

Chest X-rays

for Undergraduates

Dr Abdullah Ansari

Senior Resident (Medicine)

Aligarh Muslim University, Aligarh

Radiographic Densities

Air

Fat

SoR tissue/Fluid

Bone

Metal

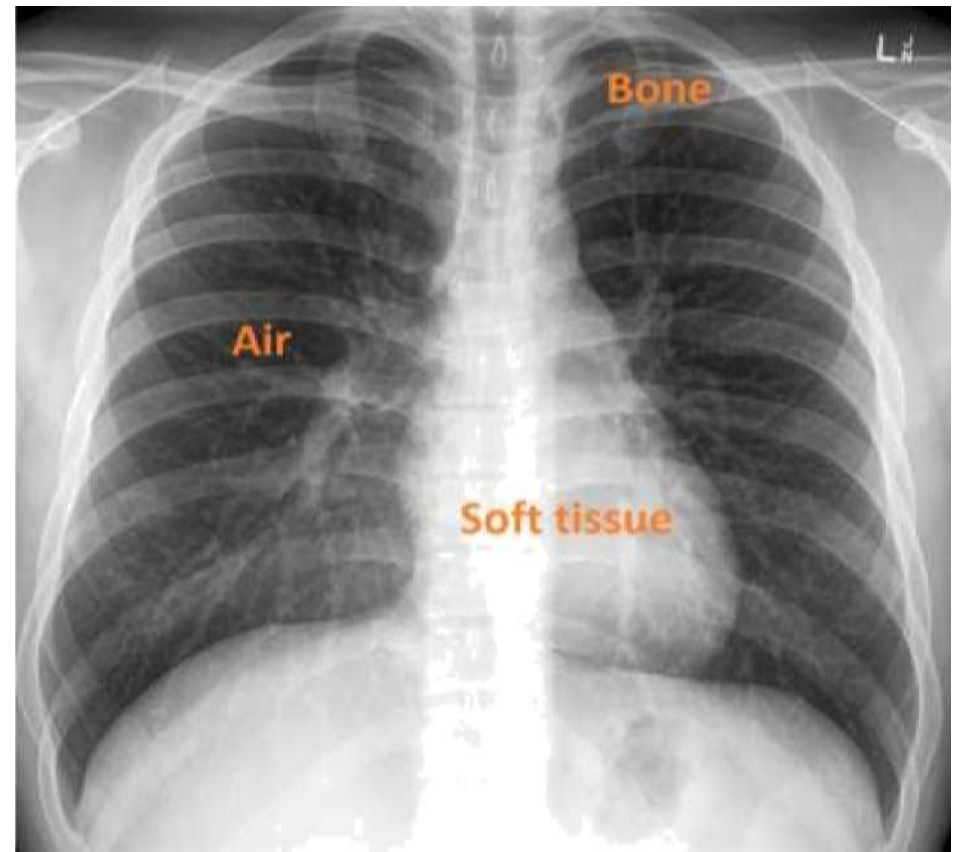


least opaque

to

most opaque

Different tissues in our body absorb X-rays at different extent



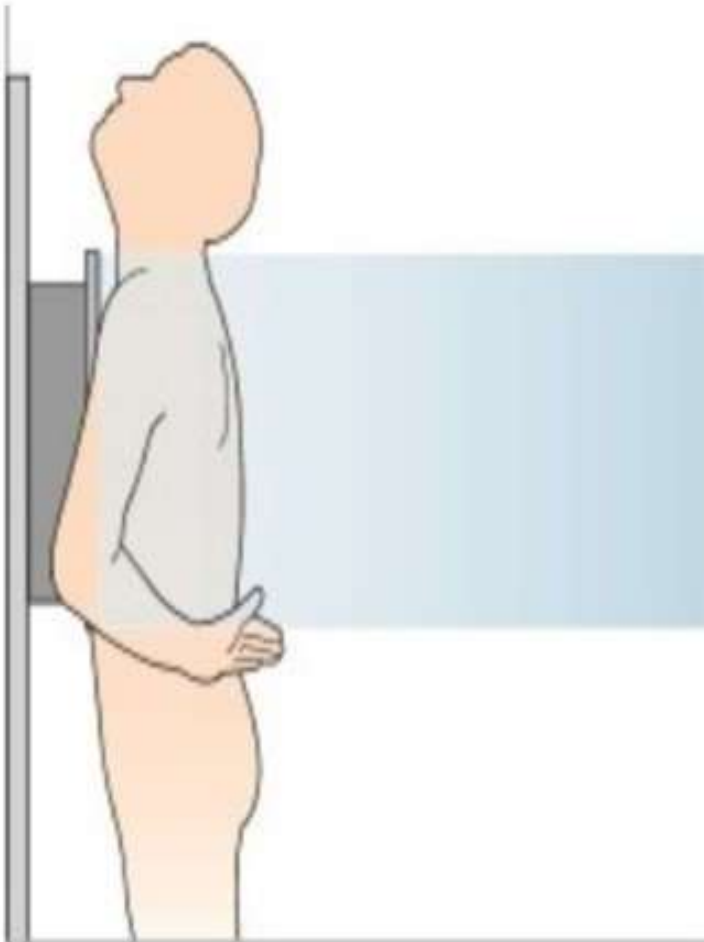
Technical aspects...**PVERB**

1. **P**atient's details
2. **V**iew : PA vs AP or lateral
3. **E**xposure
4. **R**otation
5. **B**reath: Inspiration or Expiration

4 major views

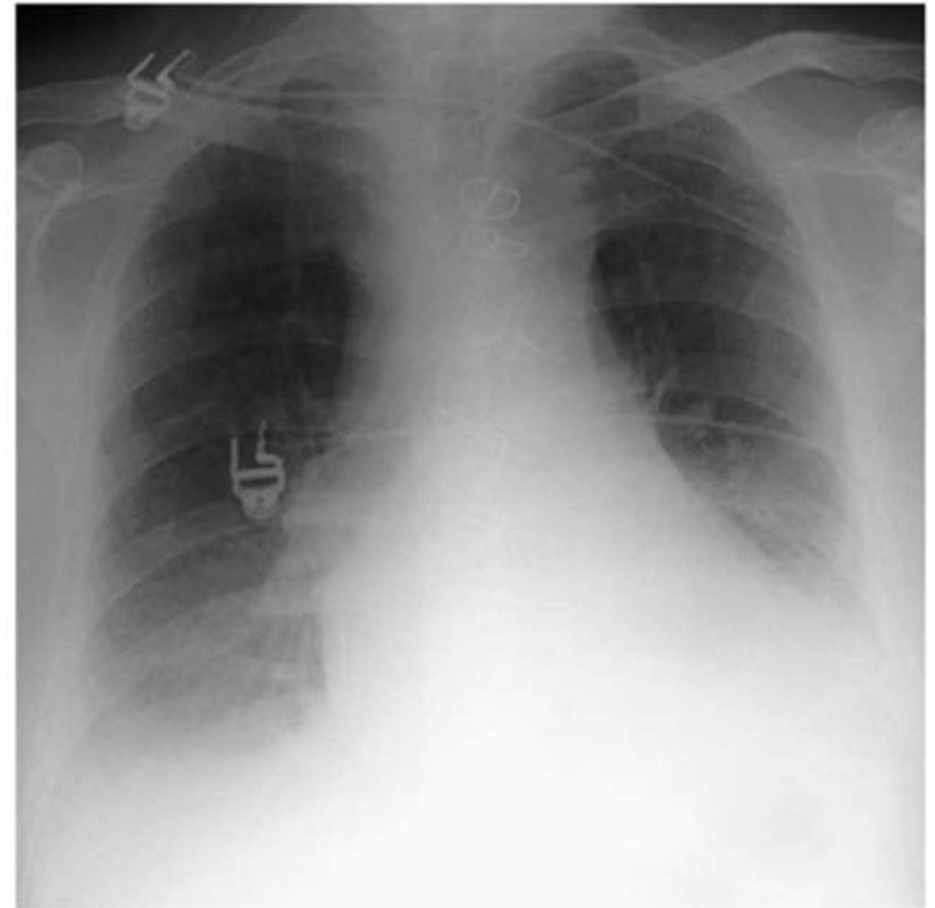
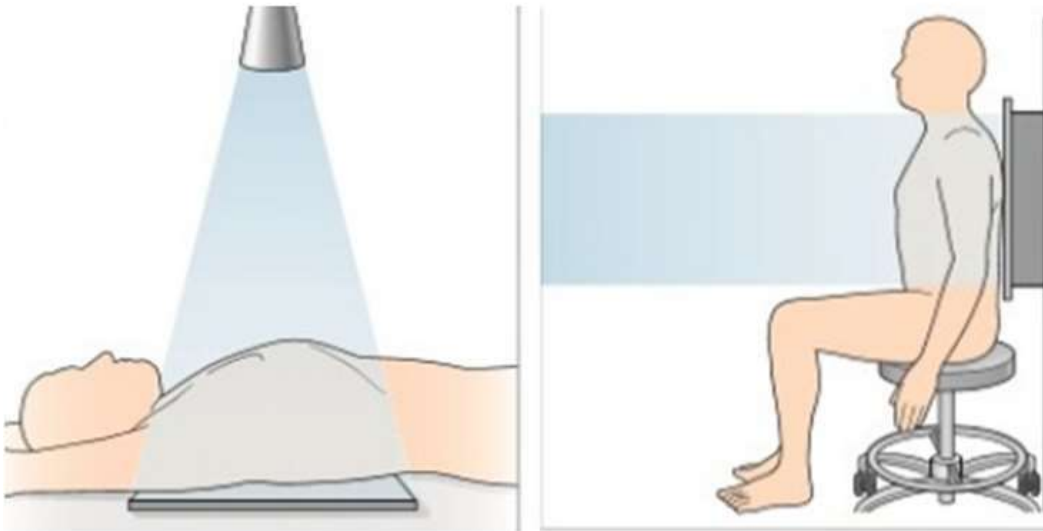
1. Posterioranterior (PA)
2. AnteriorPosterior (AP)
3. Lateral
4. Lateral decubitus

PA view



- Standard view for routine Chest xrays
- Taken in full inspiration

AP view



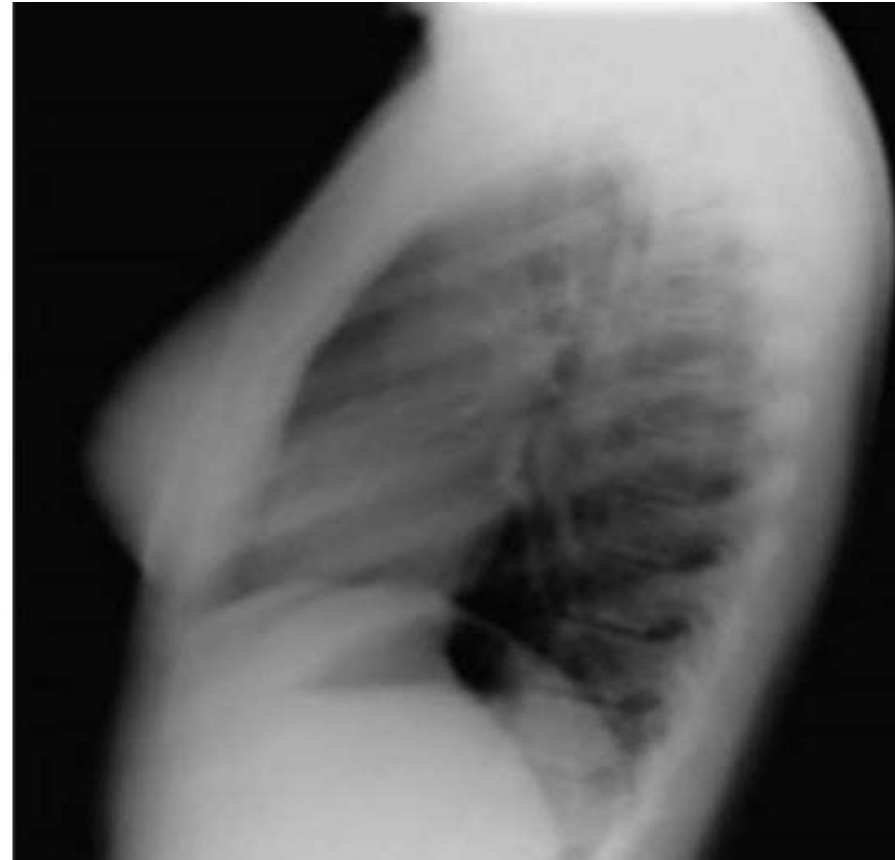
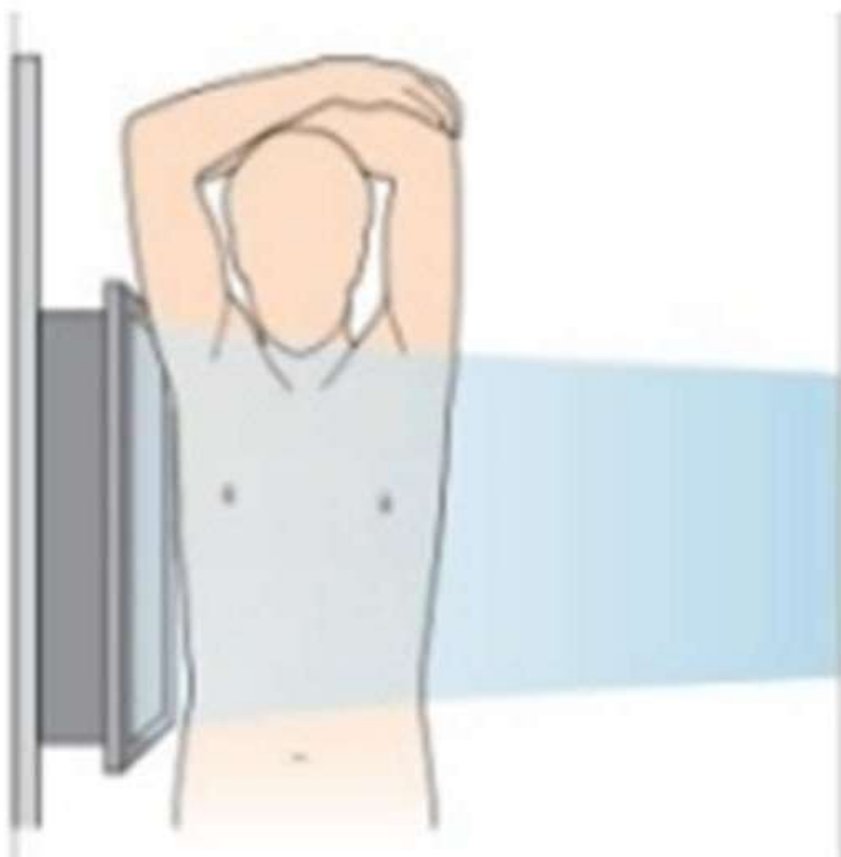
- Patient is too ill to stand or noncooperative
- Heart at a greater distance from film, appears enlarged

