



How to approach a CXR

Nina Terry

University of Alabama Birmingham



Objectives

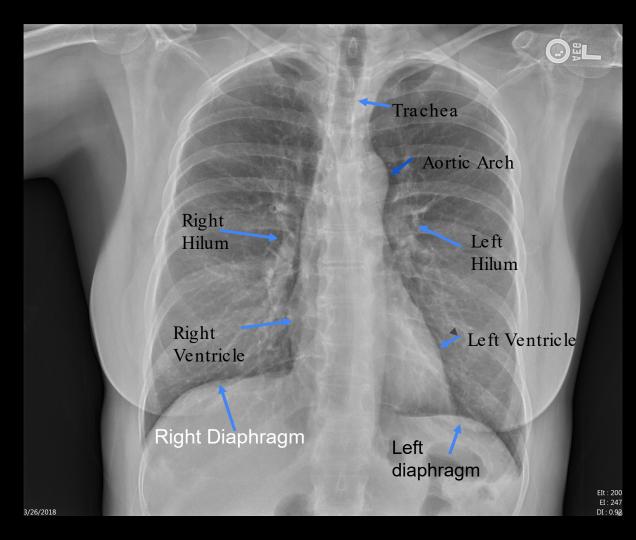
Anatomy

Approach

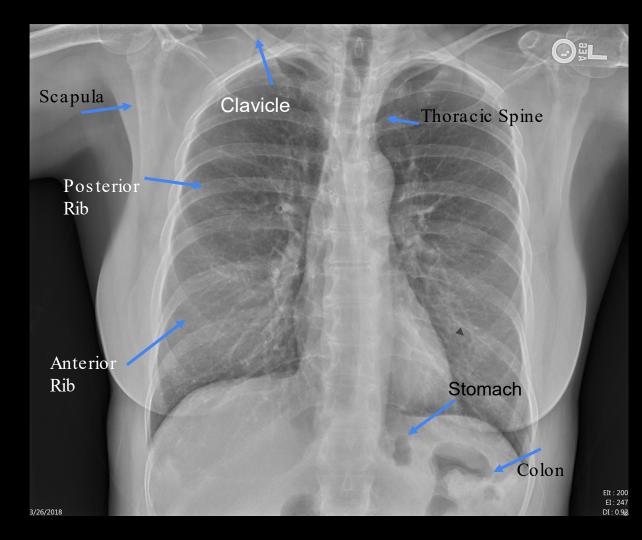
Blind Spots

Common pathology

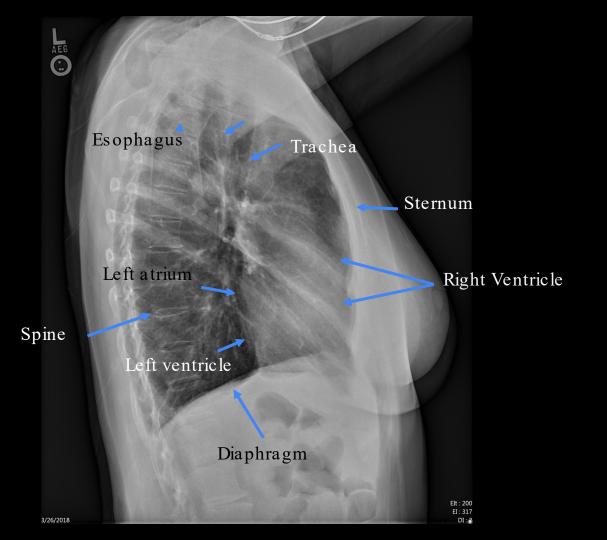
Normal PA



Normal PA



Normal Lateral



Dose

Radiography-Chest

Approximate effective Dose: 0.1mSv

Comparable to Natural Background Radiation: 10 Days

Estimated Lifetime Risk of Fatal Cancer from Examination: 1 in 1,000,000 to 1 in

100,000

https://www.radiologyinfo.org/en/info.cfm?pg=safety-xray#safety-effective-dose-adults Accessed 2.26.2019

Approach to Interpretation

Use a systematic approach

Play special attention to the blind spots

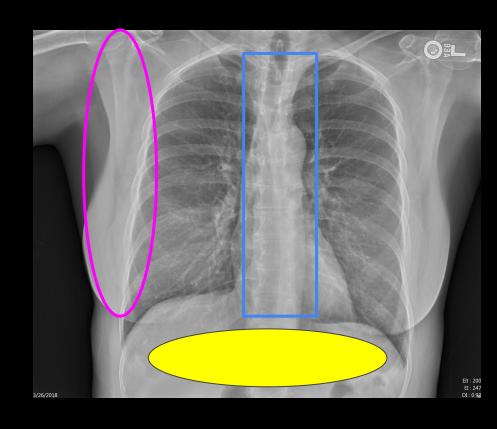
Approach to Interpretation-PA

Felson's Systemic approach: ATMLL (click to see) **A**bdomen

Thorax-soft tissues

and bones

Mediastinum



Approach to Interpretation-Lat

Felson's approach:

