

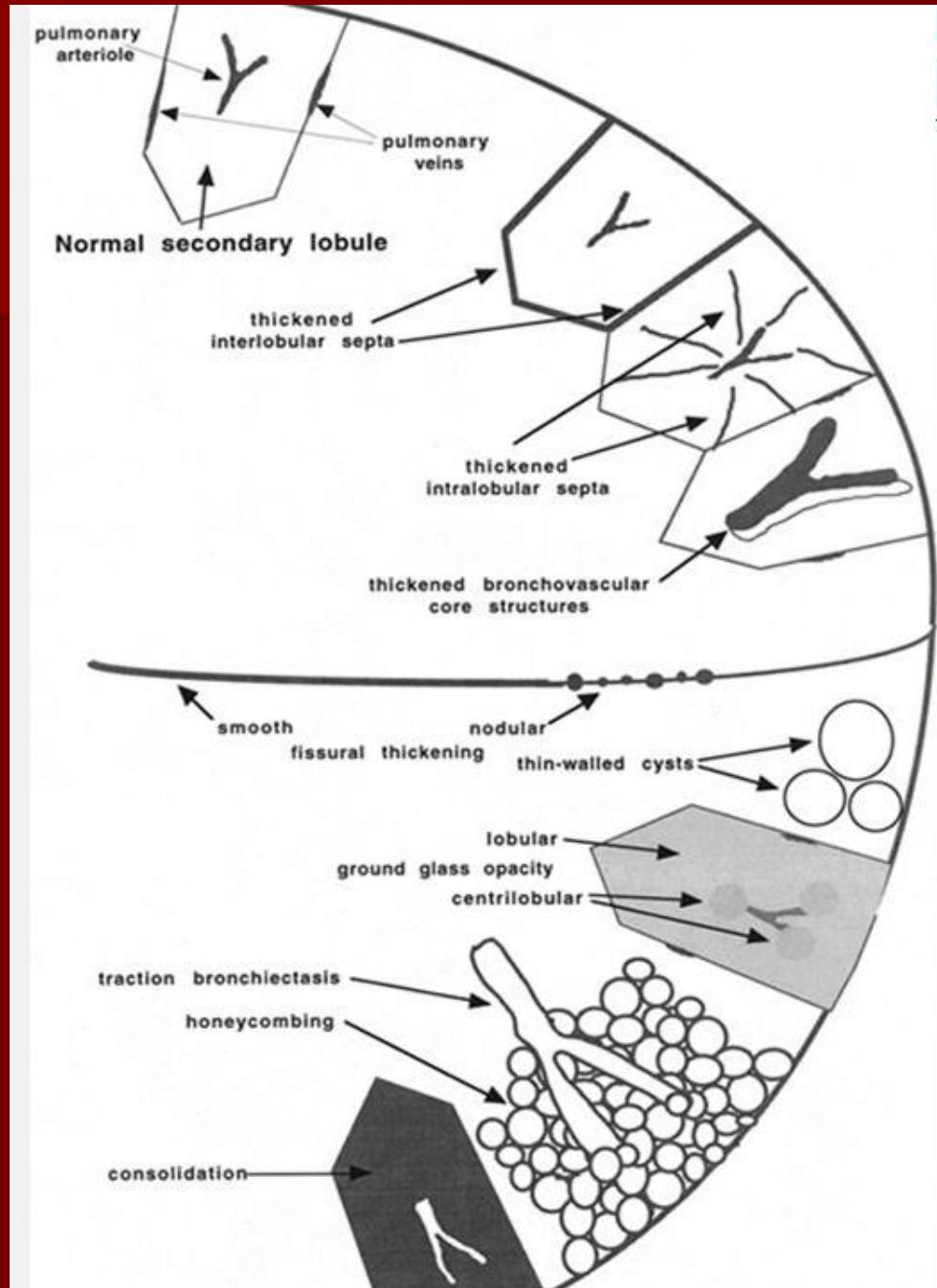
Interlobular septal thickening

- Marginates secondary pulmonary lobule
- Contains pulmonary veins and lymphatics
- “Kerley” lines

