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Lecture outline

- 1. Chest X-ray interpretation skills
- 2. Common Chest X-ray cases



Objectives

- I. Technique
- Learn the difference between PA vs. AP CXR
- Learn the utility of a lateral decubitus CXR
- Understand the terms inspiration, penetration, and rotation as they apply to determining a technically adequate film
- II. Anatomy
- Learn the basic anatomy of the fissures of the lungs, heart borders, bronchi, and vasculature that can be seen on a chest x-ray
- III. Interpretation
- Develop a consistent and thorough technique for reading images
- Learn how the silhouette sign can help localize pathology
- IV. Pathology

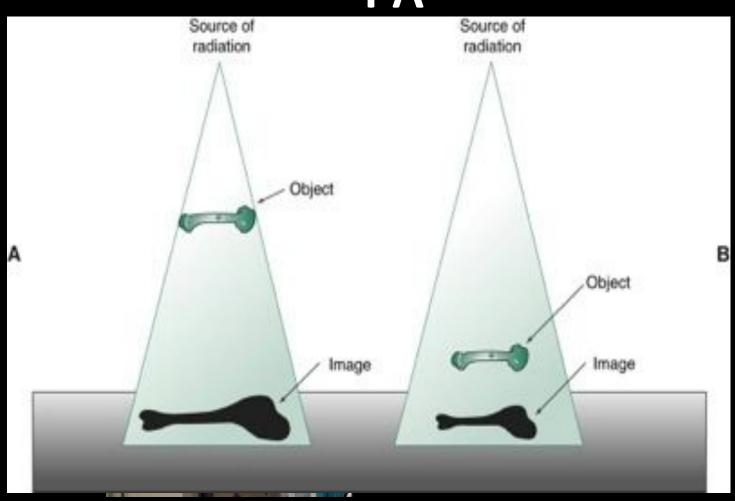


Positioning PA





Positioning PA





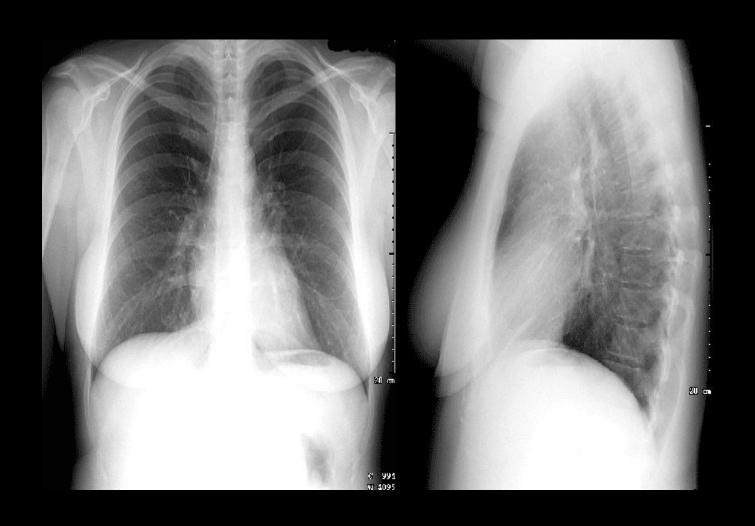
Positioning lateral







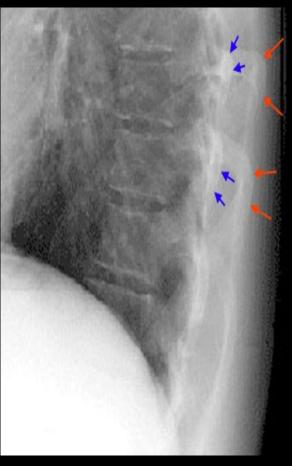
Always read together





Positioning











Positioning AP





Positioning

PA

VS

 AP

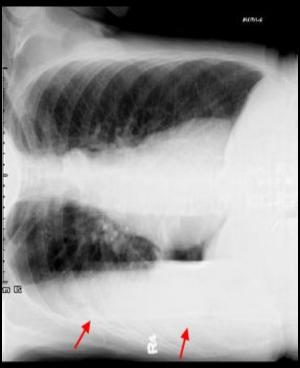






Positioning Lateral decubitus





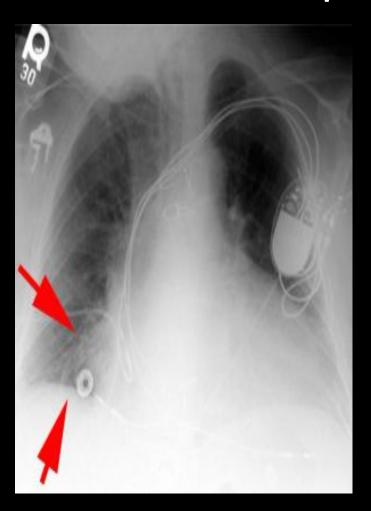


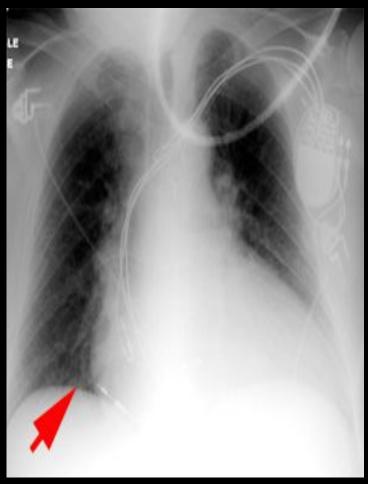
Technically adequate inspiration