ATMLL (Click to see)

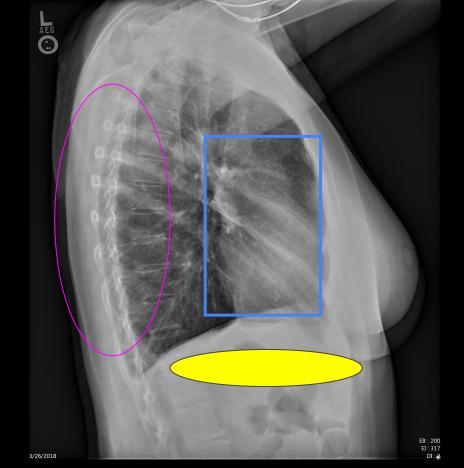
Abdomen



Thorax-soft tissues

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Mediastinum

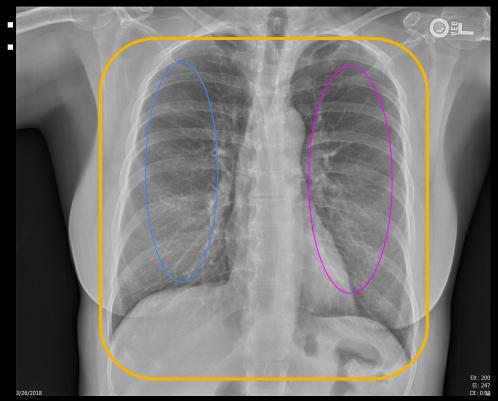


Approach to Interpretation-PA

Felson's approach: ATMLL

Look at each lung individually and then at both

Lung-unilateral Cungs-bilateral C



Click to show

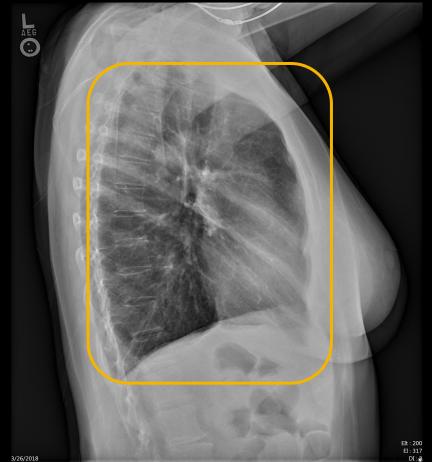
Approach to Interpretation-Lat

Felson's approach: ATMLL

On the lateral the lungs overlap however can define fissures for each lung

Lung-unilateral Lungs-bilateral





Approach to Interpretation

Use a systematic approach

Play special attention to the blind spots

Blind Spots

Rib

Trachea

1.Sternum; Paratra 2.Rib Region

3.Trachea;

4.Paratracheal region

5.Carina

6.Right lung apex

7.Left lung apex

8.Right hilum

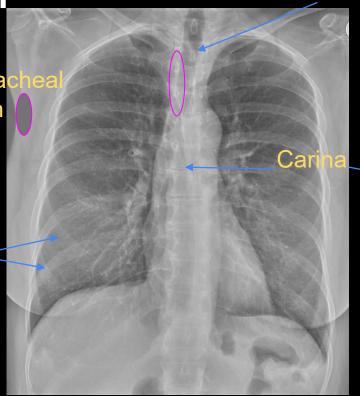
9.Left hilum 10, Infrahilar region

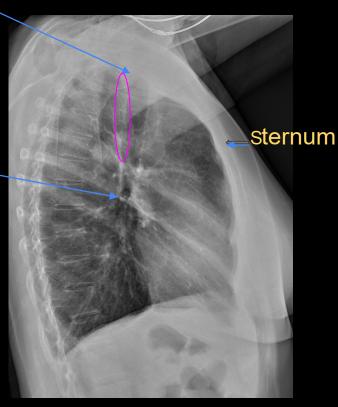
11.Right Lung base

12.Retrocardiac left lower

lobe;