PA vs AP view



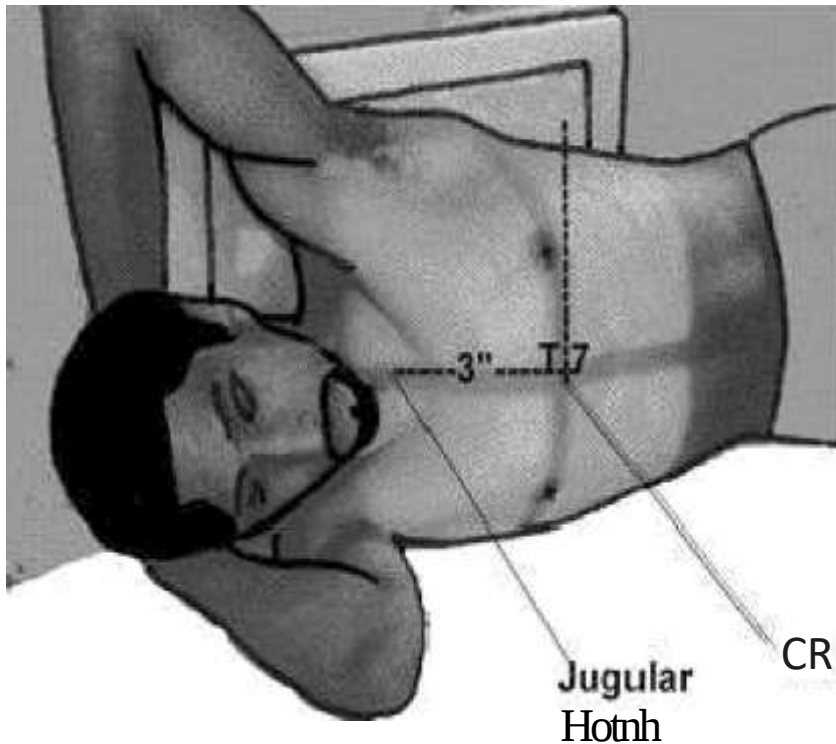
	PA view	AP view
Clavicle	Over lung fields	Above lungs apex
Scapulae	Away from lung fields	Over lung fields
Ribs	Posterior ribs distinct	Anterior ribs distinct
Heart		Relatively enlarged

Lateral view



- Lung lobes, mediastinum & bony thoracic cavity better visualized
- Useful for lobar pathology, mediastinal masses, encysted pleural fluid & basal consolidation

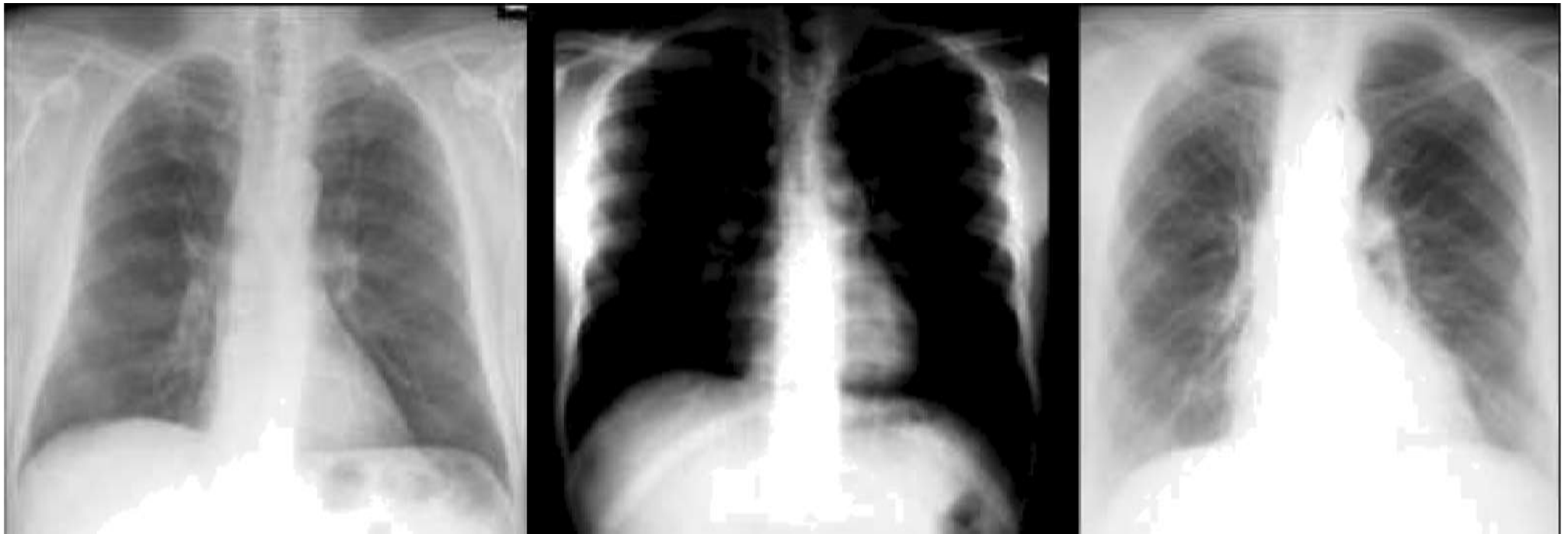
Lateral decubitus view



- Specialized projection to demonstrate small pleural effusions or pneumothorax

Exposure

- Adequate exposure: Inter-vertebral spaces barely visible through the heart shadow



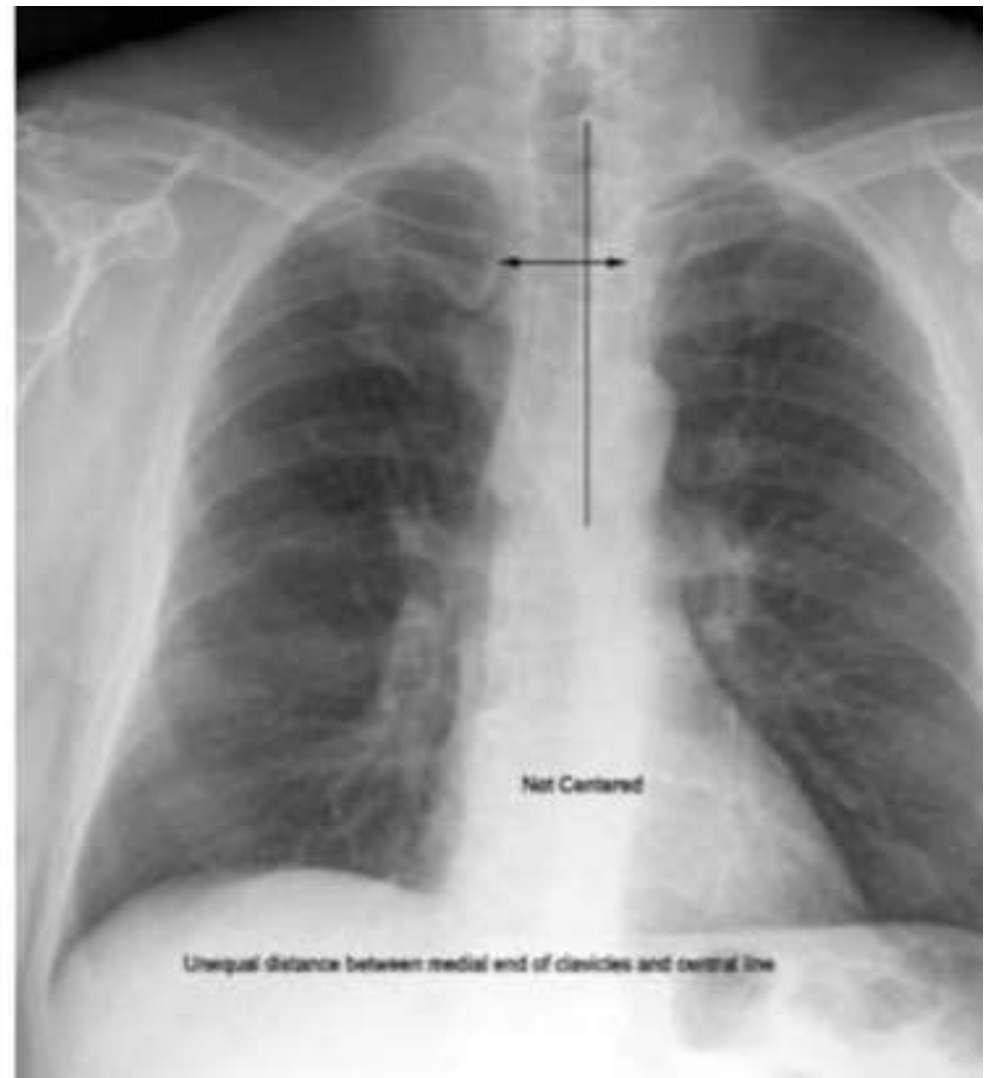
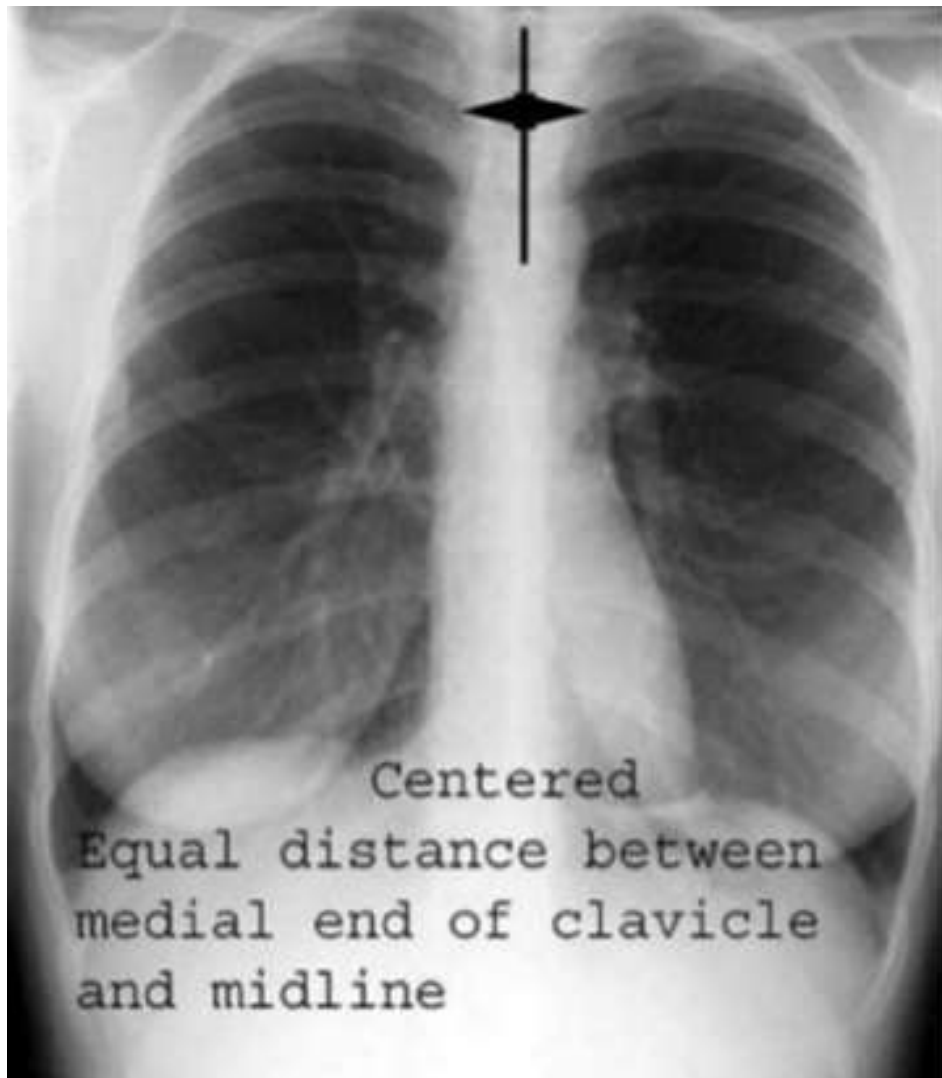
Over-exposed film

