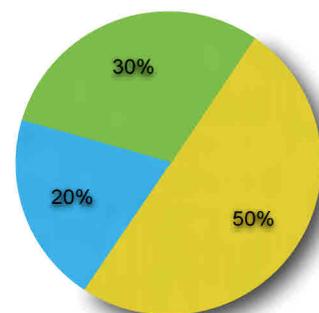


Chest Roentogram Interpretation

History: This chest x-ray is from a patient who has presented with shortness of breath.

Task: Demonstrate how to interpret this chest x-ray using a systematic approach



● communication
 ● clinical
 ● procedure

Marking criteria	Not Completed	Partially Completed	Completed
Familiarises self with equipment, setting, lighting etc.			
Determines name of patient, date of film, age of patient.			
Asks for a brief history of presentation			
Uses an initial overall review			
Looks for obvious and expected findings			
Adequacy: comments on the following Borders: entire lung fields visible Penetration: thoracic vertebrae seen behind heart border Rotation: clavicular heads to spinous process distance Inspiration: posterior right 10th/11th ribs visible			
Bones: identifies ribs, shoulders and vertebral column May use finger to trace each bone			
Soft tissues: Heart (cardiothoracic ratio), mediastinum, hila, diaphragm			
Lungs: uses left to right symmetry, compares interthoracic markings at each intercostal space with that of the other side			
Uses a systematic approach while working through CXR			
Able to classify different patterns of increased pulmonary opacifications Focal Airspace Disease: pneumonia, PE, neoplasm Diffuse/multifocal: pulmonary oedema, pneumonia, haemorrhage, neoplasm Fine reticular pattern: Acute: interstitial pulmonary oedema, interstitial pneumonitis; Chronic: lymphangitic metastatic, sarcoid, collagen vascular disease, fibrosing alveolitis, resolving pneumonia Coarse reticular pattern: Honeycomb lung (endstage pulmonary fibrosis), CCF or pneumonia with underlying COPD Reticulonodular pattern: same as reticular Miliary pattern: TB, fungal, Varicella, Silicosis, Sarcoid, Coal workers lung, Eosinophilic granuloma Nodular pattern: (>3cm), neoplasm, fungal or parasitic, septic emboli, Rheumatoid nodules, Wegener's granulomatosis			
Able to form a differential diagnosis based on the history of presentation, age and findings			
Overall			

Chest Rotenterogram Interpretation

Level 1 Understanding (basic sciences)

What are the lobes of the lungs and the segments of each lobe?

The Right Lung:

Right upper lobe: apical, posterior and anterior

Right middle lobe: lateral and medial

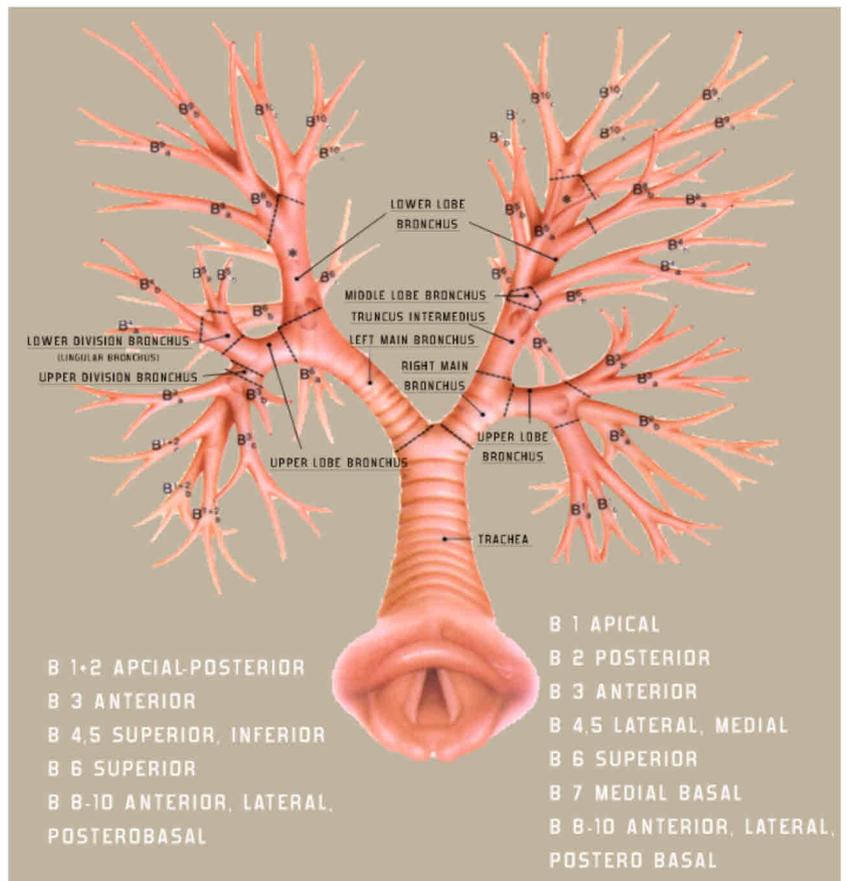
Right lower lobe: apical, anterior basal, medial basal, lateral basal, posterior basal

The Left Lung:

Left upper lobe: apico-posterior, anterior

Lingual: superior, inferior

Left lower lobe: apical, antero-medial basal, lateral basal, posterior basal



Level 2 Understanding (applied sciences)

Draw and Discuss lung volumes and capacities.

Level 3 Understanding (advanced sciences/management)

What are the respiratory causes of clubbing?

Lung cancer, mainly large-cell (35% of all cases), not seen frequently in small cell lung cancer, Interstitial lung disease, Tuberculosis, Suppurative lung disease (lung abscess, empyema, bronchiectasis, cystic fibrosis), Mesothelioma

Lung Volumes and Capacities