13. Vertebral body.

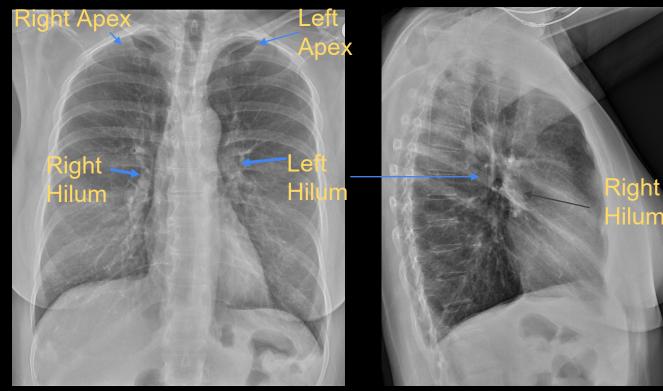




Where Are They All Hiding? Common Blind Spots on Chest Radiography Kathryn L. Humphrey, MD, Carol C. Wu, MD, Matthew D. Gilman, MD, Ahmed H. El-Sherief, MD, Jo-Anne O. Shepard, MD, and Gerald F. Abbott, MD CDR Vol 34, No 21, p.5, October 15,2011

Blind Spots

- 1.Sternum;
- 2.Rib
- 3.Trachea;
- 4.Paratracheal region
- 5.Carina
- 6.Right lung apex
- 7.Left lung apex
- 8. Right hilum
- 9.Left hilum
- 10, Infrahilar region
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- 12.Retrocardiac left lower
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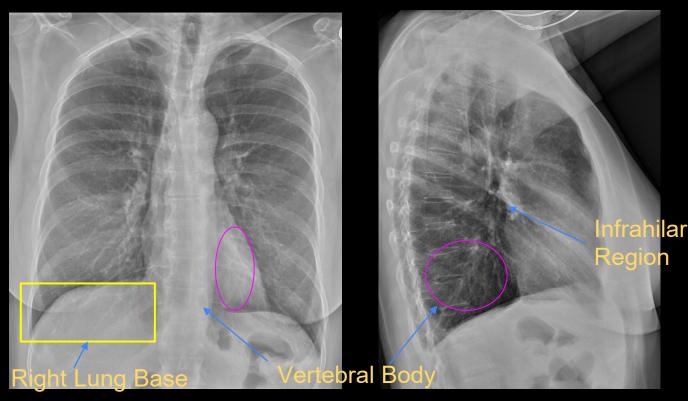
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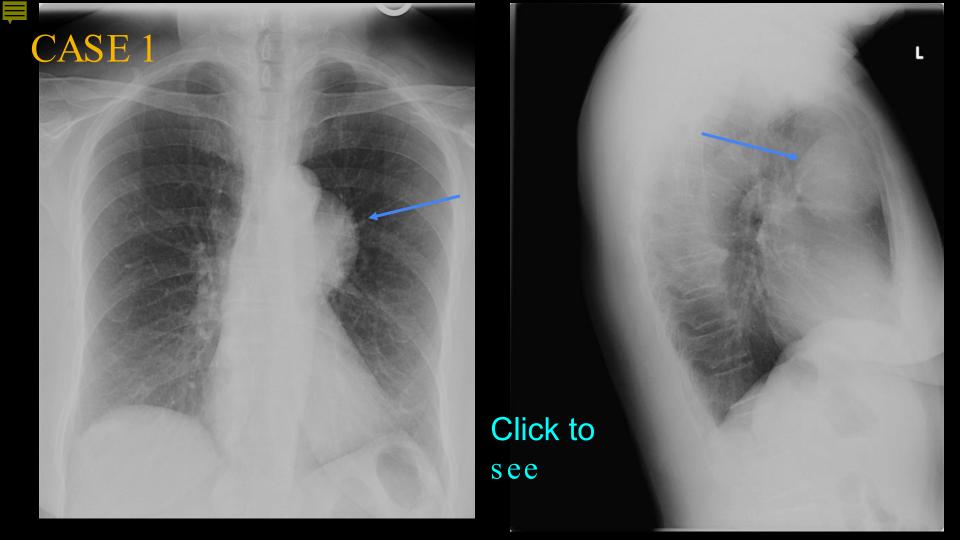
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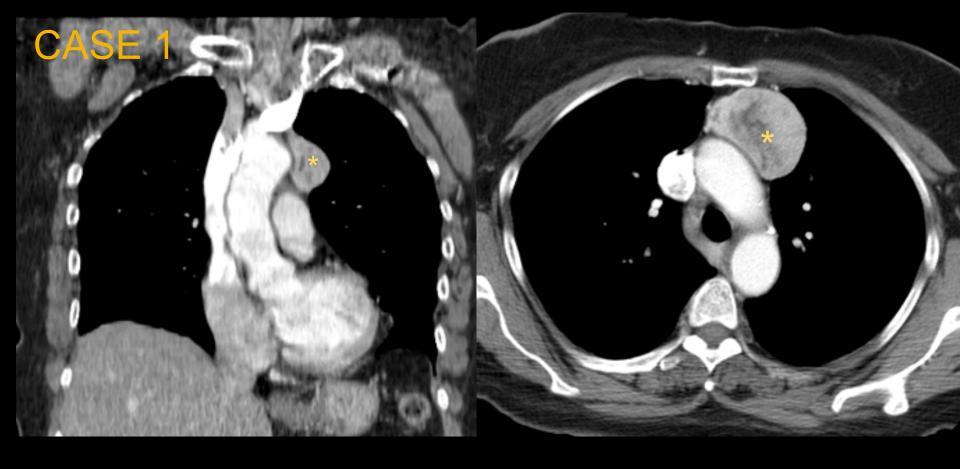
Mediastinum

