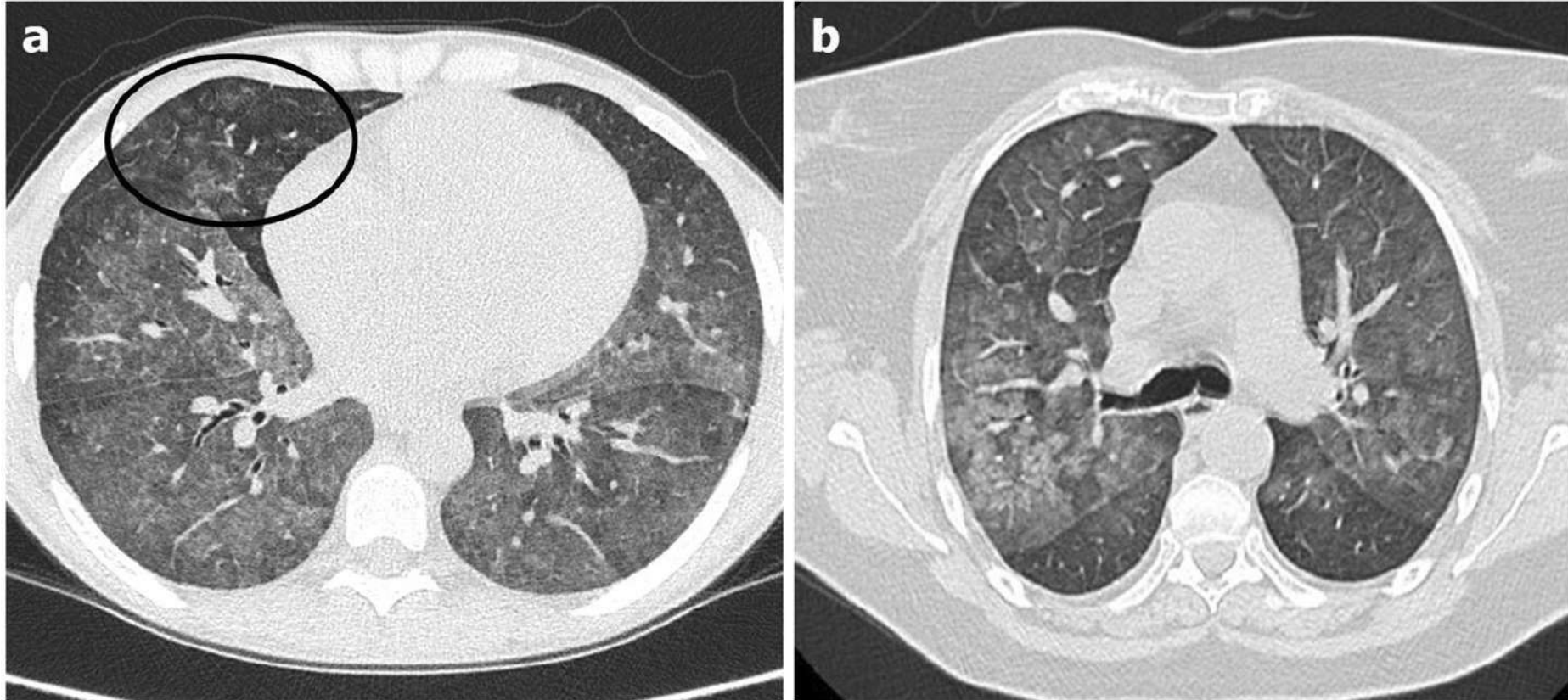
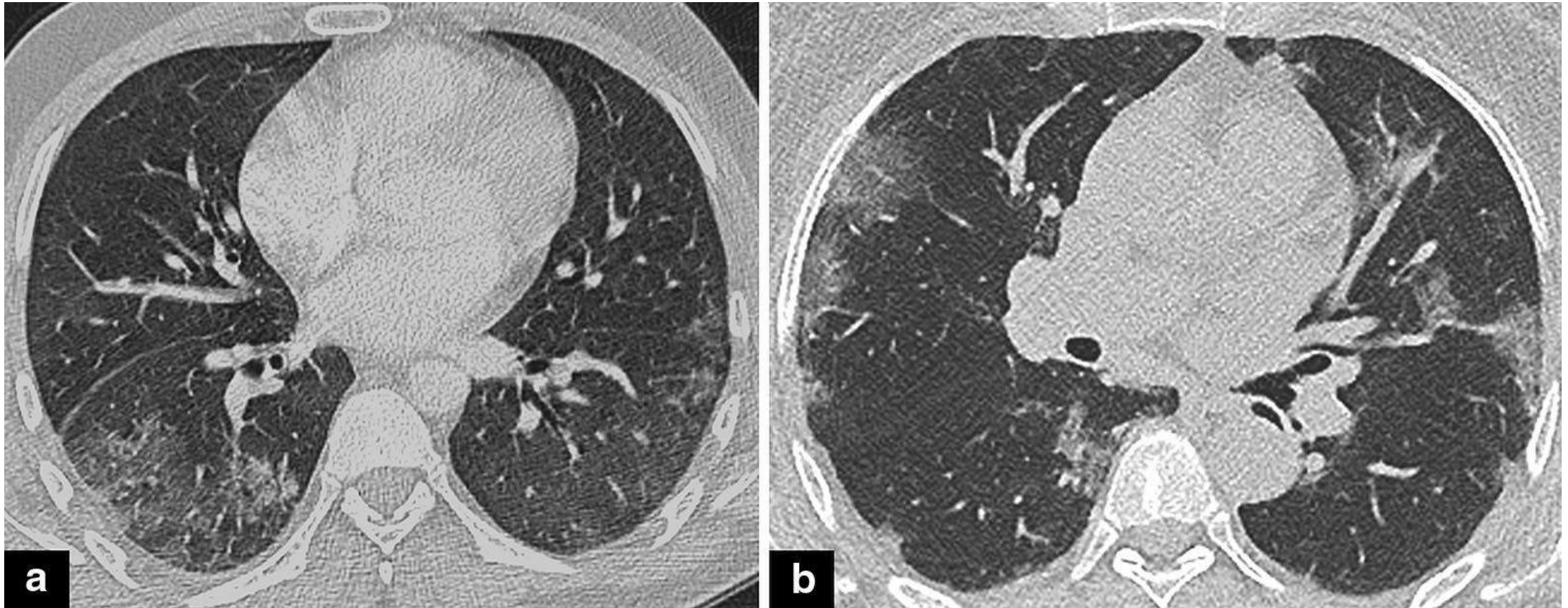


Fig. 7 a–b Axial HRCT images of two different patients with diffuse alveolar hemorrhage show bilateral, diffuse hazy groundglass (a–b) and centrilobular opacities (black circle in a) with subtle sub-pleural sparing and a prevalent middle/lower lung zones distribution or “batwing” appearance



- **Fig. 11** Drug toxicity and COVID-19 pneumonia. a Bilateral peripheral GGOs are observed