



# LP 1

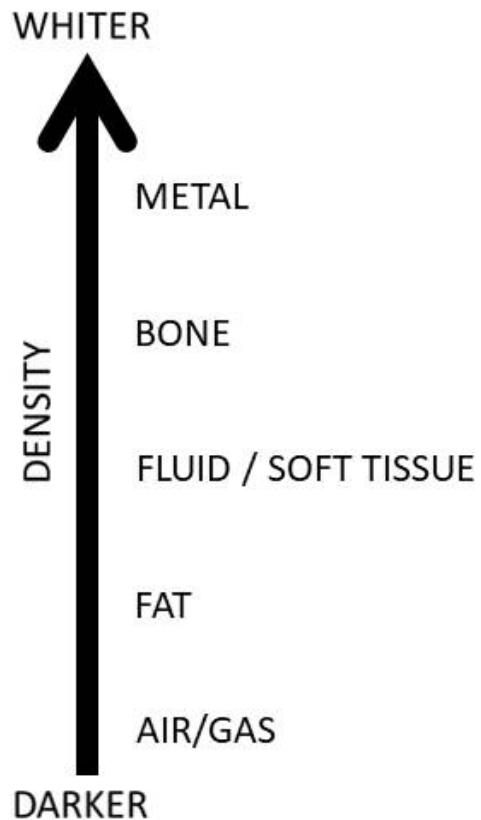




- ◆ DOSE
- ◆ CENTRALIZATION
- ◆ PATIENT'S DATA (NAME, AGE, SEX, SMOKING, OCCUPATION)
- ◆ CLINICAL HISTORY IN BRIEF



# Conventional Radiography



Chest radiograph



# PA POSITION/ORIENTATION

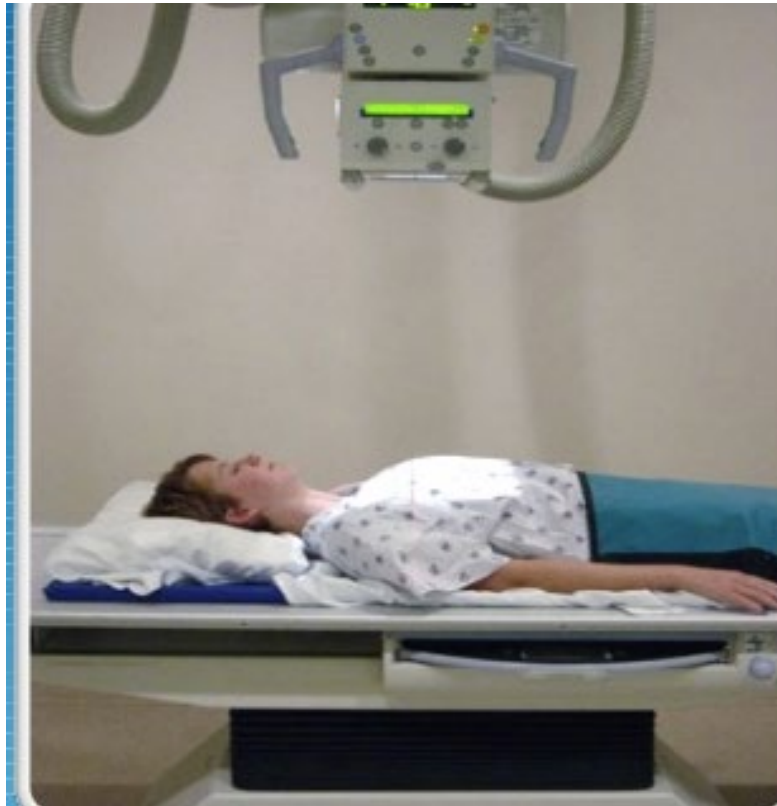
- Film label
- Aortic knuckle
- Waist of the heart
- Gas bubbles of the stomach