Can you identify the

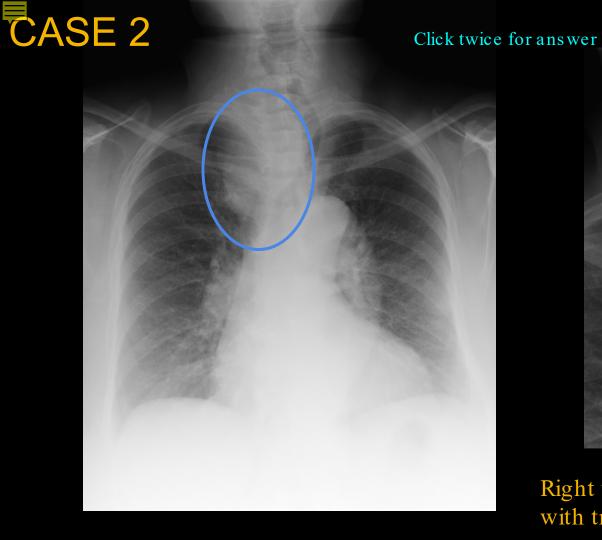
abnormality?

! Remember the Blind Spots!





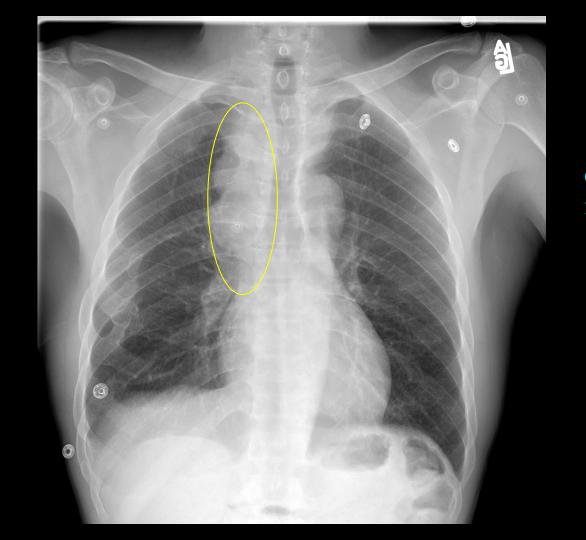
Anterior mediastinal mass retrosternal space [*]