in the axial CT image of a patient receiving bleomycin chemotherapy for testicular malignancy. Following the discontinuation of the drug, opacities were completely resolved. b In a patient diagnosed with COVID-19 pneumonia, bilateral multiple GGOs resembling (a) are seen



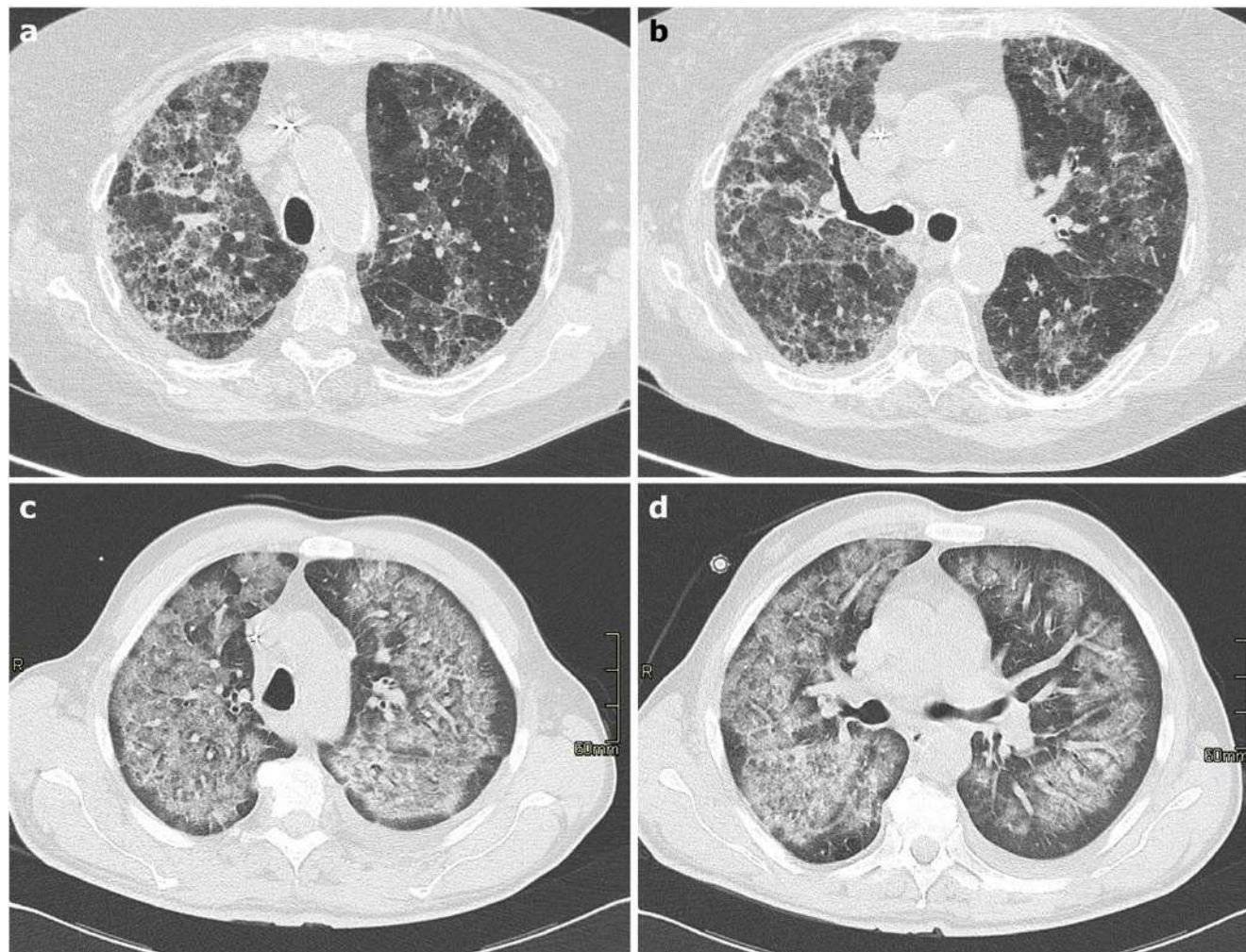
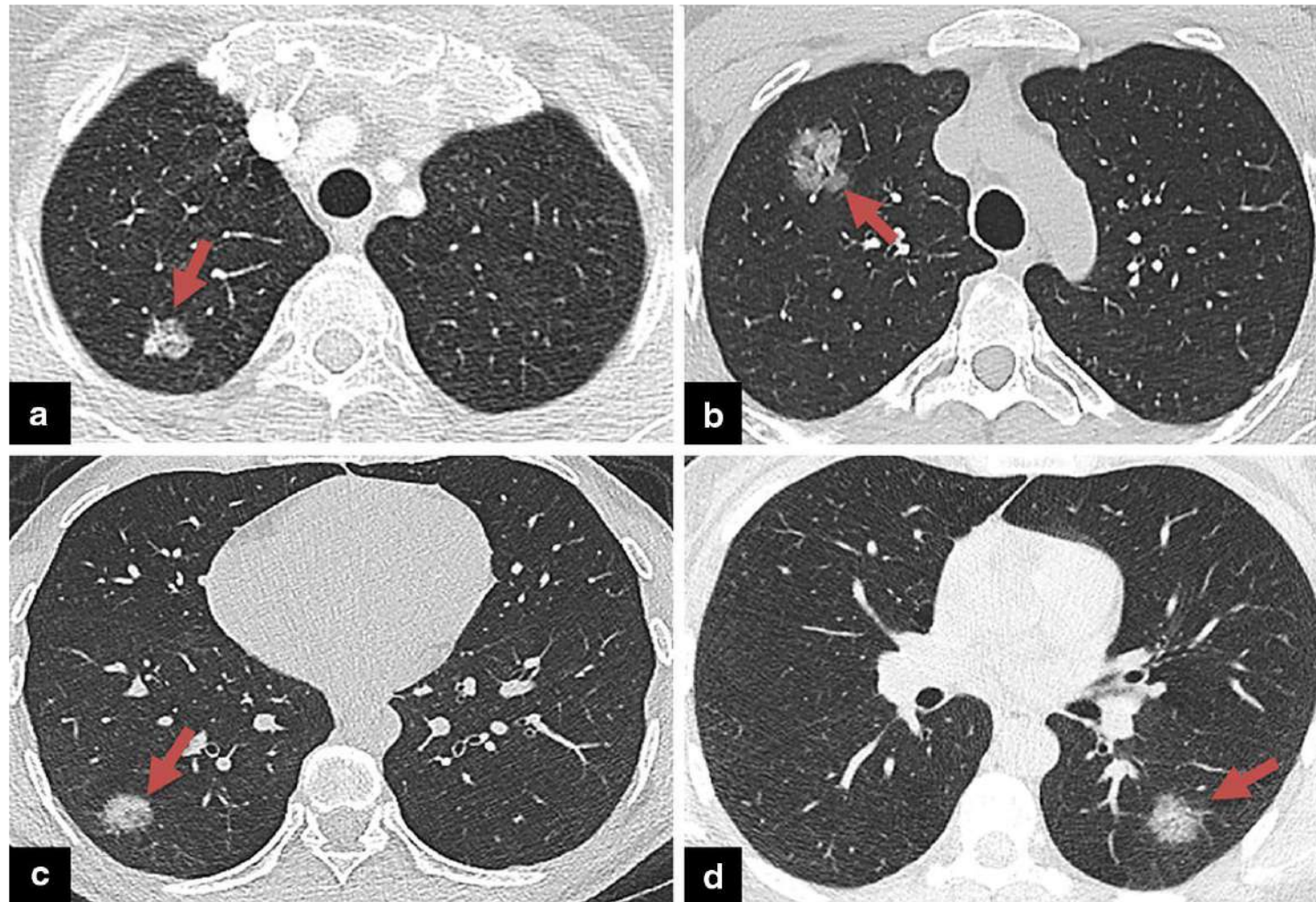
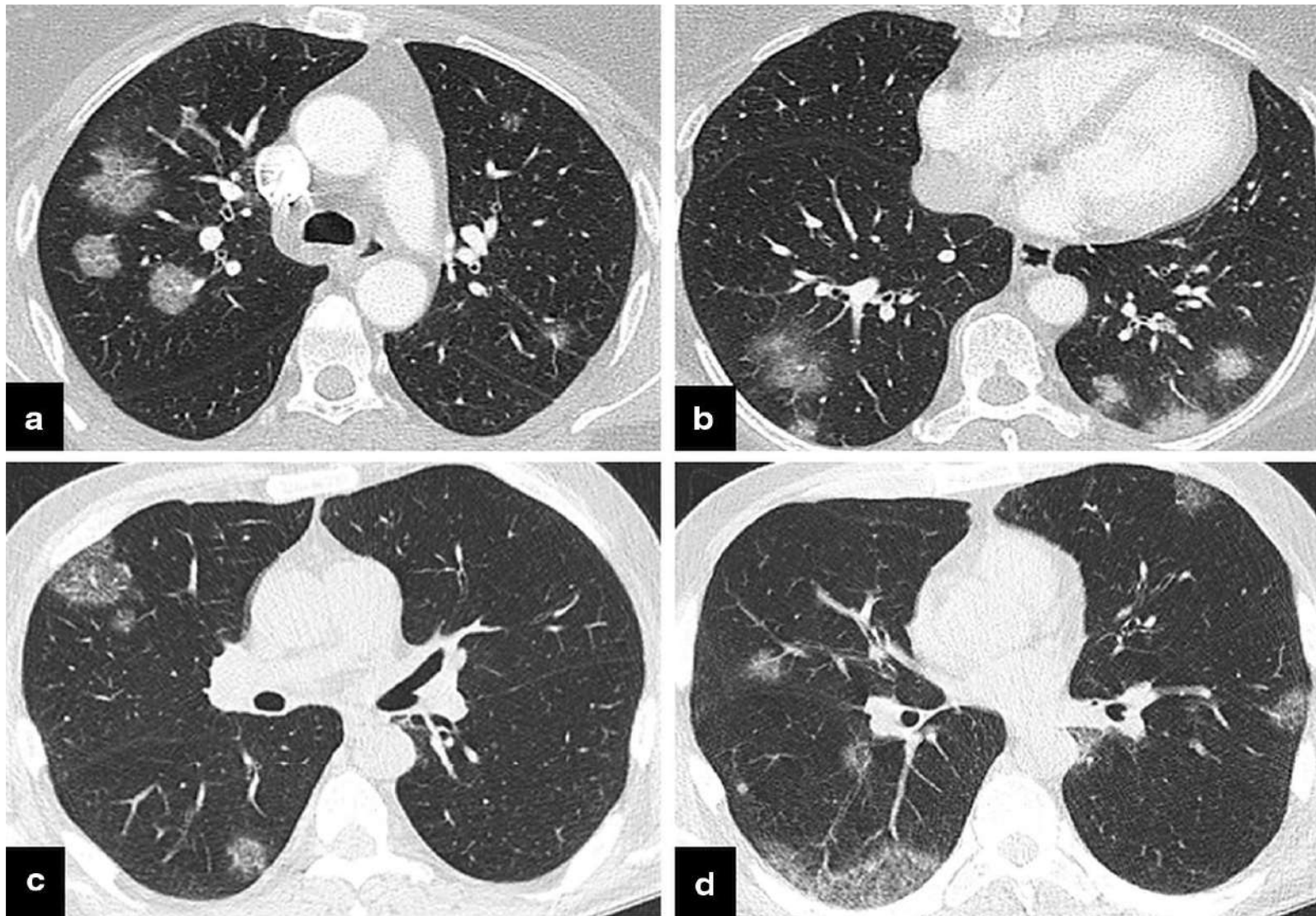