Interlobular Septal Thickening

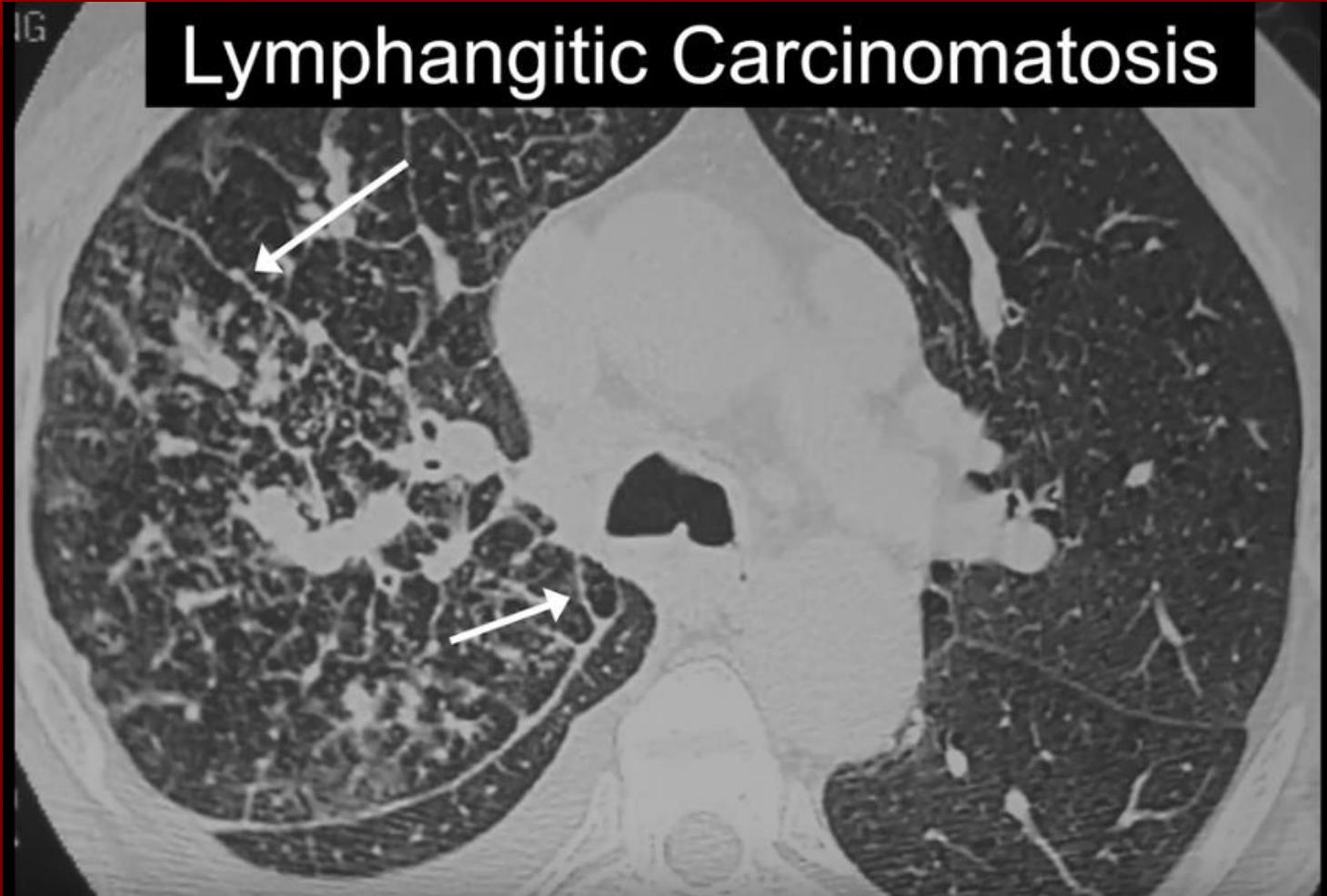
TABLE 3-2. *Differential diagnosis of interlobular septal thickening*