Right upper mediastinal mass with trachea deviated to the left

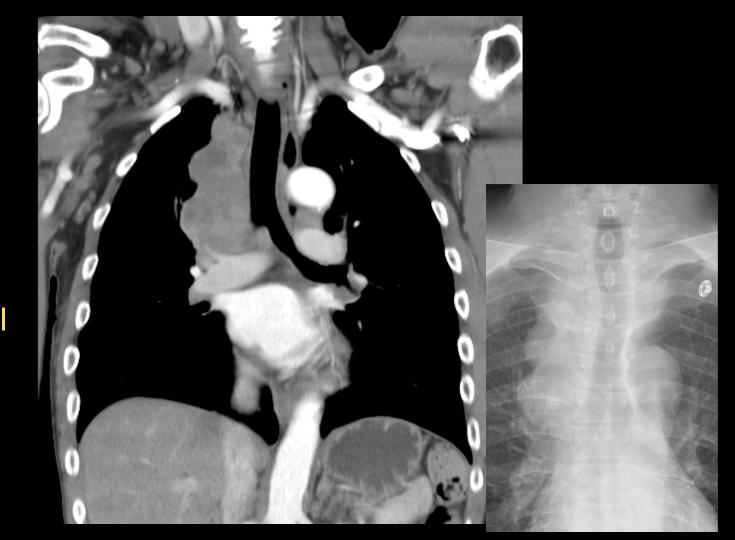


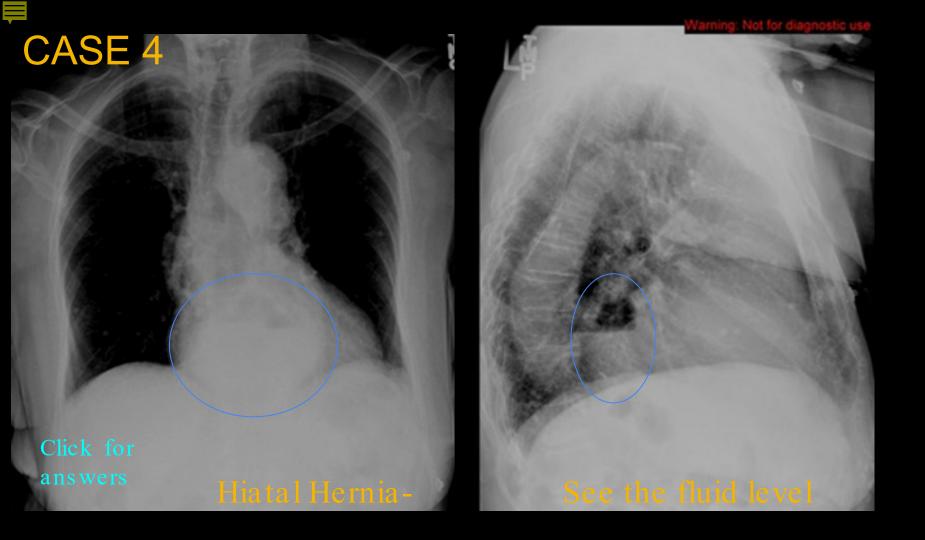


Click twice for answers

Rt paratracheal adenopathy

Rt paratracheal adenopathy





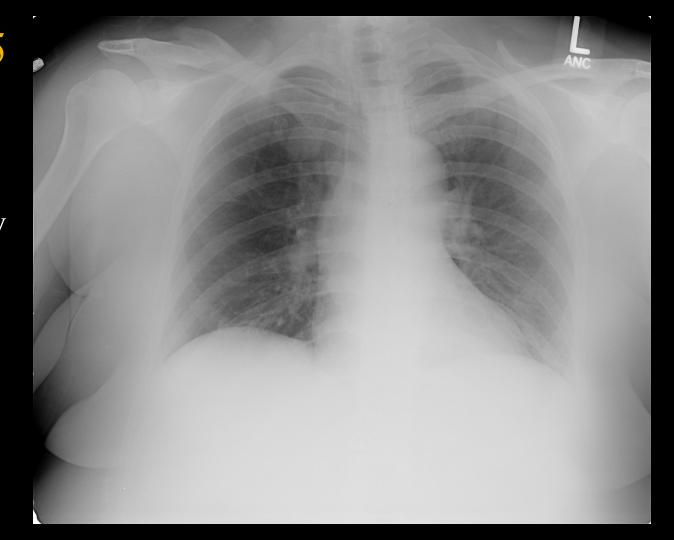
Lungs

Can you identify the abnormality?

AP View

Is the abnormality in the right lung or the left lung?

See next slide



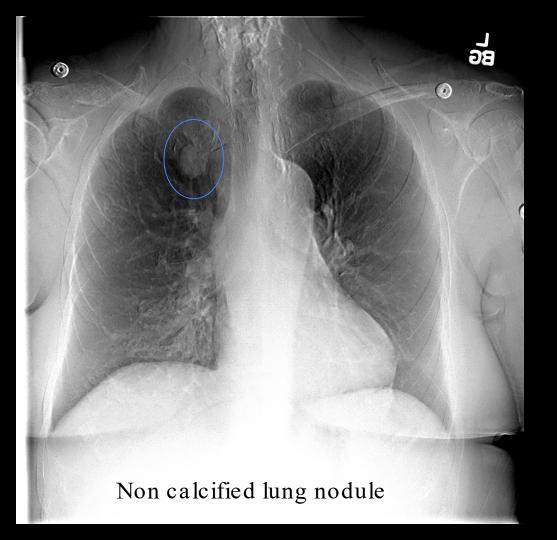


PA view

Is the abnormality in the right lung or the left lung?