Inter-vertebral spaces clearly visible through heart shadow

Under-exposed film

Inter-vertebral spaces clearly visible through heart shadow

Rotation

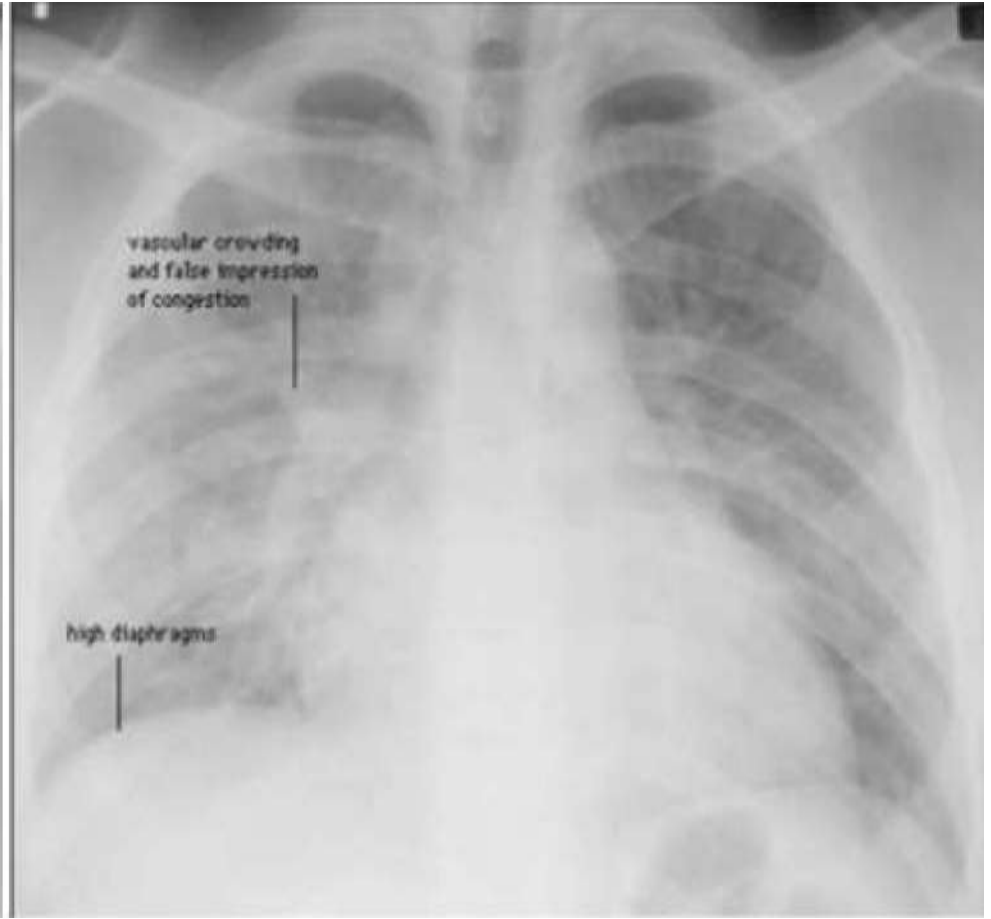


Good Inspiration

- 6 anterior ribs visible
- 10 posterior ribs visible

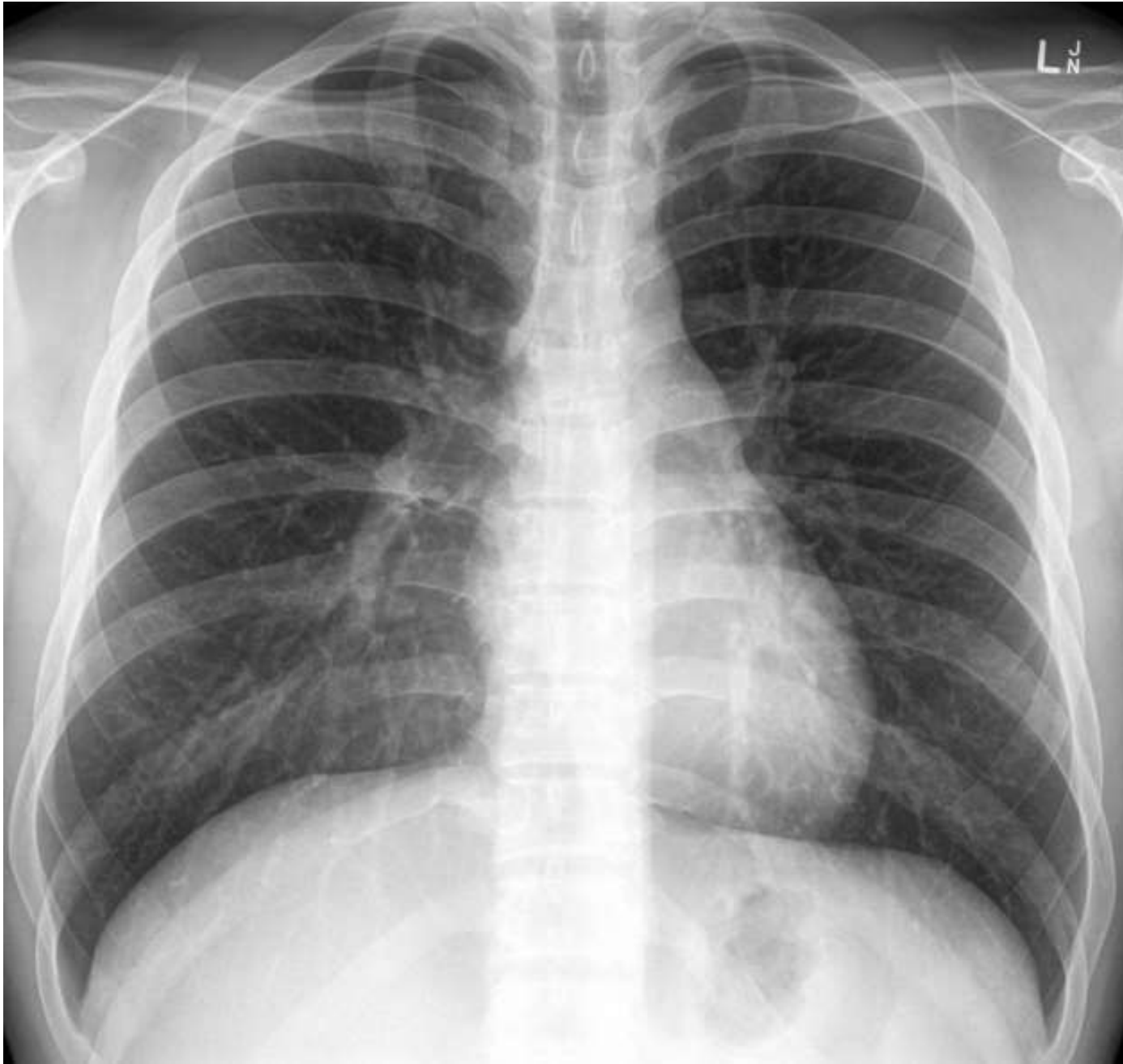


Inspiration



Expiration

Normal Chest Xray

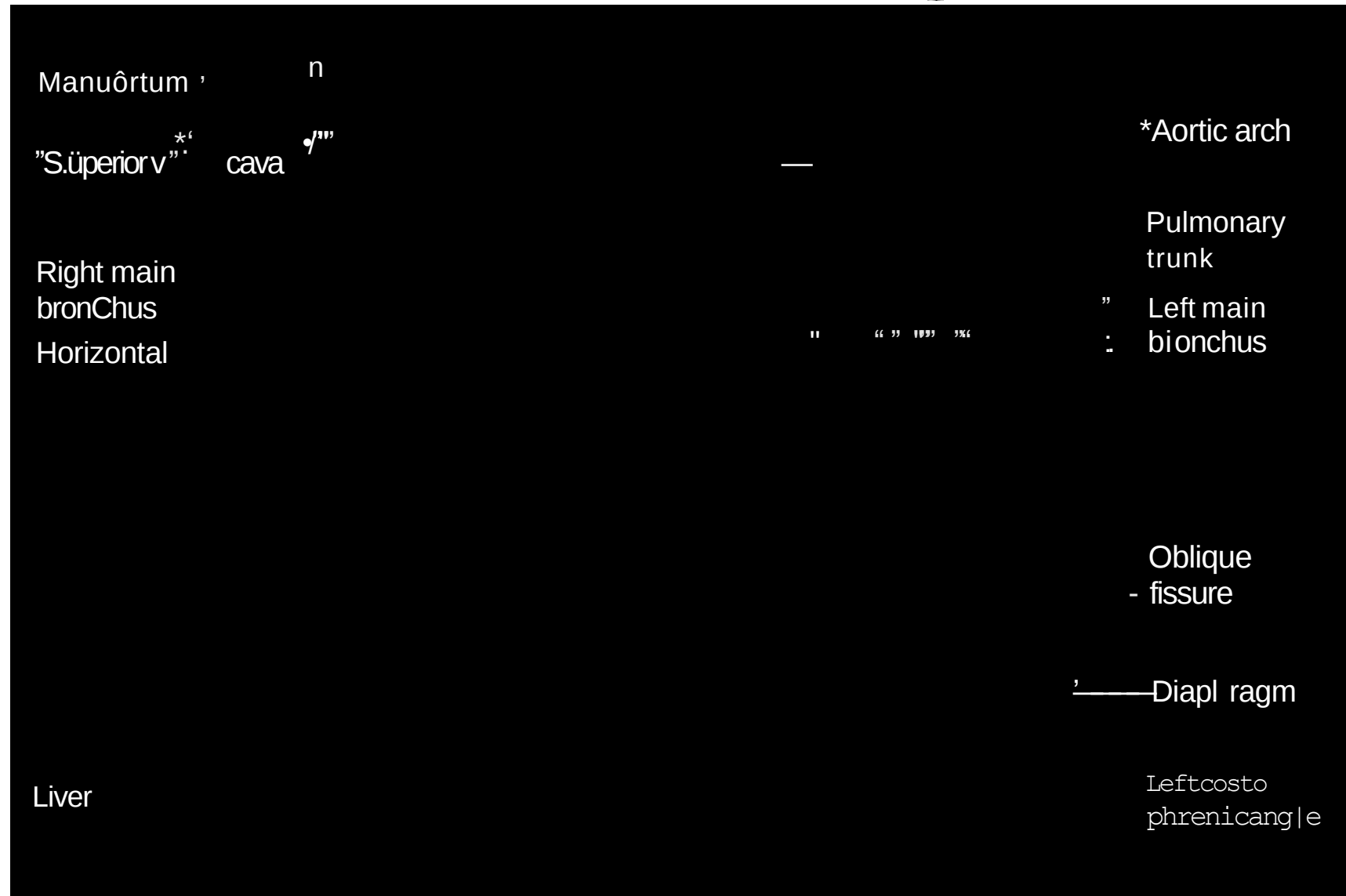


Interpreting Chest X-rays

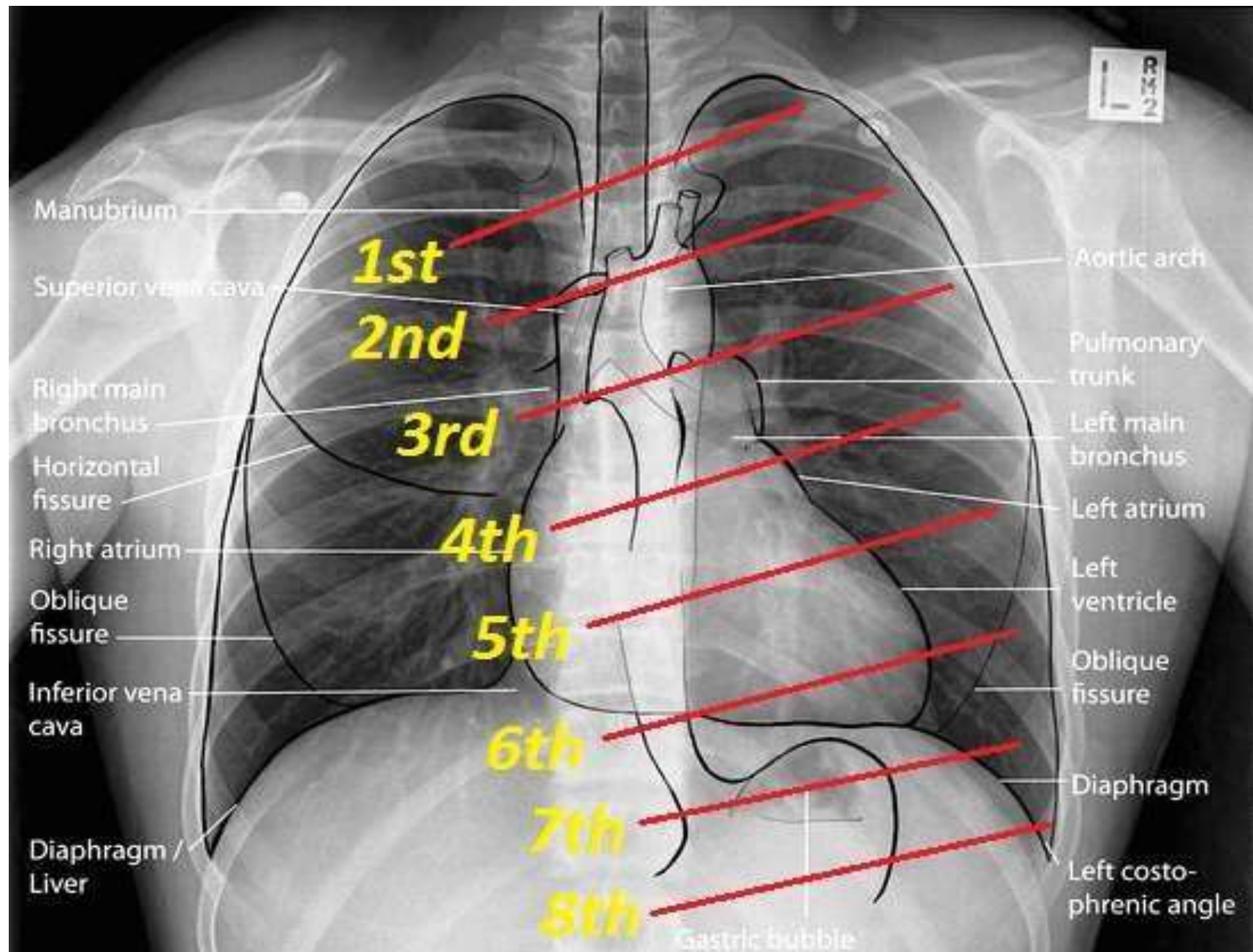
ABCDEFGH approach

- Airway
- Bones & soft tissue
- Cardiac shadow
- Diaphragm
- Effusion (pleura)
- Fields (lungs)
- Gastric bubble
- Hila & mediastinum

