

Fig. (1) Three patients that tested positive for COVID-19. (A) A right perihilar air space consolidation opacity extending to the right paracardial region was seen on a chest X-ray (long arrows). Another left lower zonal air space consolidation opacity was seen (short arrow); the severity score for the right lung was 2 and the severity score for the left lung was 1, resulting in a total severity score (TSS) of 3.

(B) Chest X-ray revealed opacity in the left perihilar air space (arrow). There was a total severity score of one.

(C) Chest X-ray revealed opacity in the right perihilar air area (short arrow). Other left lower zonal air space consolidation opacities with reticular thickening may be noted (long arrows); the severity score for each lung was 1, hence TSS was 2. Adapted from Yasin and Gouda (11)



Fig. (2): CT scan of ~~the axis of~~ the chest with a lung window. A COVID-19 patient had multiple ground-glass pulmonary opacities. The majority of the lesions are subpleural (black arrows), although there is one central lesion (white arrow). Adapted from Sotoudeh and Git (22).



Fig. (3): CT scan of ~~the axis of~~ the chest. A single patchy subpleural consolidation obscures the vascular structures in the left lung. Adapted from Sotoudeh and Git (22).



Figure 4 shows the results of a lung ultrasonography in a patient who has been diagnosed with ~~n~~CoV-19 infection. Pleural line irregularities (white boxes, figures A-C-E-F), thick irregular vertical artefacts (white arrows, figures A-B-C-D-E), subpleural consolidations (white arrowheads, figures B-D), and regions of white lung are all seen on lung ultrasonography (red arrow, figure F). Adapted from Buonsenso et al (35)

Despite being a sensitive tool for detecting progressive pulmonary involvement, there is significant overlap between the typical LUS findings seen in COVID-19 and the typical LUS patterns of important differential diagnoses such pulmonary oedema, bacterial pneumonia, and pulmonary embolism. (36,37). As a result, persistent LUS findings in COVID-19 patients should be carefully examined in conjunction with other clinical and laboratory markers. (33).

Because aerated lung inhibits ultrasound transmission, LUS cannot detect lesions deep within the lung; as a result, the abnormality must extend to the pleural surface in order to be noticed on an ultrasonography test. (38).