Diagnosis	Comments
Lymphangitic carcinomatosis, Lymphoma	Common; predominant finding in most; smooth or nodular
Pulmonary edema	Common; predominant finding in most; smooth; ground-glass opacity can be present
Sarcoidosis	Common; seen more often than in UIP; nodular when active; irregular in end-stage
Idiopathic pulmonary fibrosis (IPF) other cause of Usual interstitial pneumonia (UIP)	Sometimes visible but not common; irregular; intralobular thickening and honeycombing usually predominate
Alveolar proteinosis	Common; smooth; ground-glass opacity predominates
Silicosis/Coal worker's pneumoconiosis	Sometimes visible; nodular early; irregular in end-stage disease
Asbestosis	Sometimes visible; irregular; associated with parenchymal bands
Hypersensitivity pneumonitis (chronic)	Uncommon; intralobular thickening and honeycombing usually predominate

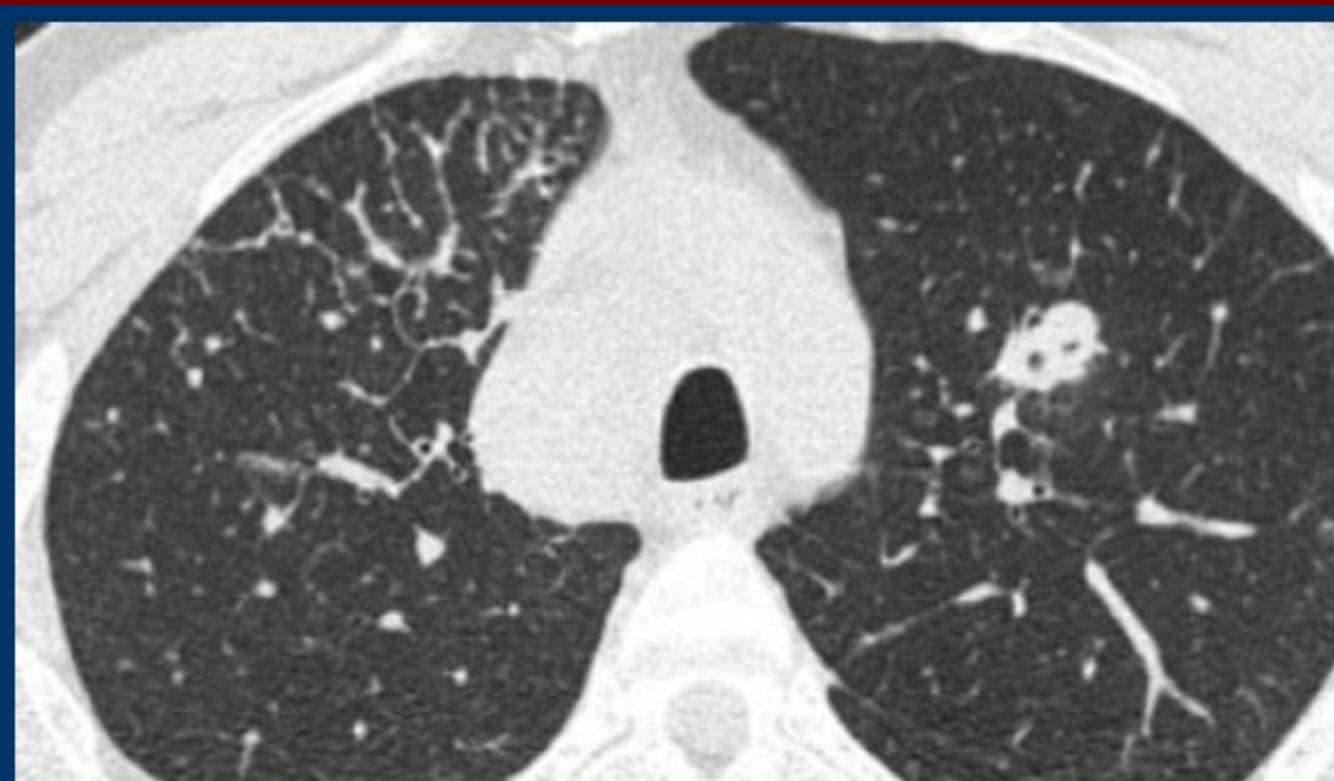