Scp=scapulae,  
Cl=clavicae,  
C1-C4a=anterior arch ribs C1-C4,  
C2-C4p=posterior arch ribs  
T=trachea  
VCS=superior cava vein  
APd=right pulmonary artery  
APs=left pulmonary artery  
AD=right atrium  
BAo=aortic knuckle  
VS=left ventricle  
HDdr/HDstg=right/left hemidiaphragm

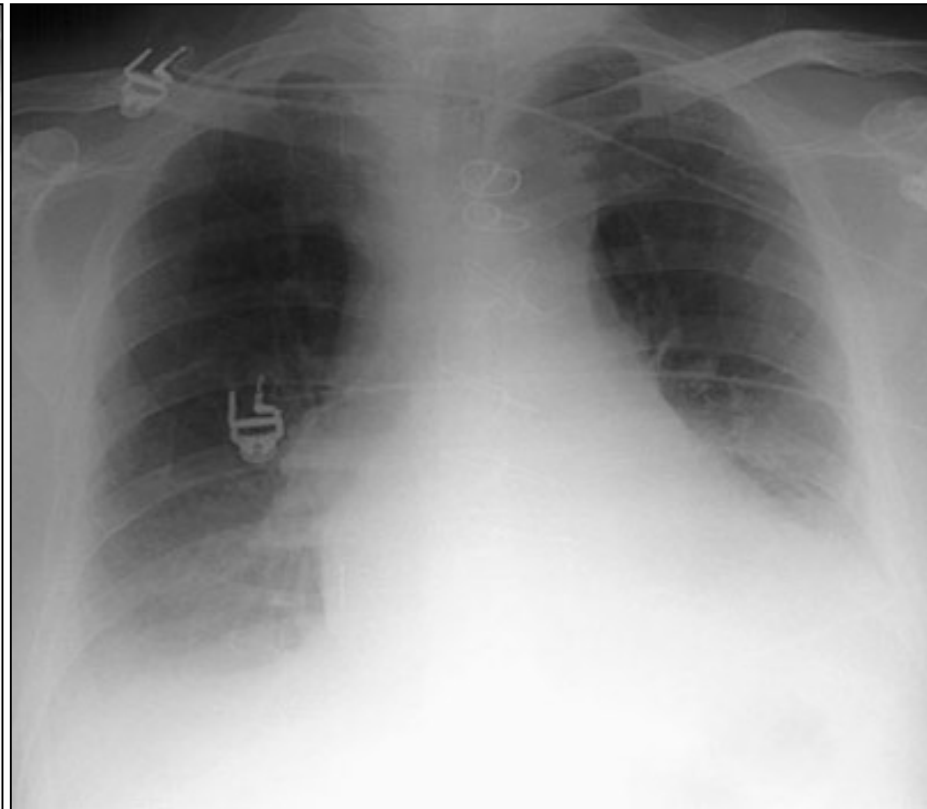