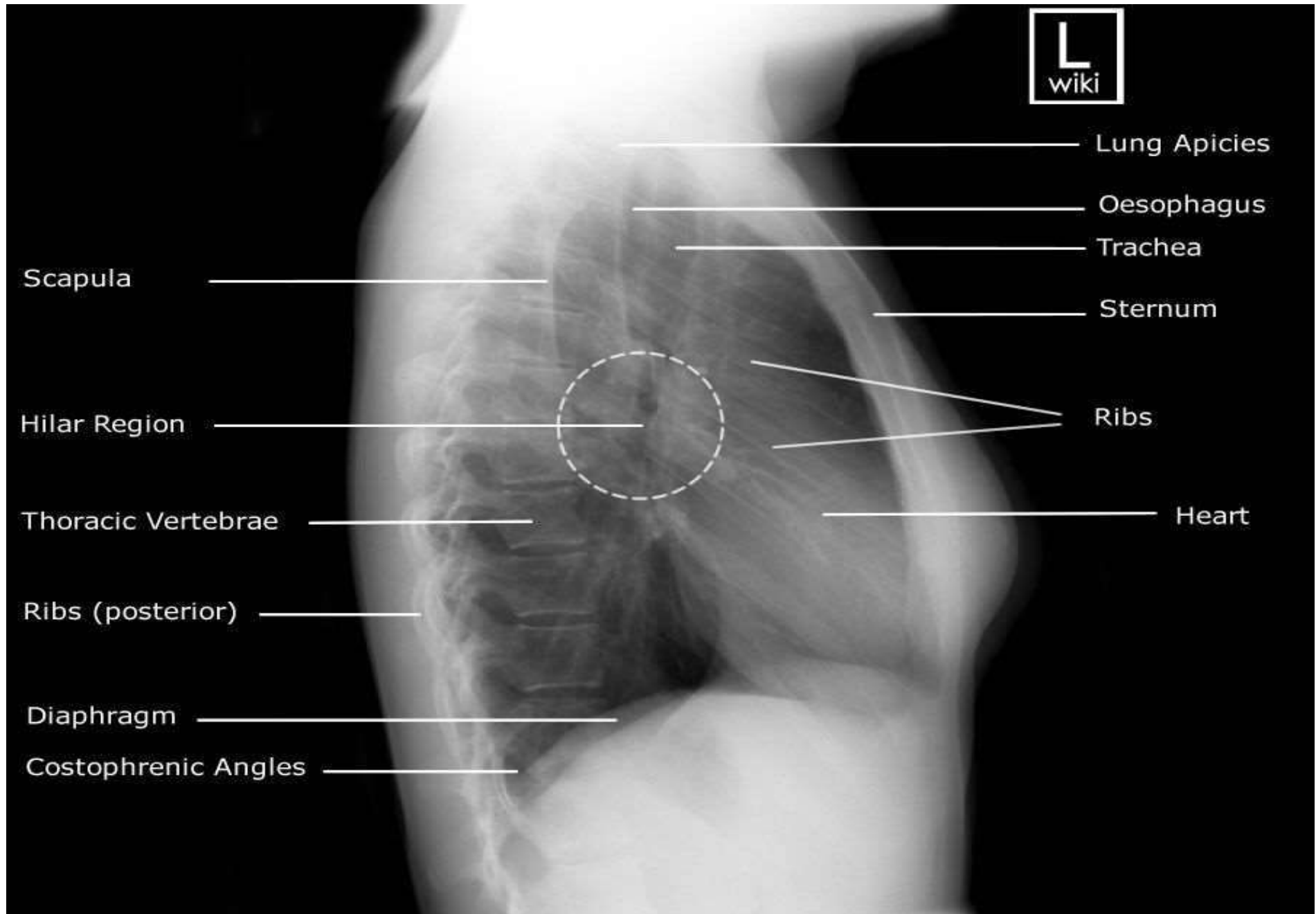
Normal Chest X-ray



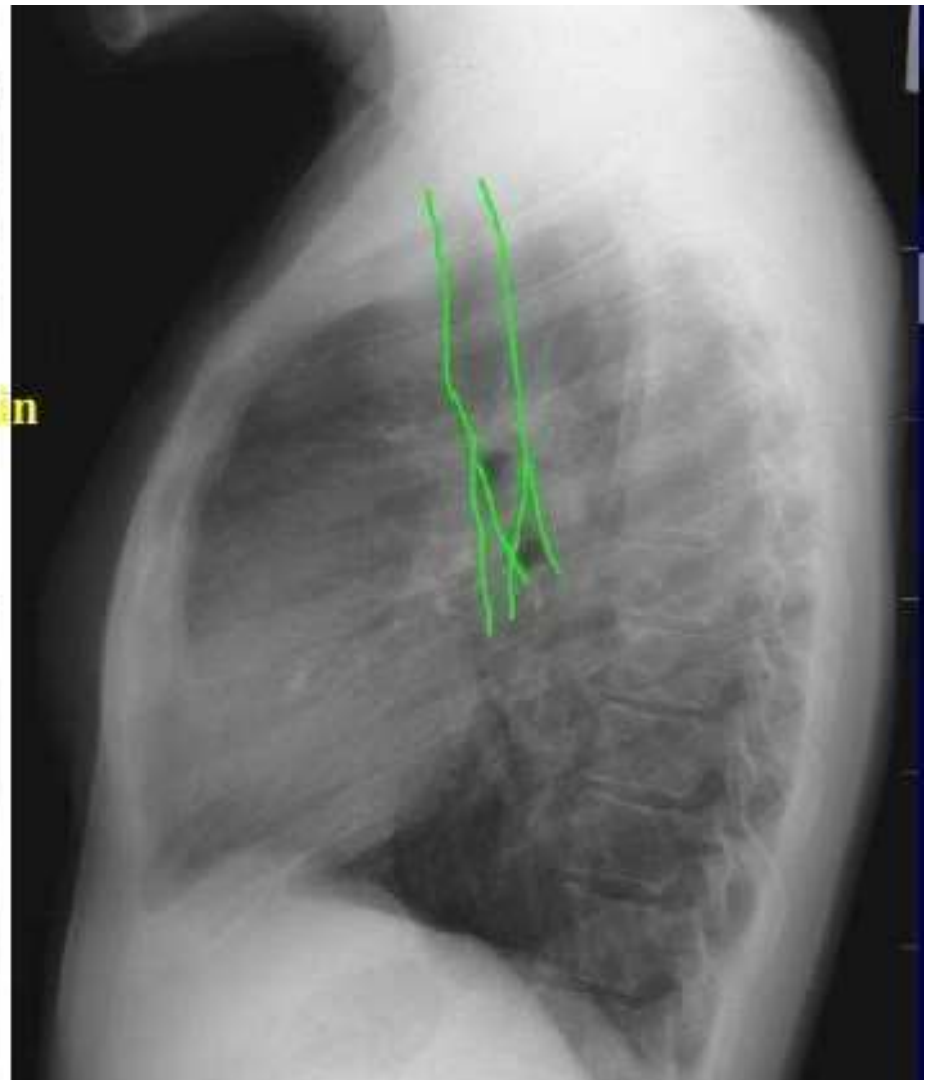
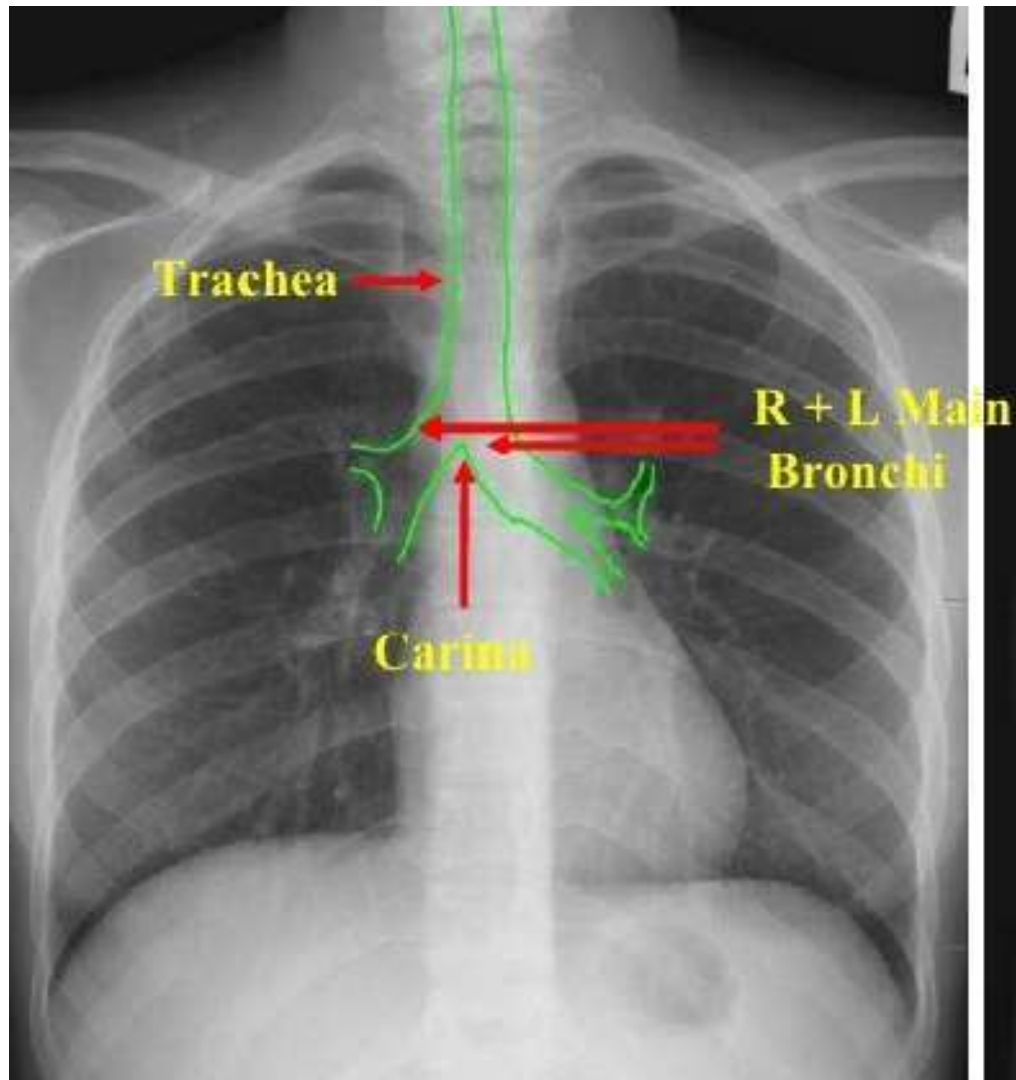
Counting Ribs