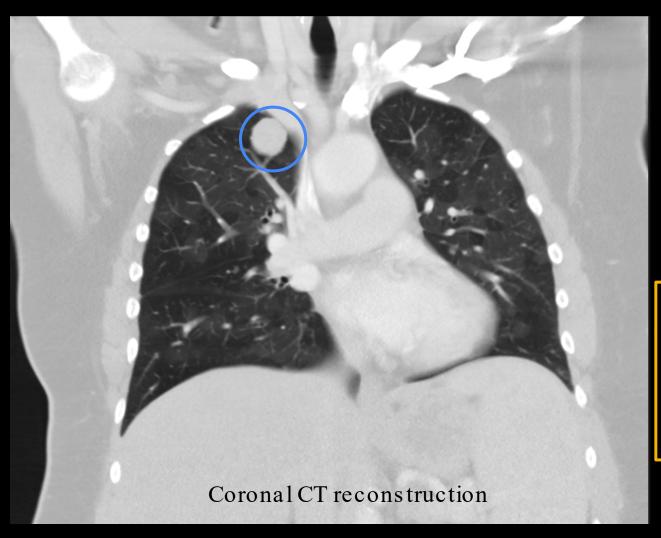
Click for answer

Right



PA view with the bones subtracted

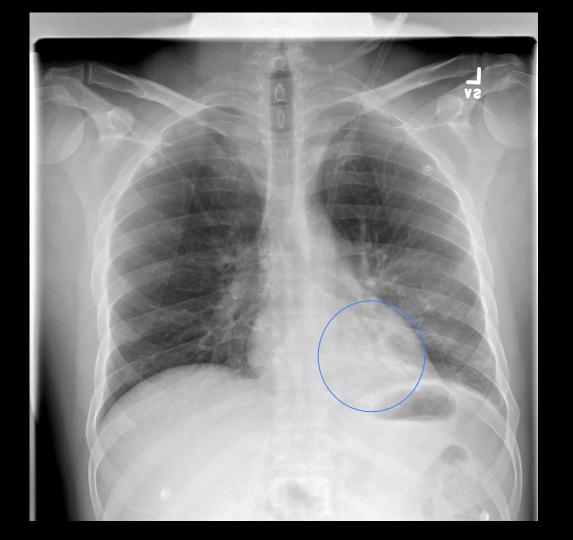
Click for marker



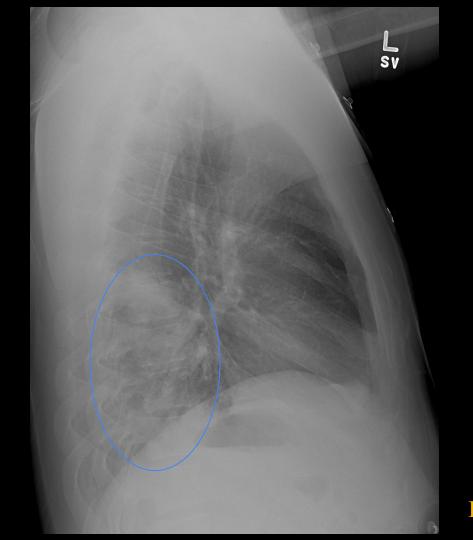
RUL nodule (circle) obscured by bone on the CXR.