# AP POSITION/ORIENTATION





**PA**

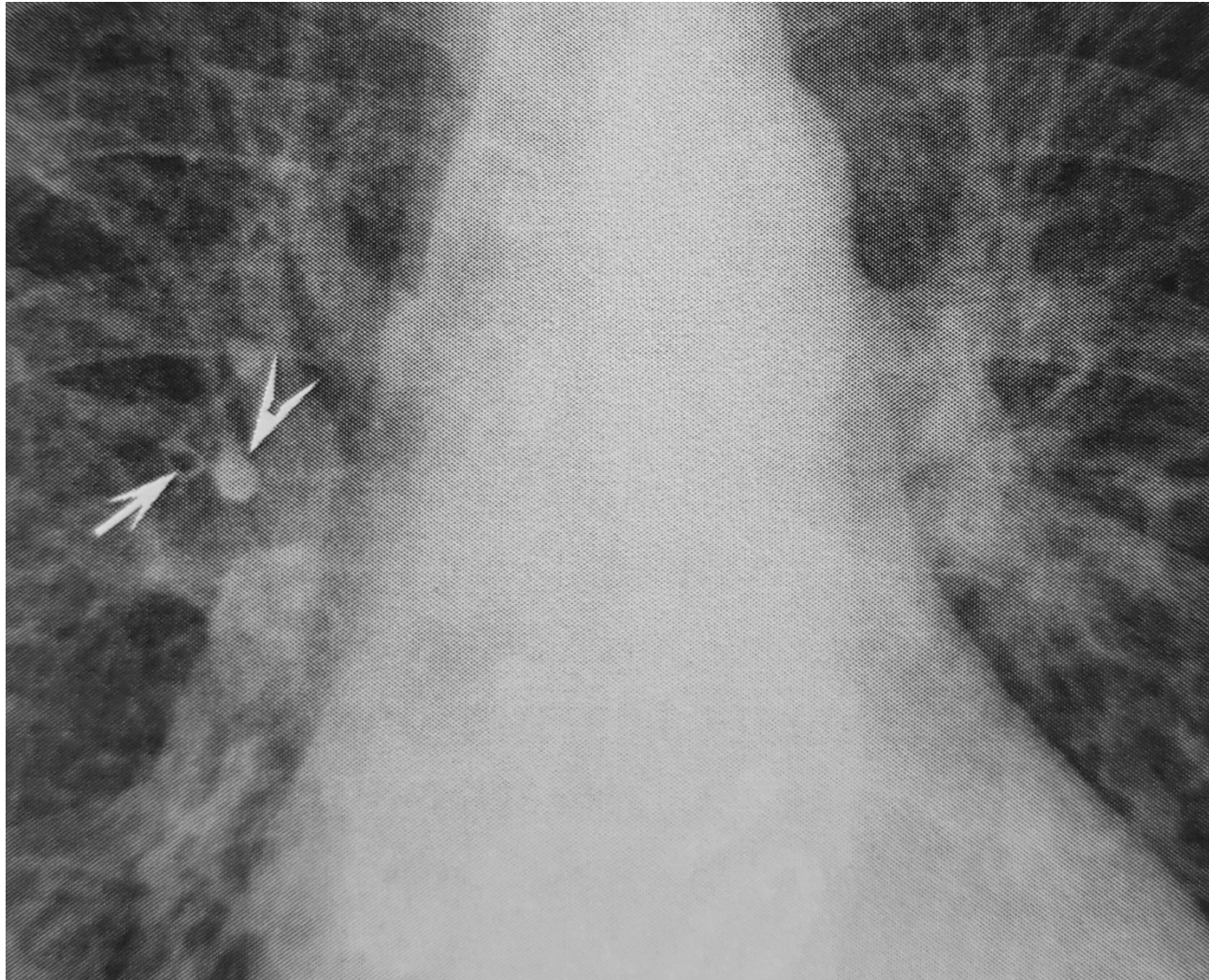


**AP**





# “BROKEN GLASSES”





# GENERAL CRITERIA

## Bit-by-bit checklist

- ▣ Trachea
- ▣ Mediastinum
- ▣ Heart
- ▣ Cardio-phrenic angles
- ▣ Diaphragm
- ▣ Costo-phrenic angles
- ▣ Lungs
- ▣ Bony cage
- ▣ Lateral film, if present
- ▣ Other findings





