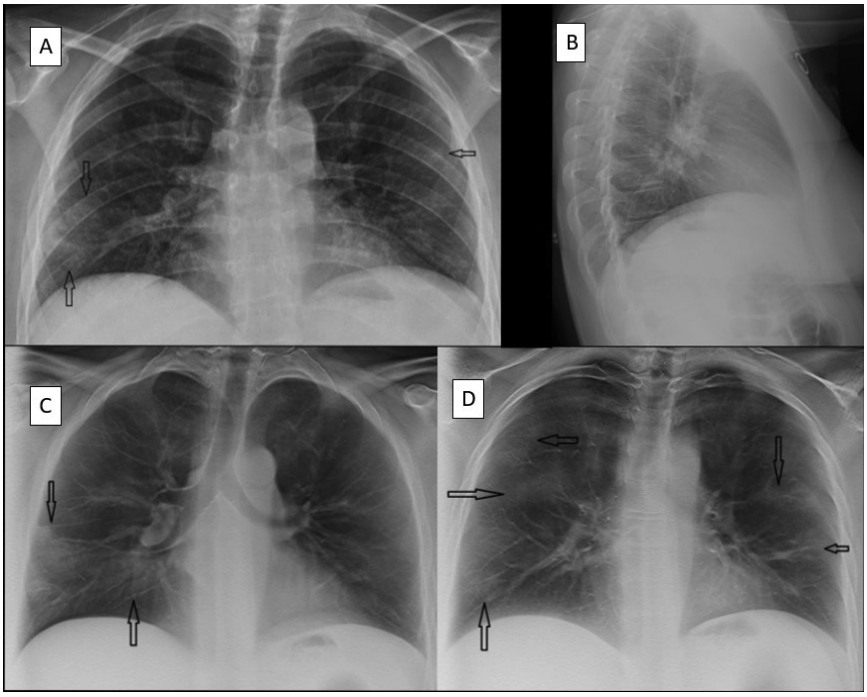
Supplementary Figure 1: BILATERAL COVID-19 PNEUMONIA. Images from a 47-year-old female with history of hypertension and thalassemia minor, was admitted to the hospital with fatigue, cephalea, nausea, and mild dyspnea during the last three days. No fever. Laboratory tests showed normal white blood cell count and Hemoglobin 10.3 g/dL. Lactate Dehydrogenase 231 U/L (120-300). D-dimer 318 ng/mL (0-500). RT-PCR positive for SARS-CoV-2. A- Posterior- anterior CXR shows suboptimal inspiratory effort due to shortness of breath. Two peripheral subtle rounded shaped opacities, in the lower right zone (arrows) and smaller in upper left lobe (arrow). B- Lateral CXR has no evident abnormalities. C- DCT: tomogram 26 (middle). Two opacities in the right lower zone (arrows): the first one, peripherally located next to horizontal fissure, and the second one, with infra hilar location. D- DCT: tomogram 32 (posterior). Multiple patchy opacities diffusely distributed in both hemithorax, with marked preference for posterior areas (arrows).



Supplementary Figure 2: BILATERAL COVID-19 PNEUMONIA. Images from a 57-year-old female, admitted to the hospital with a 2-weeks history of fatigue and cephalea. No respiratory symptoms at admission. Laboratory tests showed normal white blood cell count, Lactate Dehydrogenase 544 U/L (120-300) and D-dimer 1759 ng/mL (0-500). RT-PCR positive for SARS-CoV-2. A- Posterior – anterior CXR shows a triangular shaped peripheral opacity in the left basilar zone (arrow). B- DCT: tomogram 19 (middle). Small opacity in the left upper lobe (arrow). C- DCT: tomogram 32 (posterior). Multiple patchy opacities in the right hemithorax periphery, mid and lower zones (arrows).