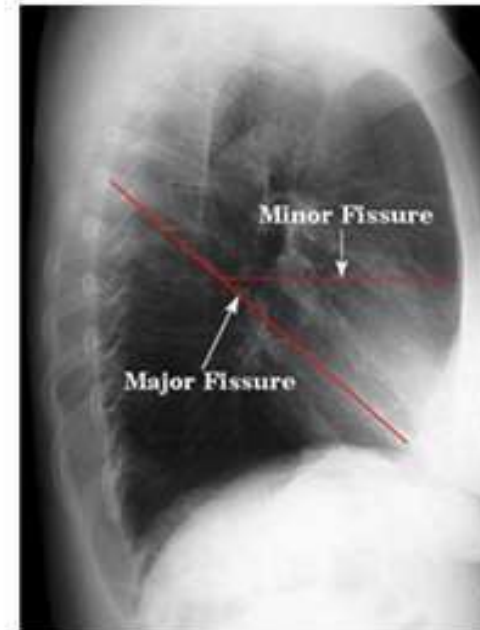
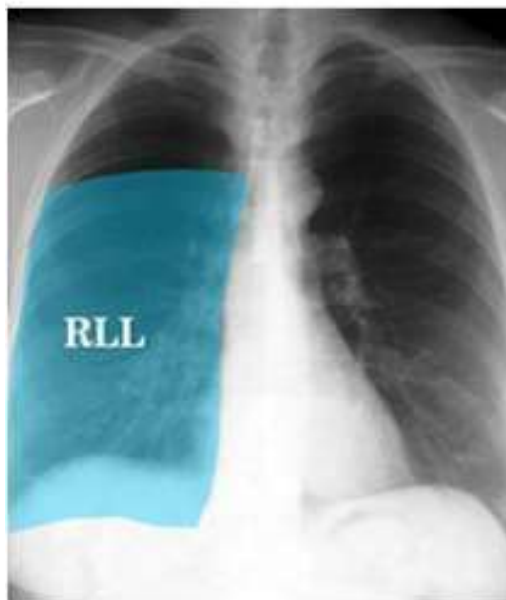
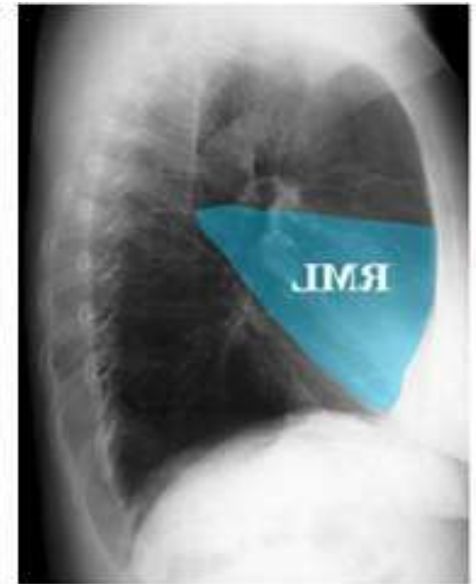
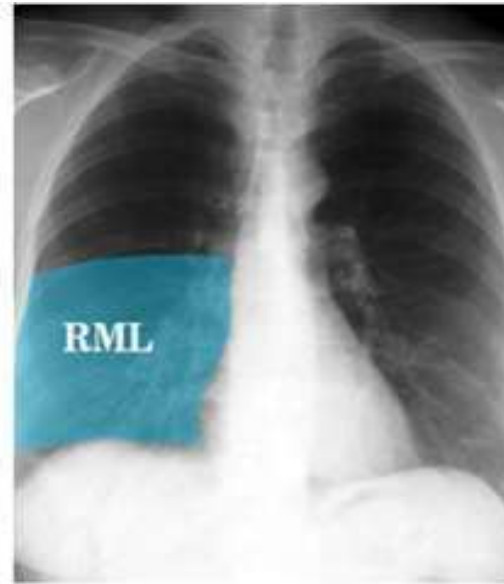
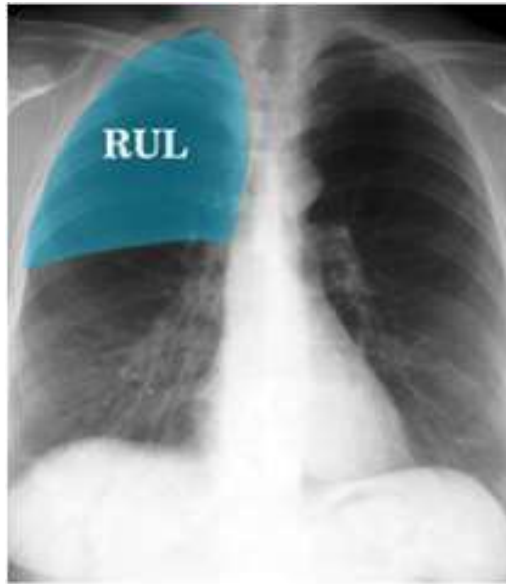
Lateral view



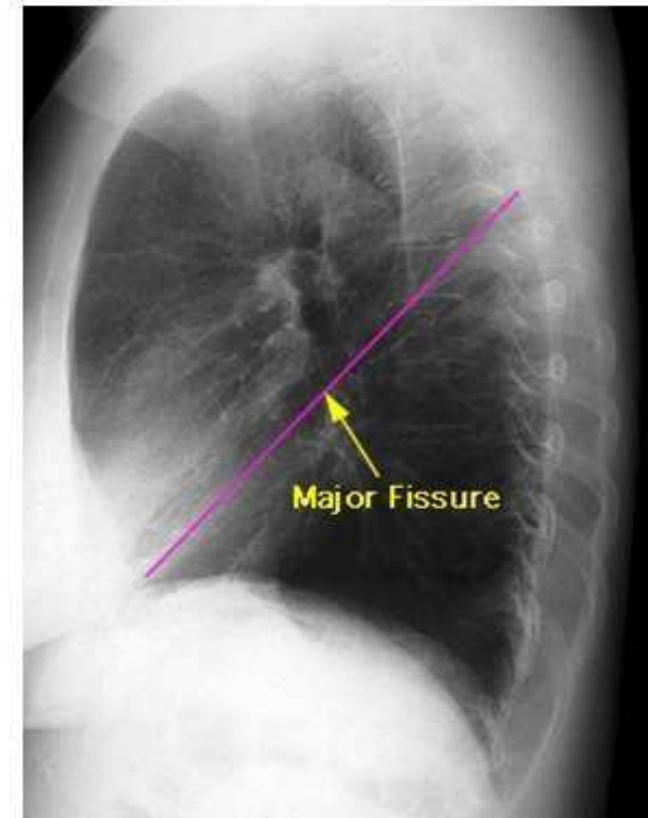
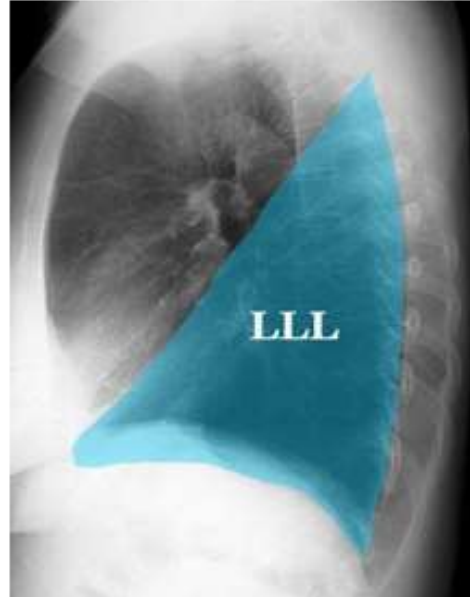
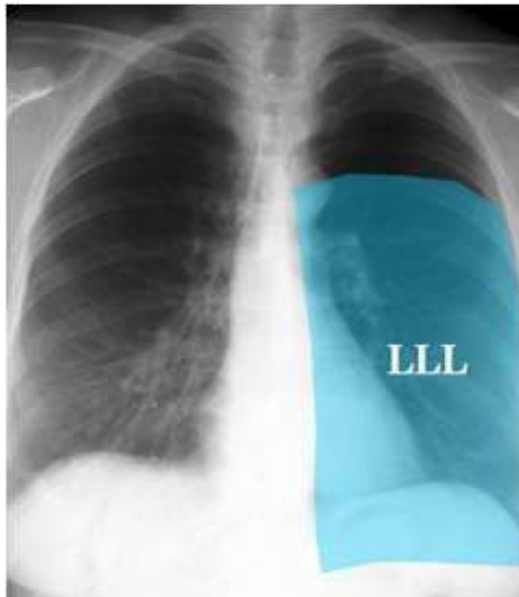
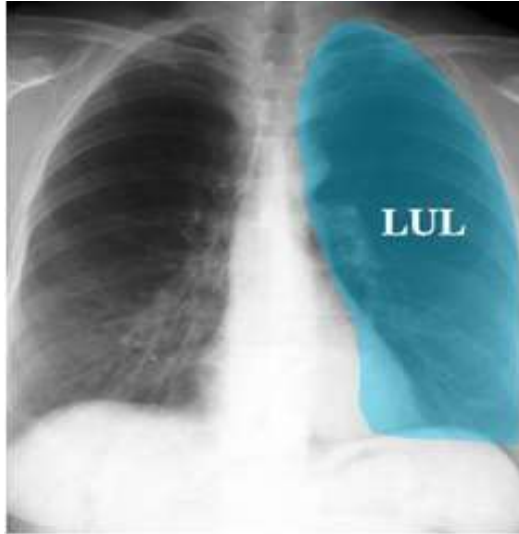
Airway