Always compare the apices of the lungs, side to side, for differences in density





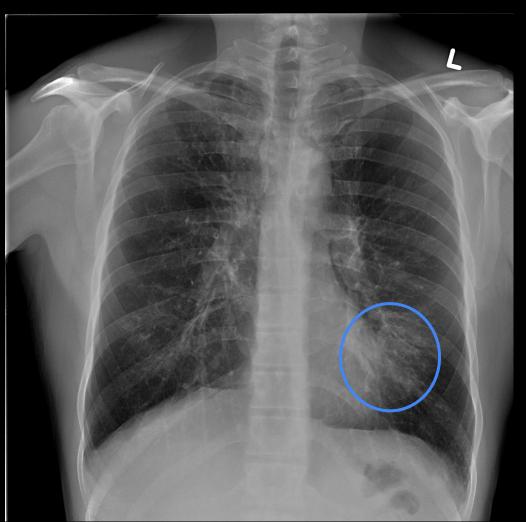
Click for marker





Retrocardiac Left Lower Lobe Pneumonia





Click for answer

Lingular Pneumonia

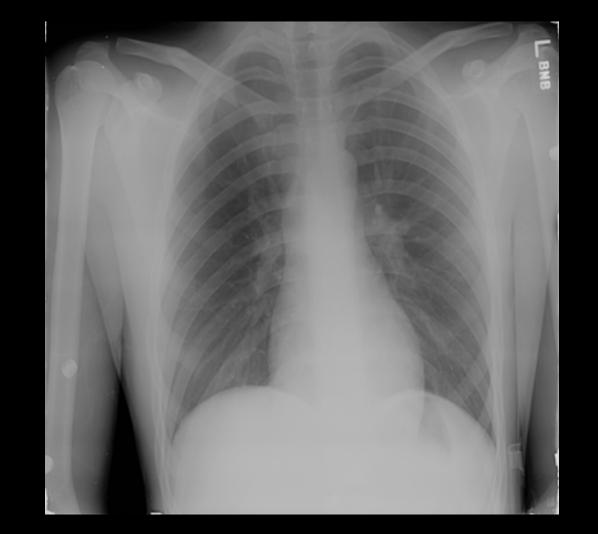
Bone and Soft Tissue

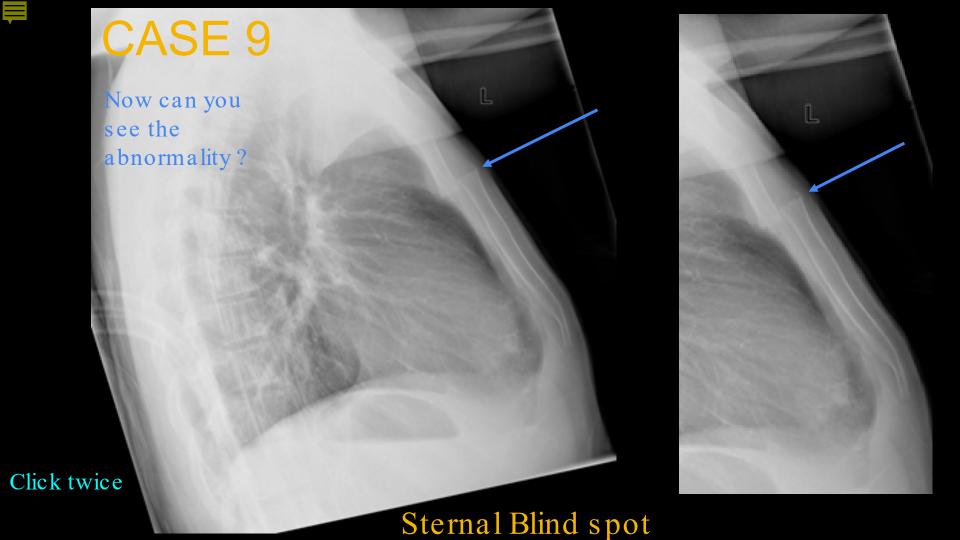
Can you identify the abnormality?