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Lymphangitic Carcinomatosis

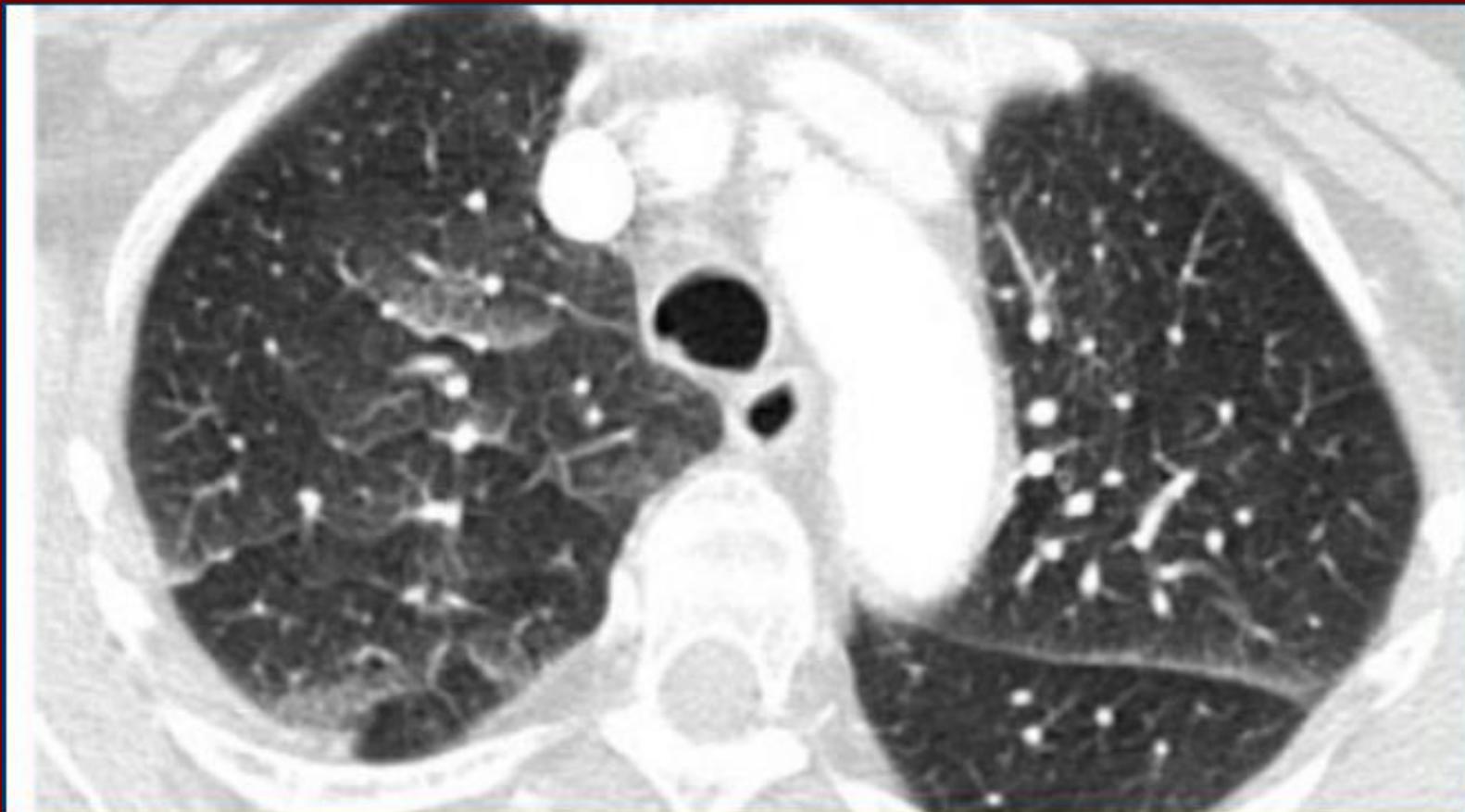


Interlobular Septal Thickening



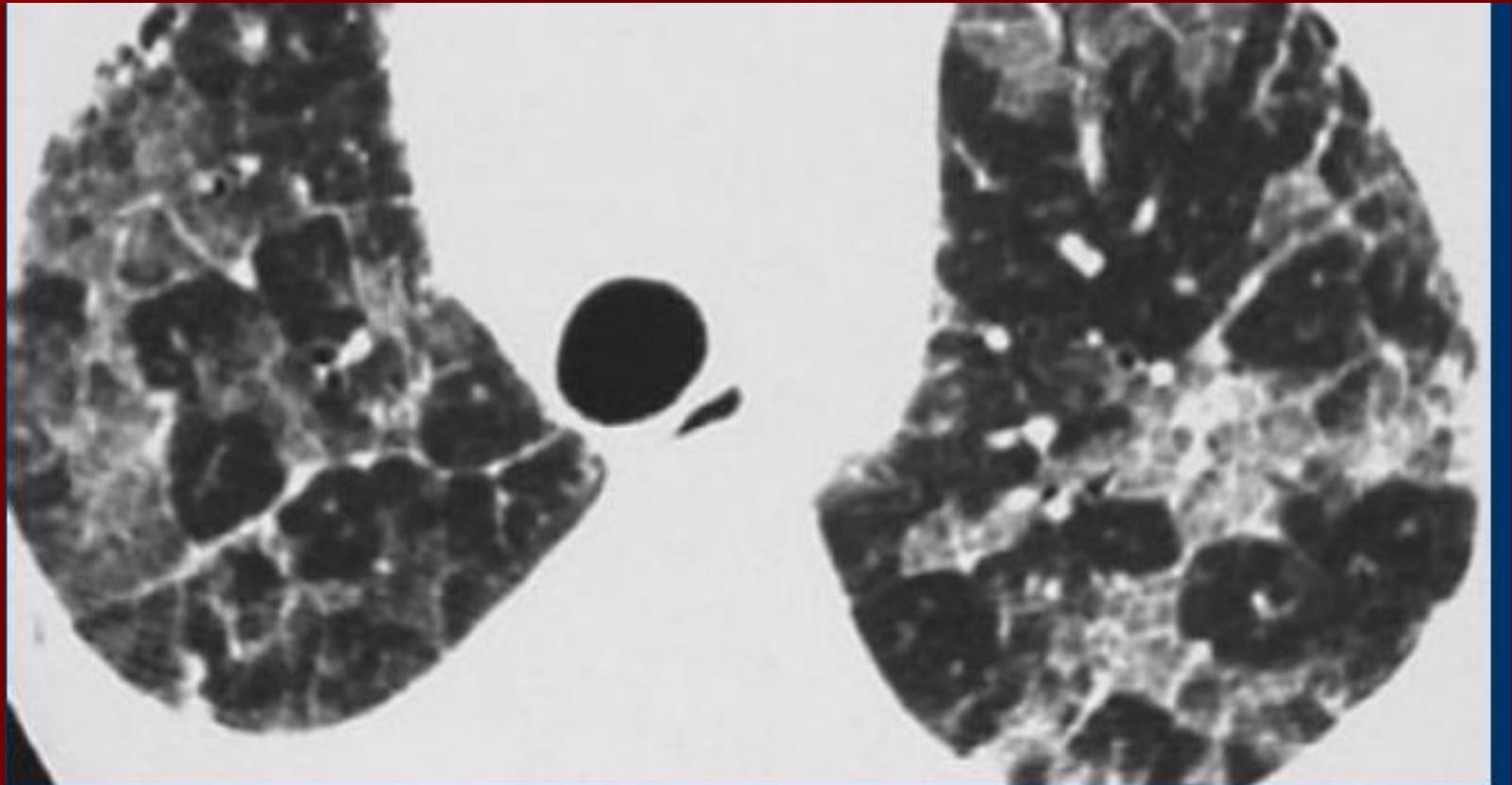
Focal septal thickening in lymphangitic carcinomatosis

Interlobular Septal Thickening



Septal thickening and ground-glass opacity with a gravitational distribution in a patient with cardiogenic pulmonary edema.

Interlobular Septal Thickening



Alveolar proteinosis