Right Lung Anatomy



Left Lung Anatomy



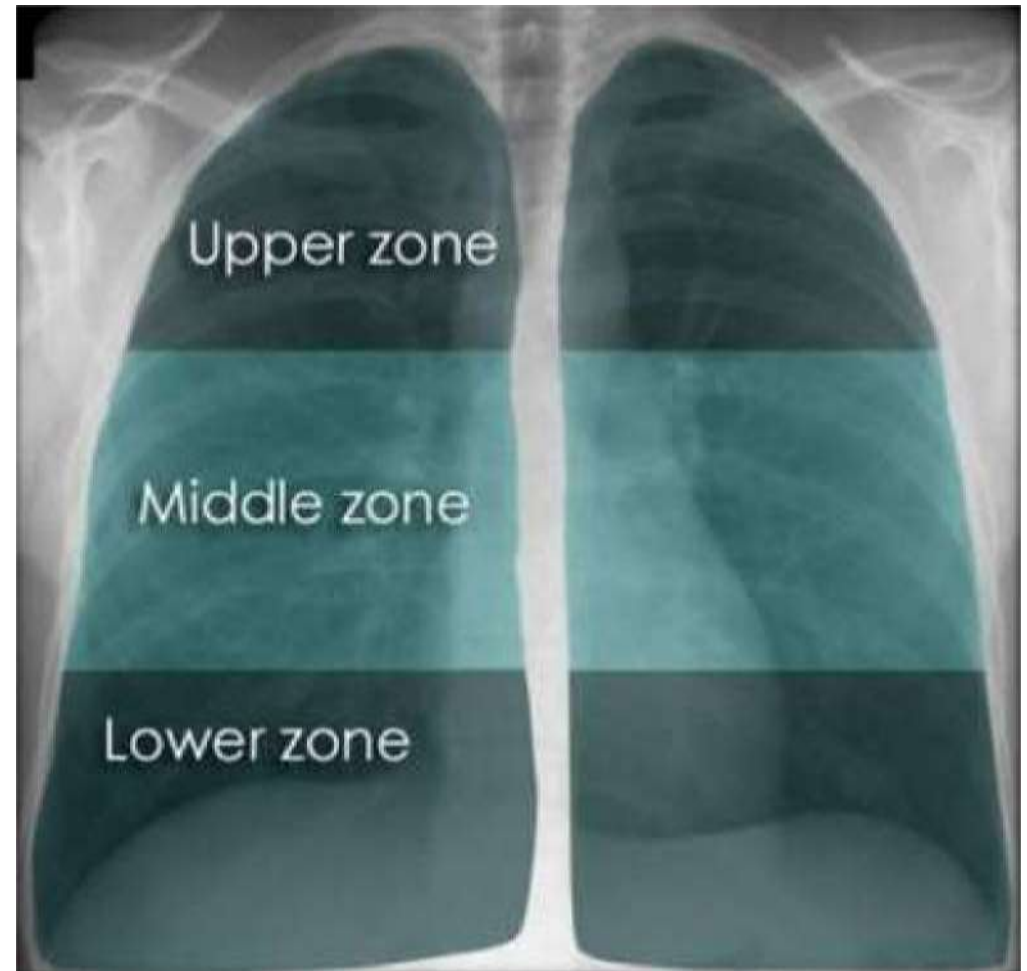
Lung Zones

Upper zone: above line through anterior end of 2nd rib

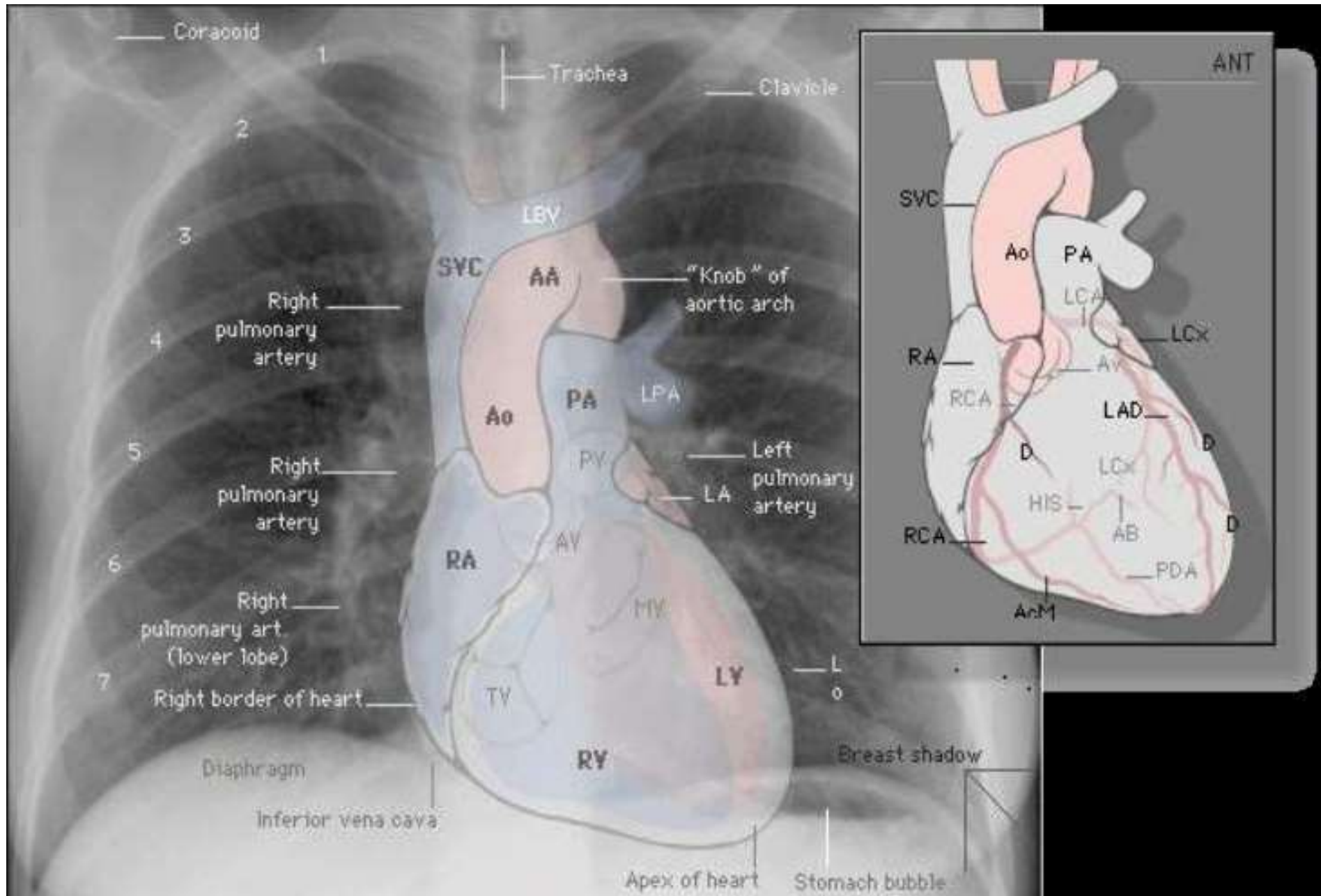
Middle zone: between upper zone and line through anterior end of 4th rib

Lower zone: below mid zone

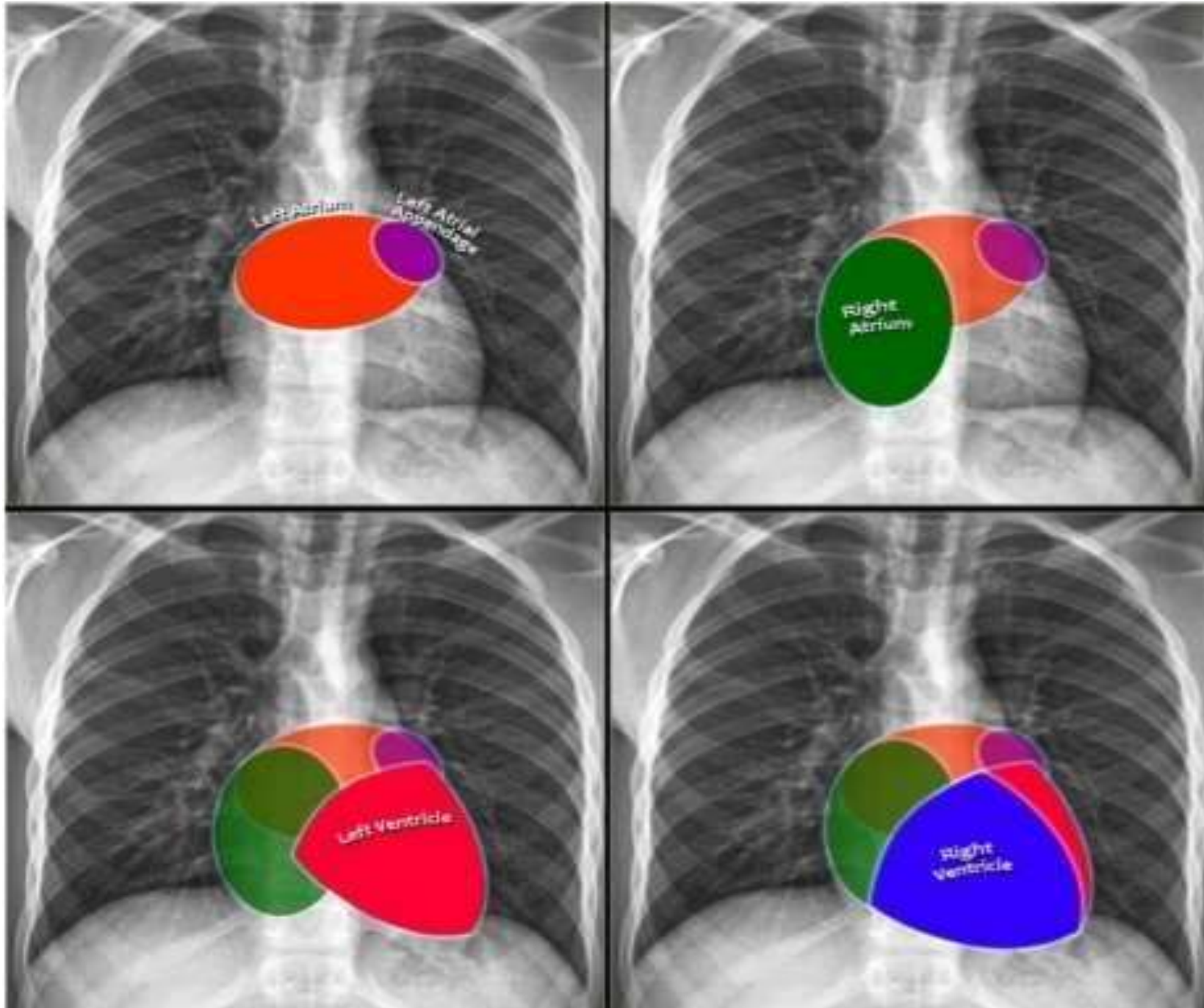
- Radiological zone doesn't usually correspond to lung lobe
- To see a lobe, always take a lateral film



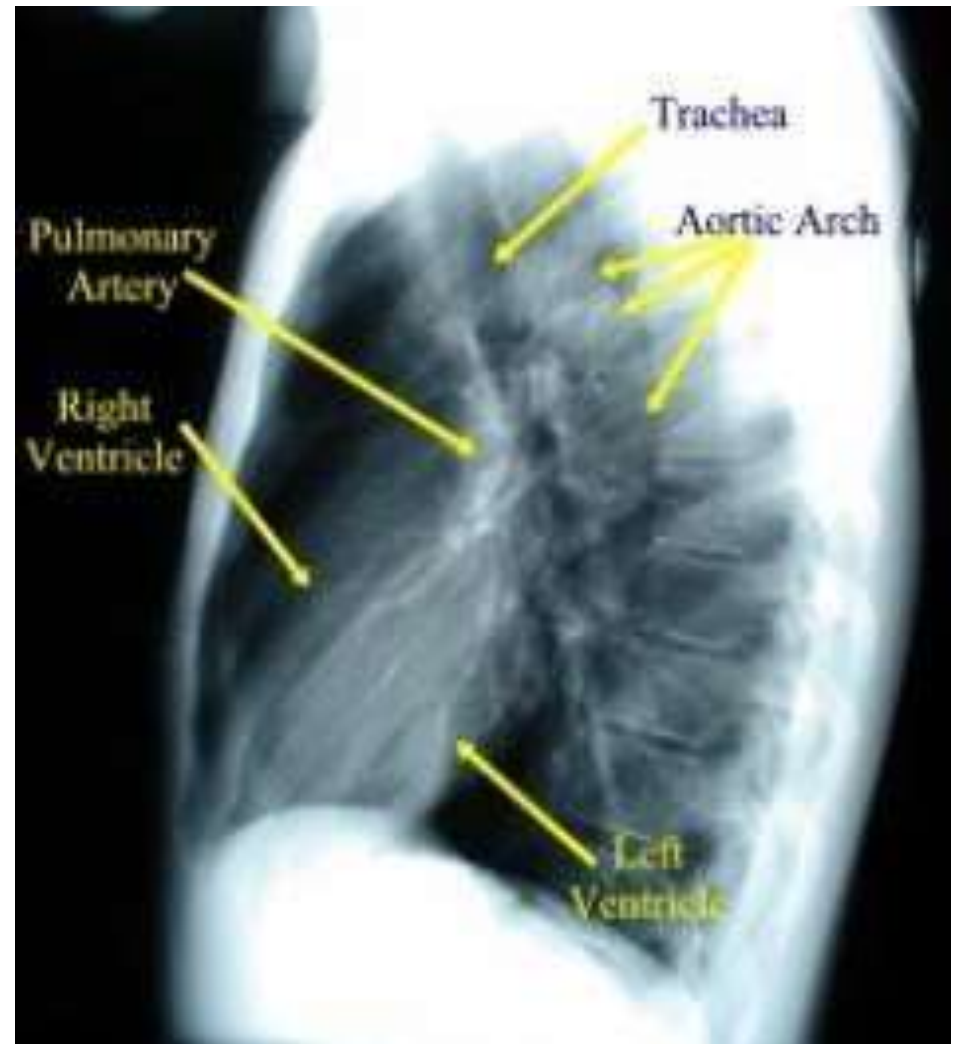
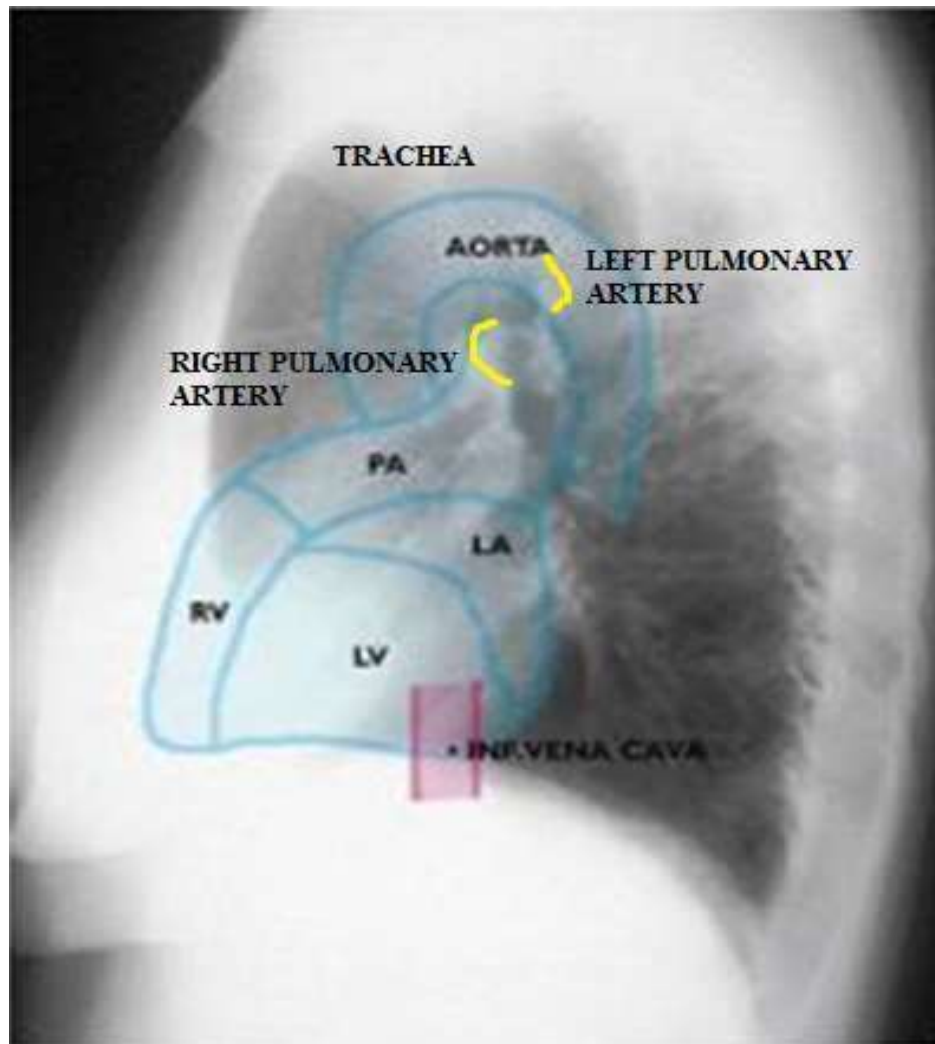
Cardiac Anatomy