Technically adequate inspiration







Technically adequate Penetration





Technically adequate Penetration











Technically adequate Rotation





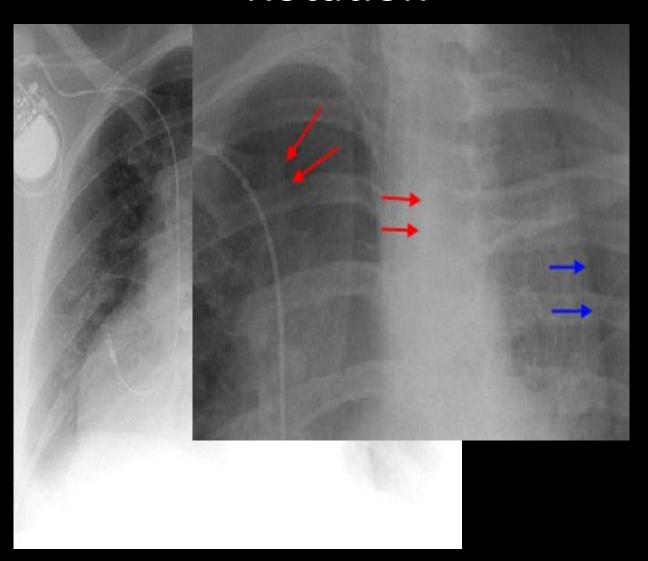
Technically adequate Rotation



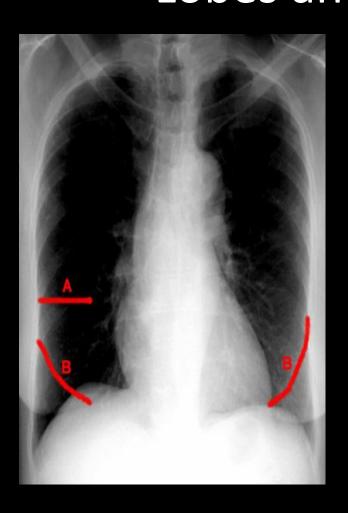


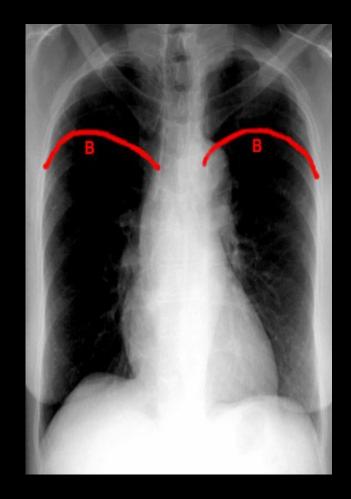


Technically adequate Rotation







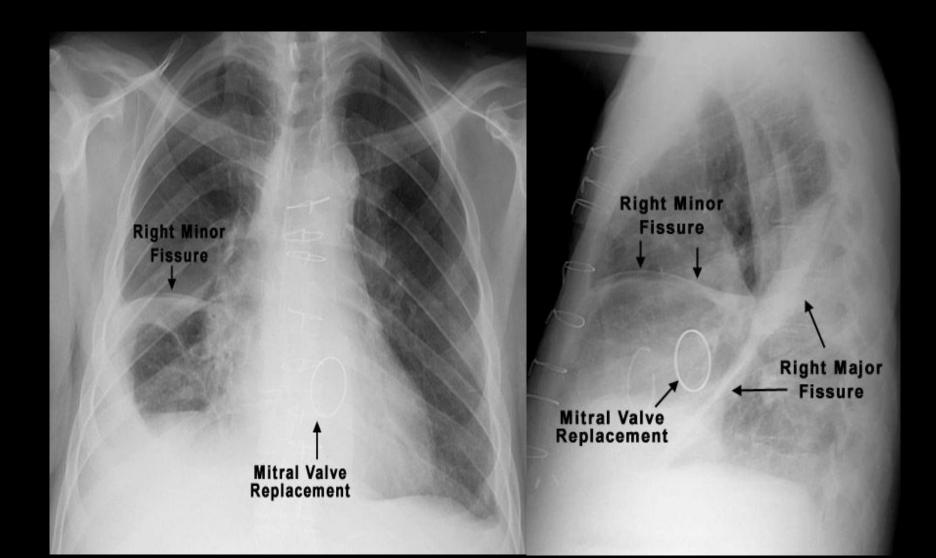










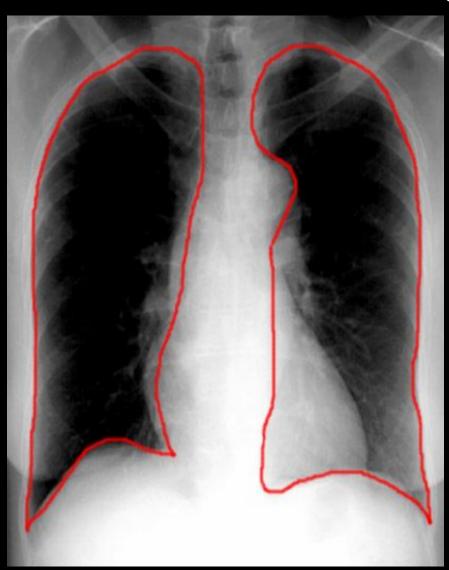






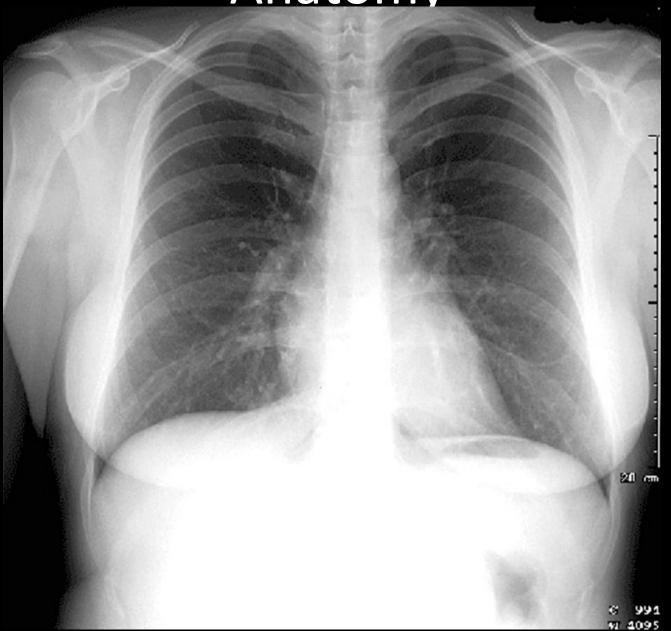


Anatomy Mediastinum and Lungs



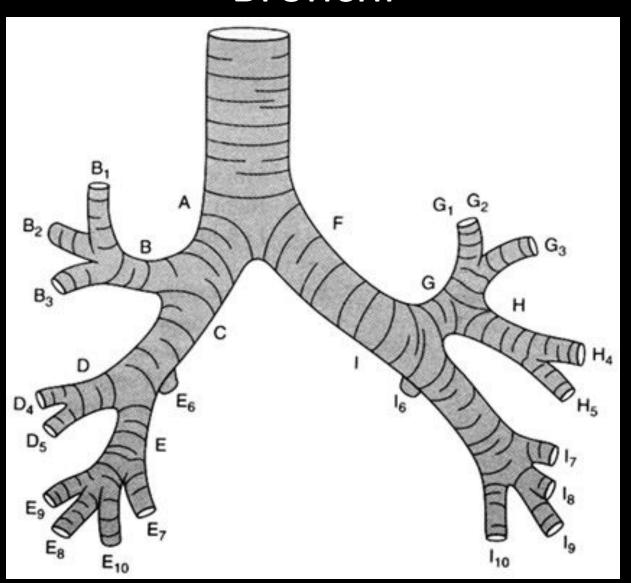


Anatomy



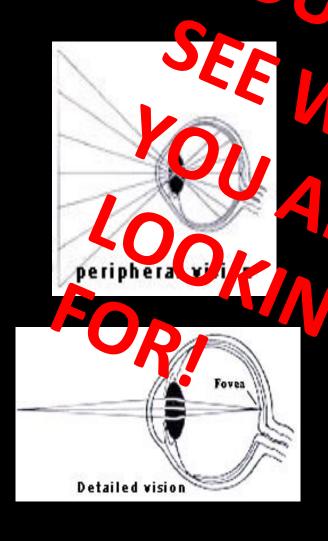