Fig. 9 a–d Axial HRCT images of two patients who developed drug-induced lung injury secondary to amiodarone (a–b) and to anthracyclines (c–d) therapy, show bilateral patchy groundglass opacities, consolidations, and fibrotic septal thickening (a–b); and extensive bilateral ground-glass opacities involving all lobes with subpleural sparing (c–d)



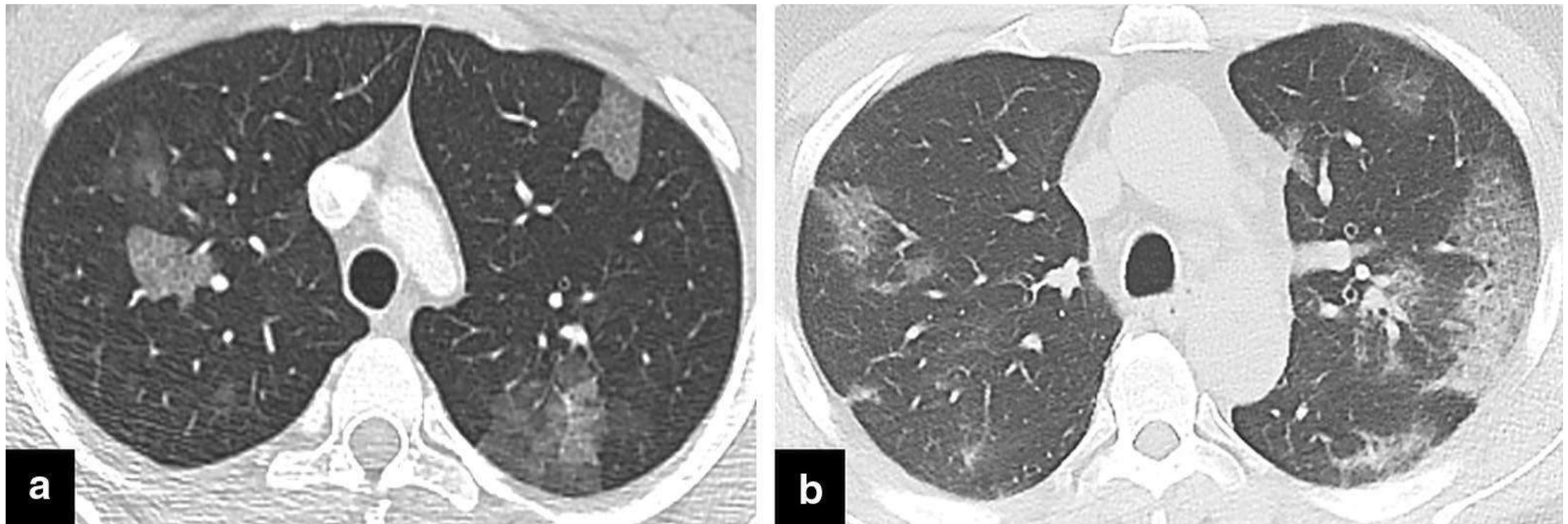
**Fig. 7** COVID-19 pneumonia-mimicking adenocarcinoma of the lung. a Axial chest CT image shows a rounded focal opacity histopathologically proven to be adenocarcinoma in the right upper lobe (arrow). b–d CT images of three different COVID-19 patients demonstrating unifocal round opacities mimicking adenocarcinoma (arrows)





**Fig. 8** COVID-19 pneumonia-mimicking multifocal adenocarcinoma of the lung. a, b Multiple randomly distributed GGOs with superimposed septal thickening in both lungs, histopathologically proven to be adenocarcinoma. c, d Multiple GGOs in a COVID-19 patient with rounded morphology and superimposed septal thickenings mimicking multifocal adenocarcinoma





**Fig. 9** COVID-19 pneumonia mimicking hemorrhagic metastases. a Multiple bilateral GGOs with superimposed intralobular septal thickenings in a patient with hemorrhagic epithelioid angiosarcoma metastases. b In a patient diagnosed with COVID-19 pneumonia, bilateral multiple GGOs with superimposed intralobular septal thickenings are observed in the upper lobes

Thank you for your attention