Cardiac Anatomy

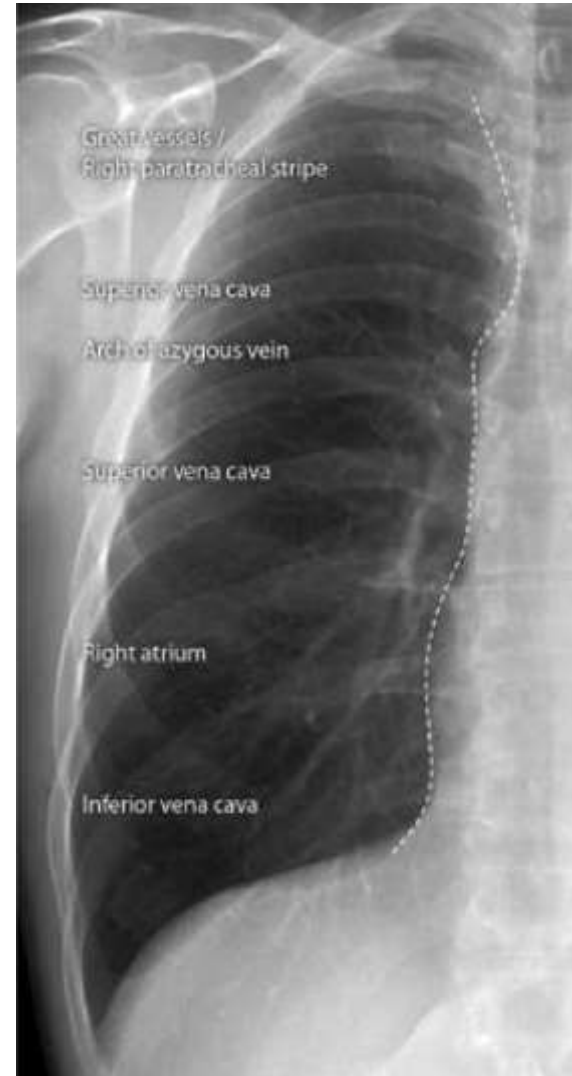


Cardiac Anatomy



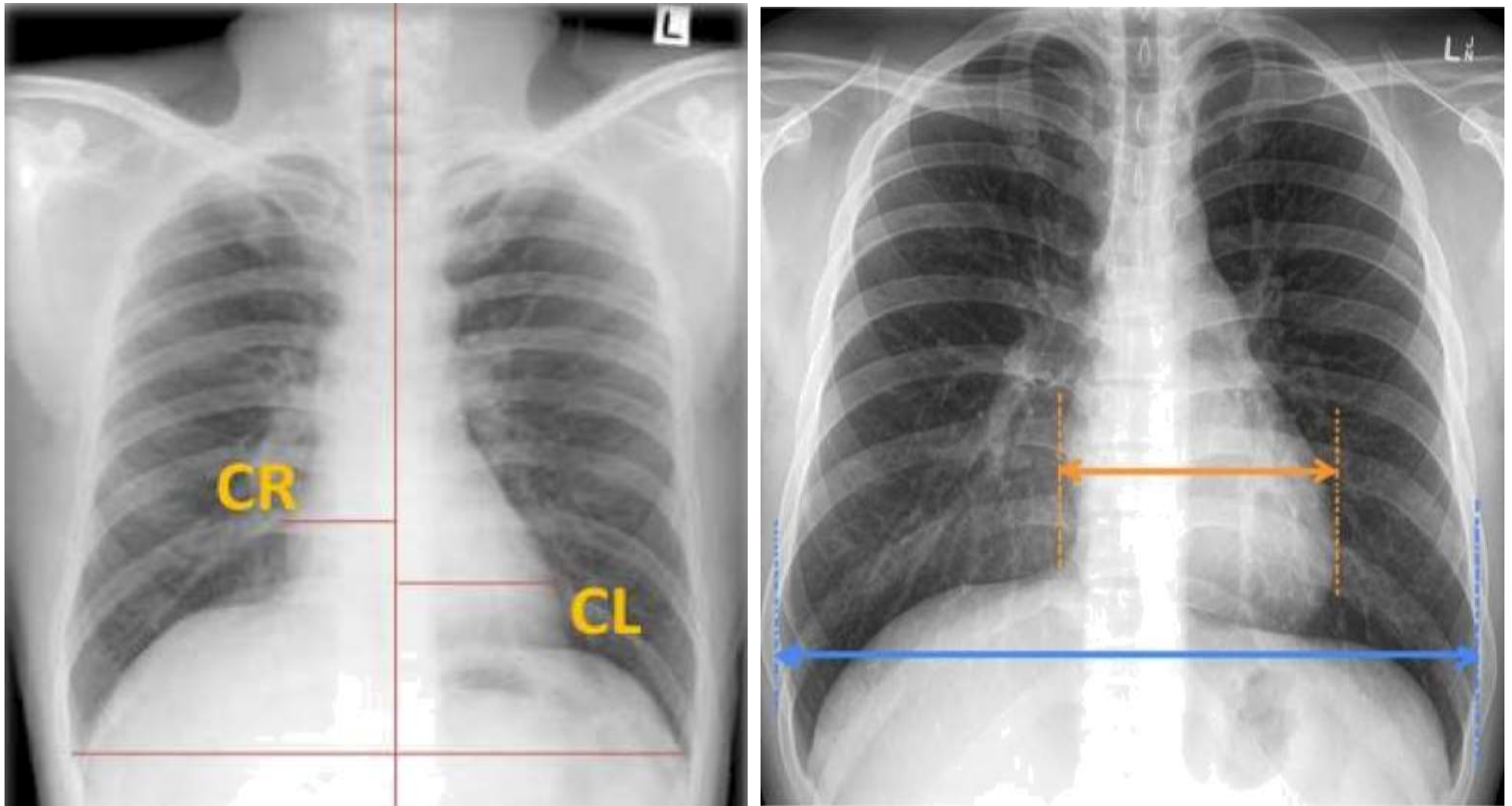
Silhouette sign

Lobe	Adjacent structure
RUL	Ascending aorta
RML	Right heart border
RLL	Right hemidiaphragm
LUL	Aortic knuckle Left heart border (lingula)
LLL	Left hemidiaphragm Descending aorta



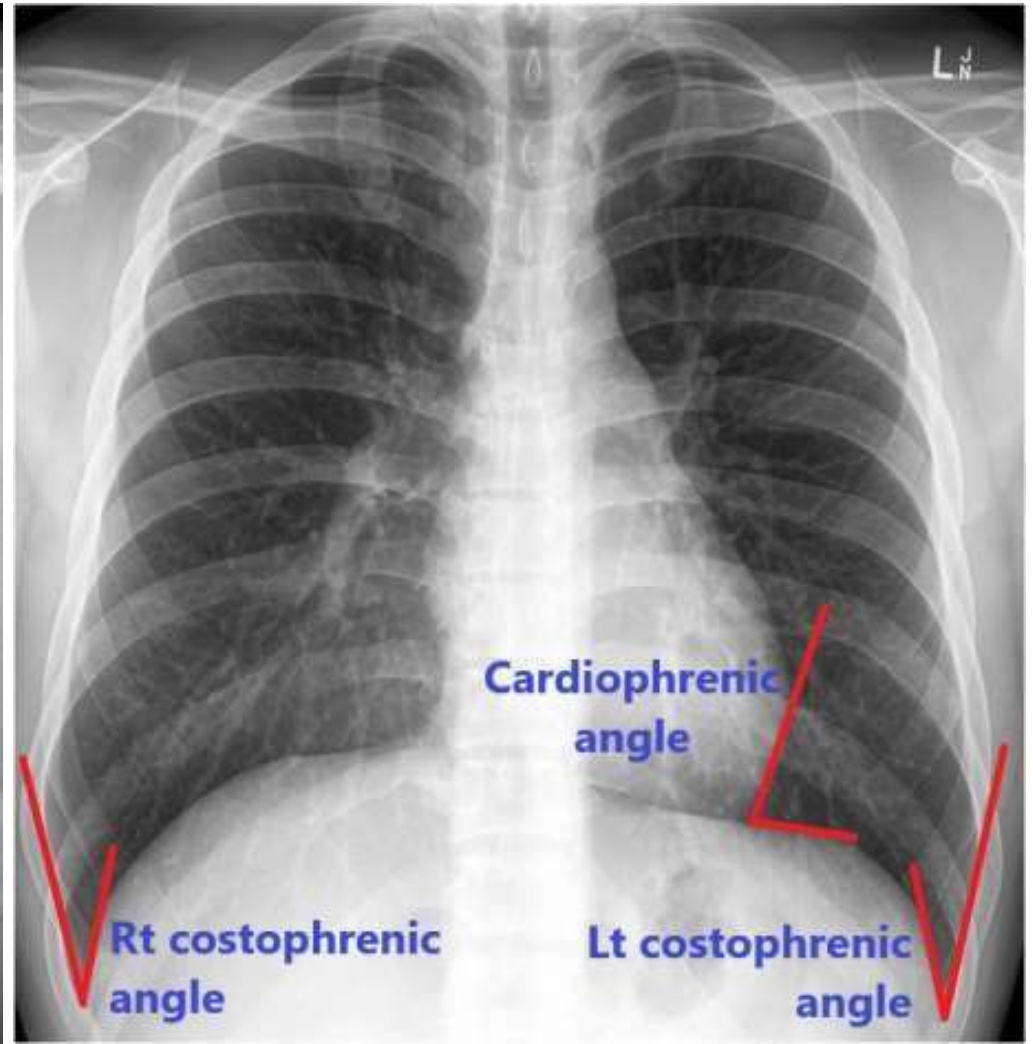
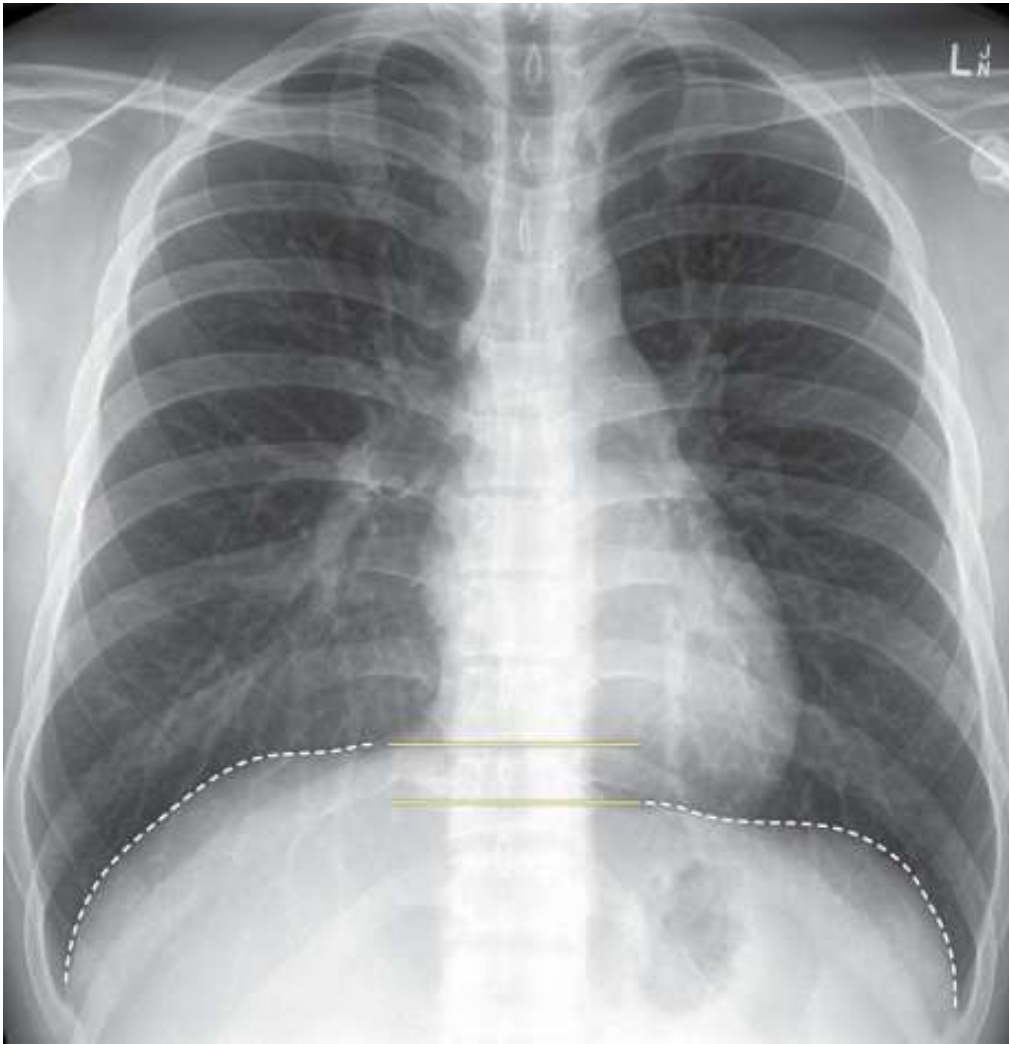
Cardio-thoracic Ratio

(PA view)