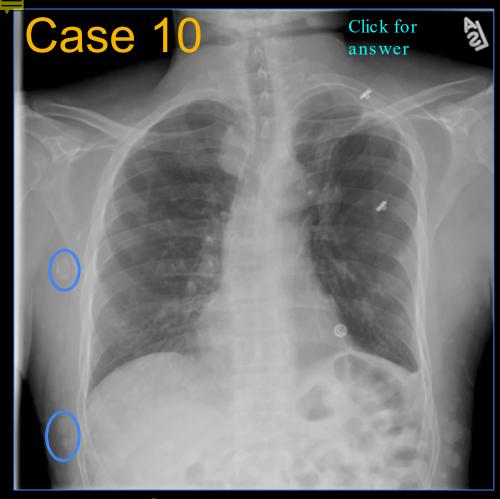


Trauma

See next slide



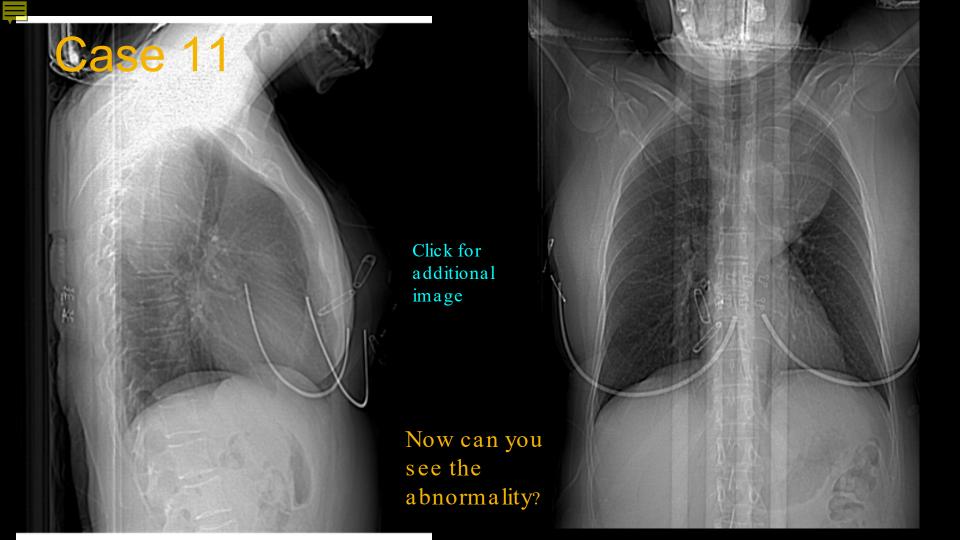


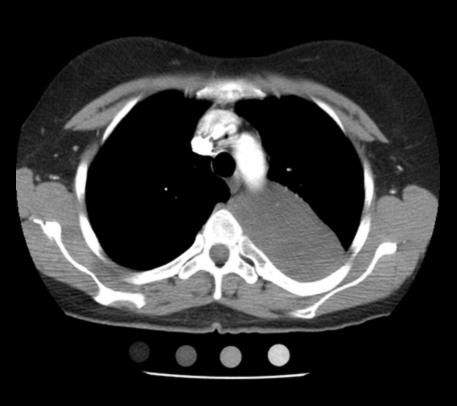




Neurofibromatosis with visible skin neurofibromas

Skin neurofibromas



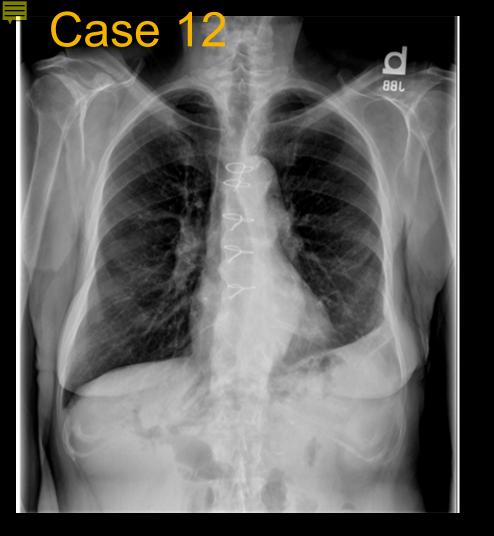




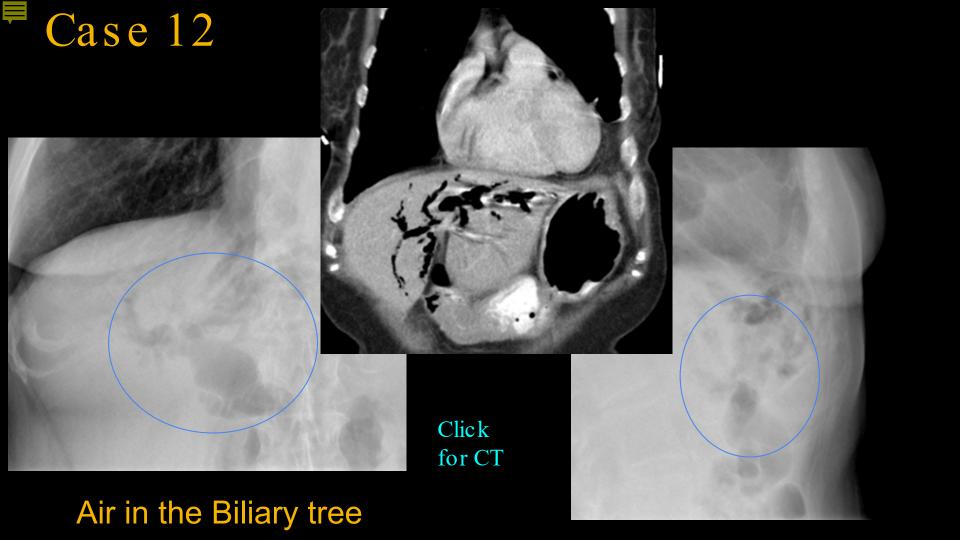
Paraspinal mass adjacent to vertebra- Ganglioneuroma Blind Spot: over the spine and behind the Trachea

Abdomen

Can you identify the abnormality?







Click for answer

Free air under both hemidiaphragms

In the Left Upper Abdomen see air on both sides of the colon wall

