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<u>Specing</u> versus strutor, strutor, aucussed in <u>Langter</u> 8,6, scharatterized as an inspiratory vinceer that implies major obstruction of the upper airvary. <u>Whereing</u> in contrast, is defined as high-lpitched, continuous (or long <u>duration</u>) lung sounds that are superimposed on the normal breath sounds (g). The inspiratory phase of respiration is usually normal, and the expiratory phase is prolonged. Unfortunately, the difference is not haveys obvious to the elinician. You clear of dysfunction, which is a psychosomatic disorder, can be difficult to differentiate from <u>asthma</u>. These episodes can include both inspiratory and expiratory wheezing and an upper airway cause is not clear (5).

TABLE 8.9.1 Etiology of Wheering by Age-Group View Table



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y 200 cases of key <u>emergency</u> diagnoses, with case descriptions and annotated figures displaying graphic findings. To guide you through these figures, we have summarized the content of figures (<u>Table</u>



Figure 5.20. Fistures come and fistures 50. Same patient as <u>Figure 5.20</u>, with worsaned bear failure. The fuel in the minor and major fistures is prominent, marking the locations of the previously invisible fistures. Also compare with Figures 5.22 and 5.24. Carbon On Response December 10000



gaps $_{2,2,3}$. In futures come and futures go. Same patients in in Figures $_{2,2,3}$ and $_{2,3}$, now with progressively wavening baser failures. The fitted in the minor of angle failures is growning at a structure of the structure of the

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Findings of Common and Serious Emergency Pathology Asthma and Chronic Obstructive <u>Pulmonary Disease</u> Both <u>asthma</u> and <u>COPD</u> (Figures 5-42 and 5-43) are



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