Normal CT ratio <0.5

Diaphragm



Hila

'trztch ea

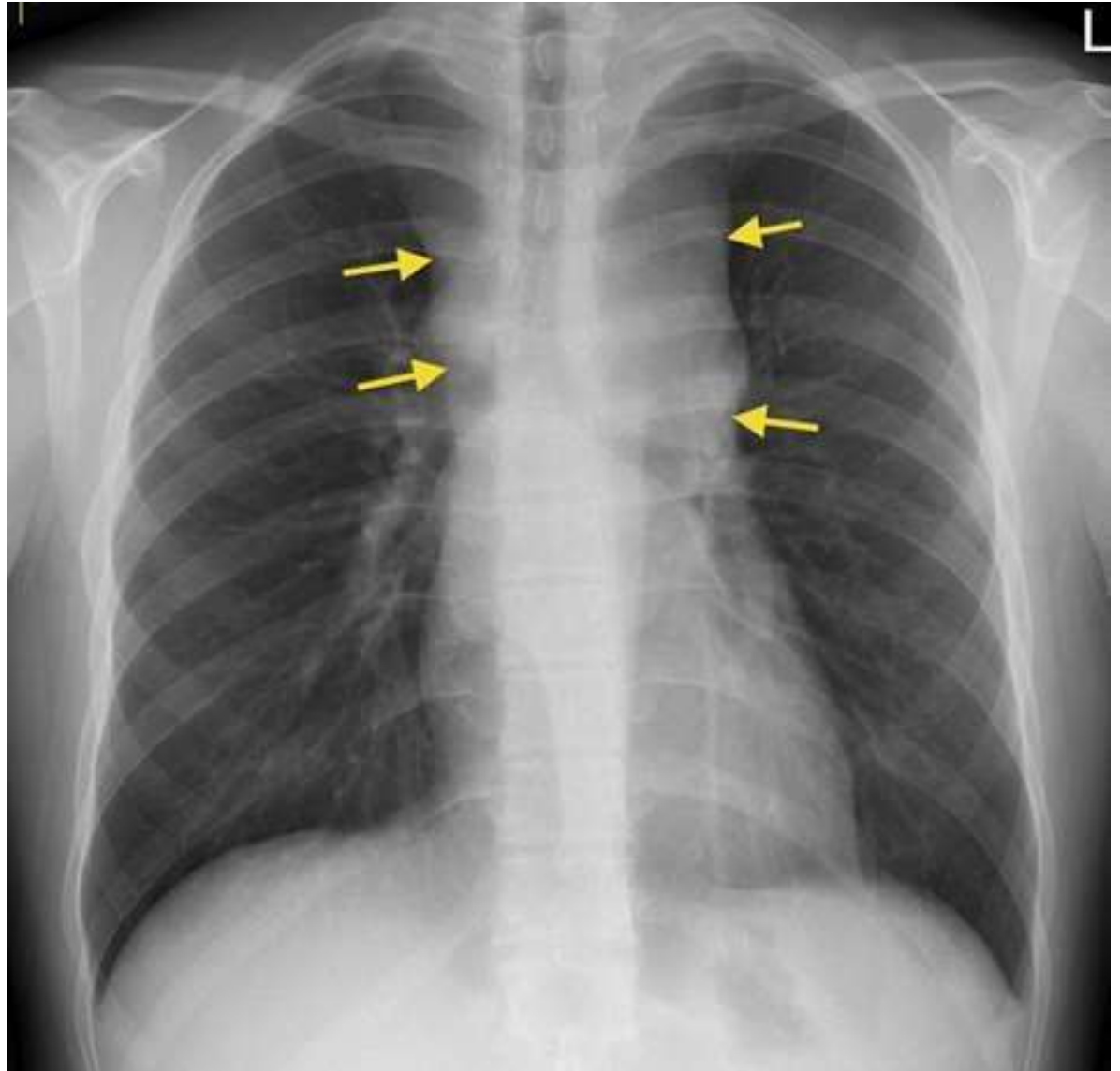
rig ht
pulmonat
artery

left
pulmonat"y"
artery

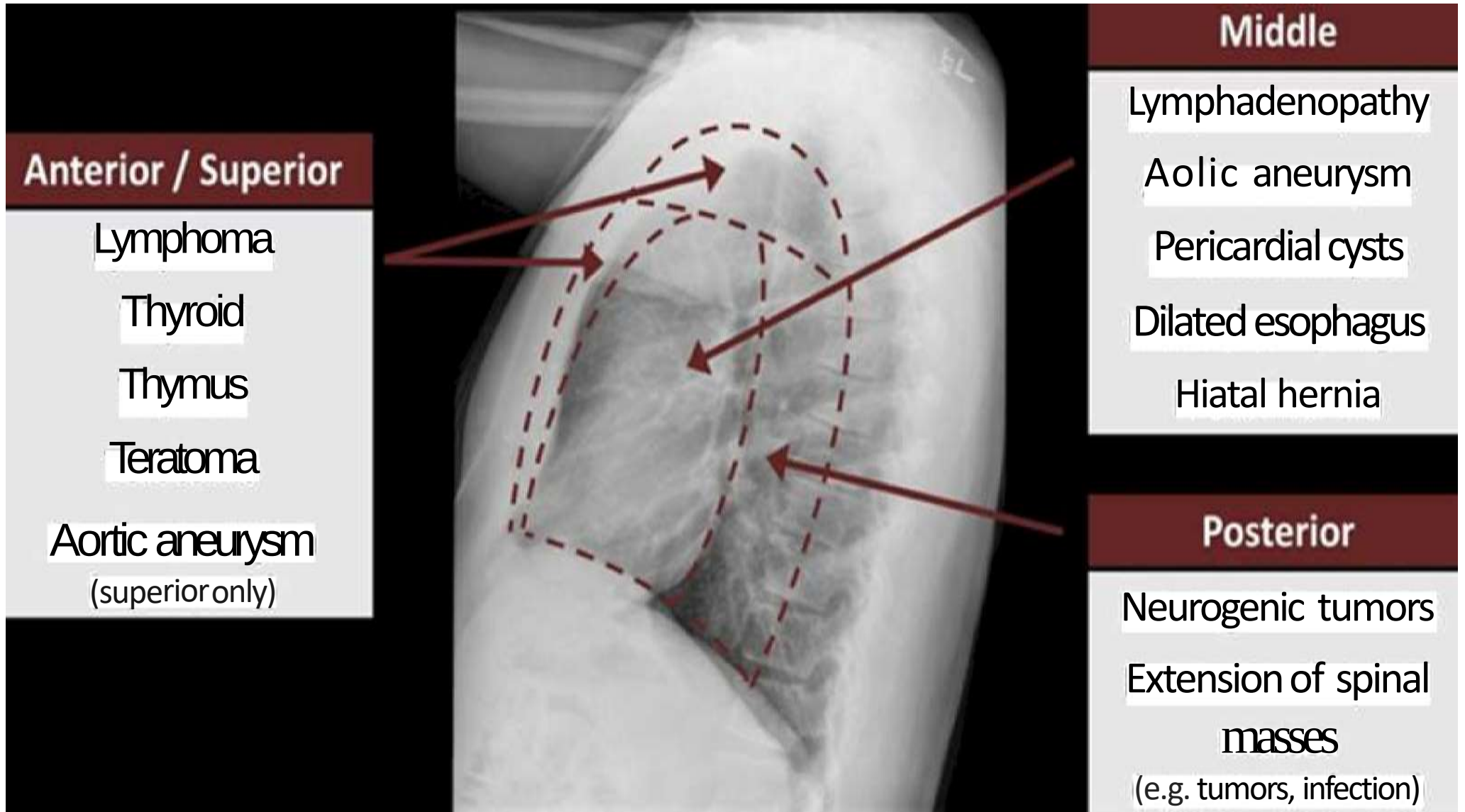
Mediastinal widening

Definition:

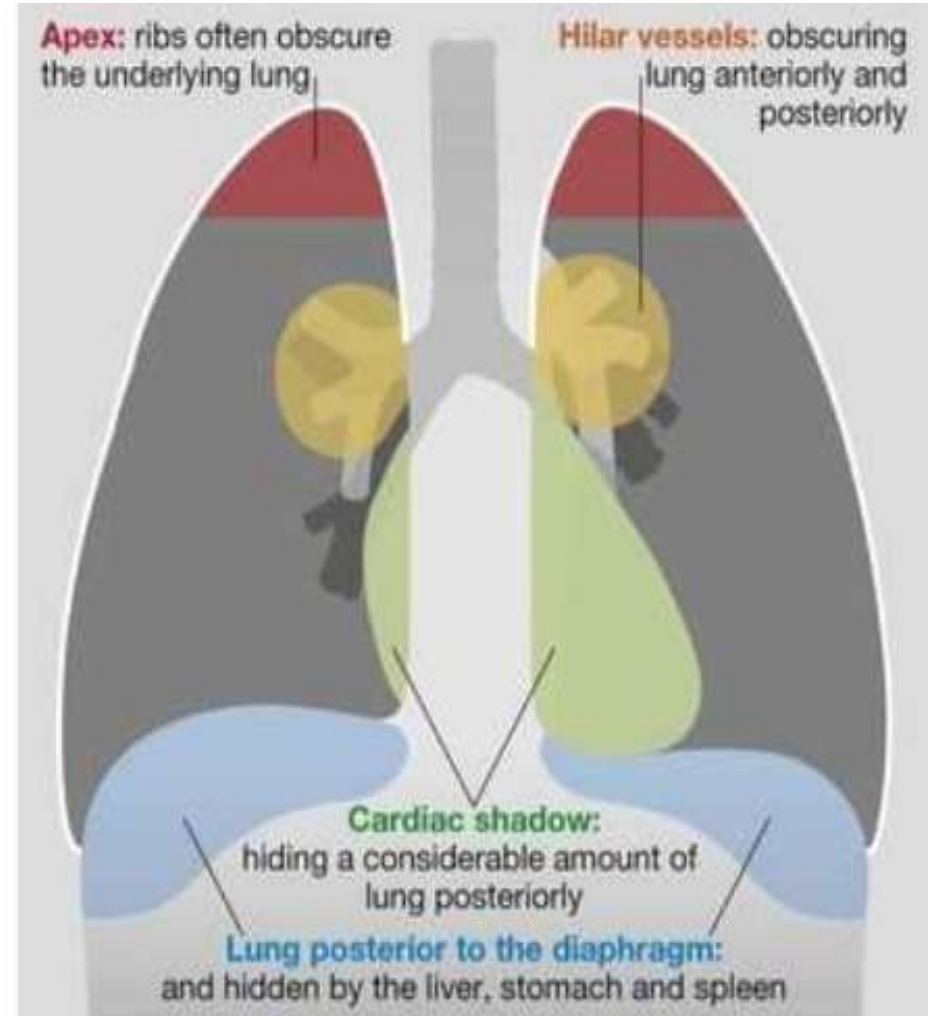
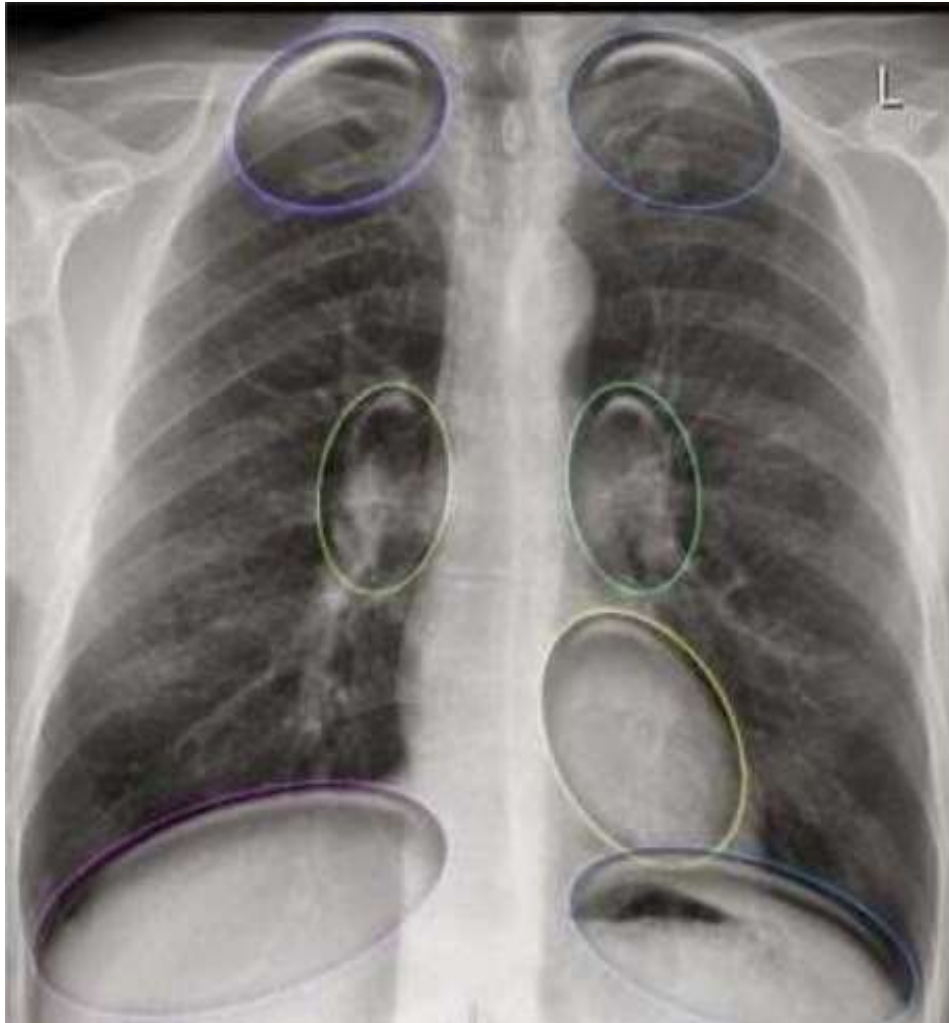
Mediastinum width greater than 6 cm on erect PA view or 8 cm on supine AP view



Mediastinal Masses



Hidden Areas



To sum up...the inside out approach