Anatomy Bronchi

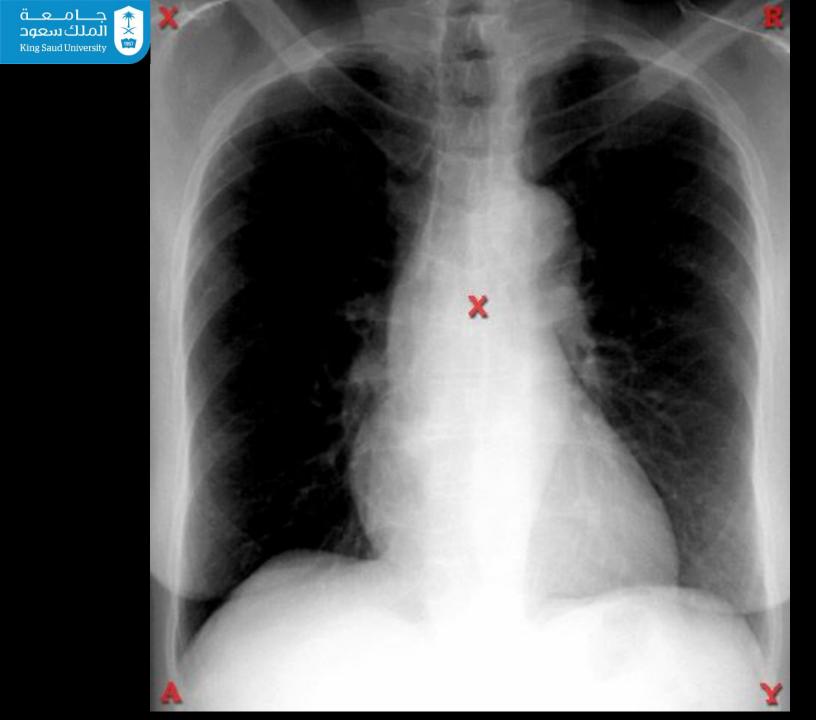




Looking for abnormalities

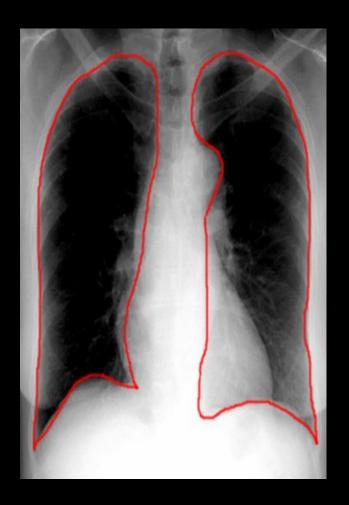


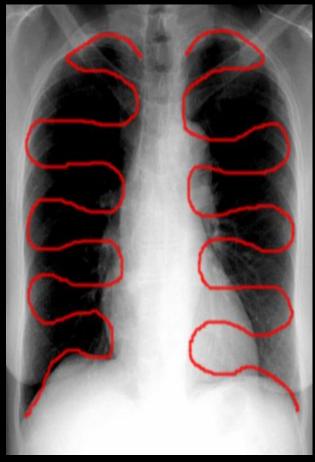
gaze should scan all portions of e film, follow /mediastinal interial es and look again carefully in es where you krow that mistakes are easily made, such as over the spine on the lateral view and in the apex on the PA view.





Looking for abnormalities







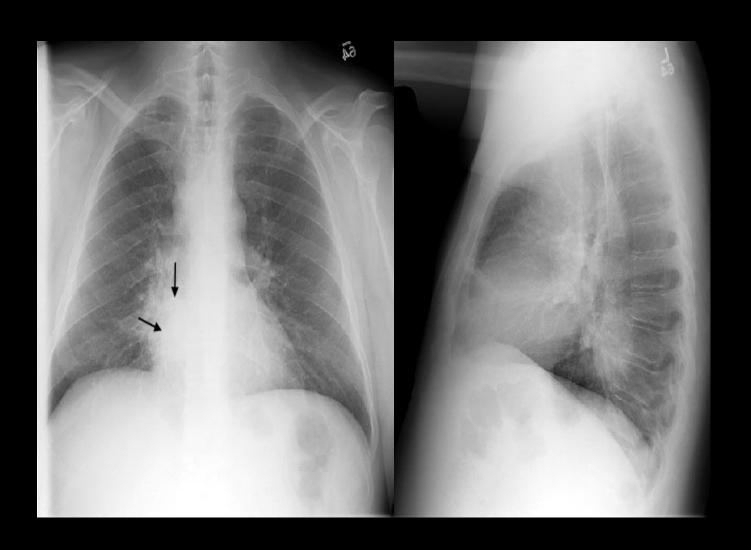
Looking for abnormalities







Cont.



Silhouette





Silhouette sign





Air Bronc



Thanks!