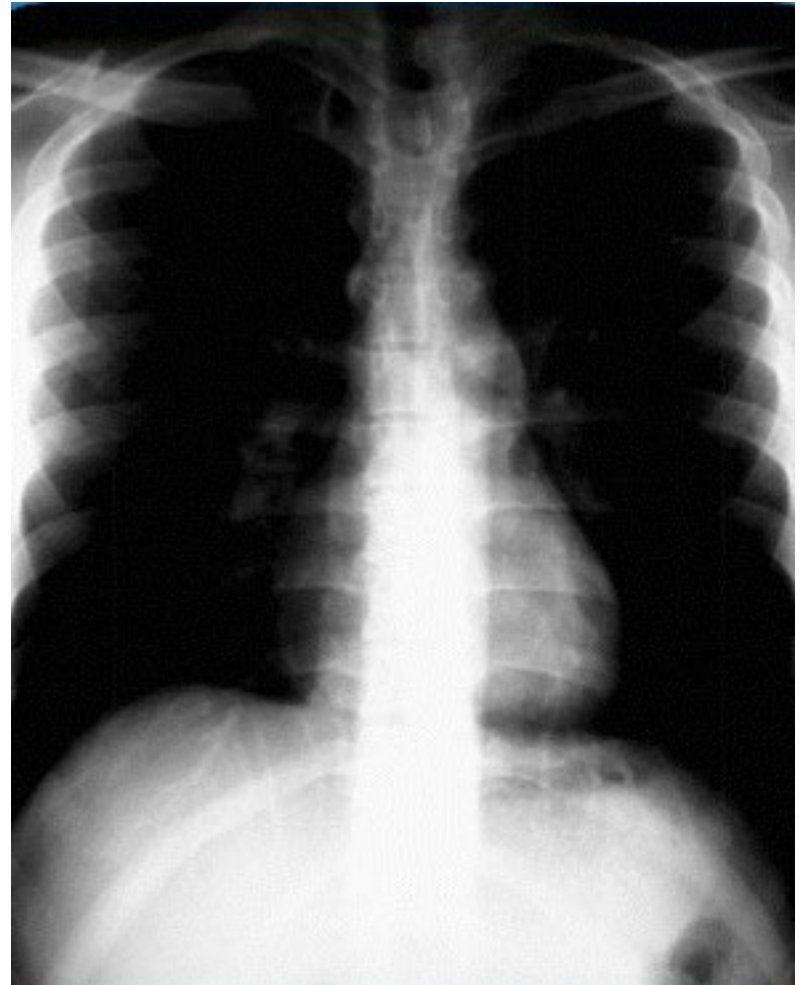
# GENERAL CRITERIA



- **Penetration** - through trachea transparency - only see the first three, four thoracic vertebrae - the dorsal spine is not seen due to mediastinal opacity
- An adequate **contrast** between lung fields radiolucency and mediastinal opacity
- **Centralization** - Sterno-clavicular joints (radiolucent joint spaces) must be equal and symmetrical and mediastinal opacity must be located on the midline
- The **scapulae** must not overlap the lung fields
- Lung fields must be contained entirely on the x-ray (including tops, bases, regions or costo-diaphragmatic sinuses);



# PENETRATION





# CHILD OR ADULT?



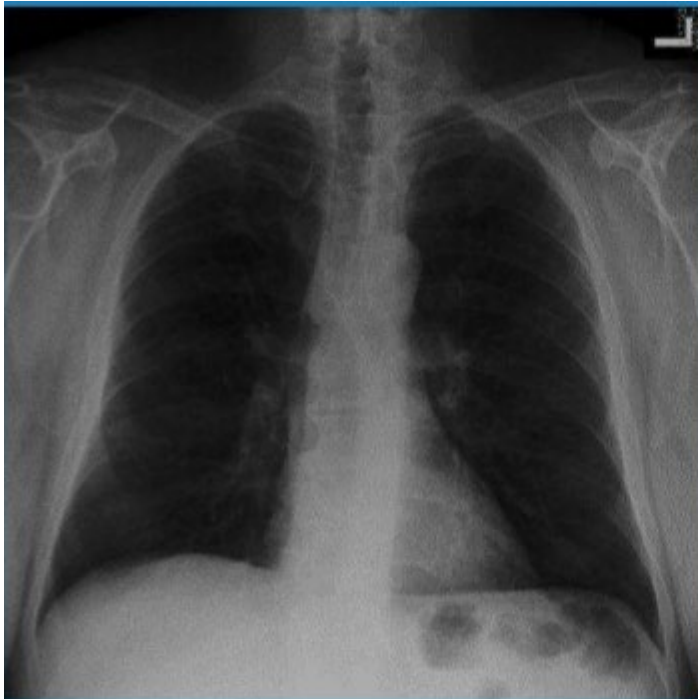
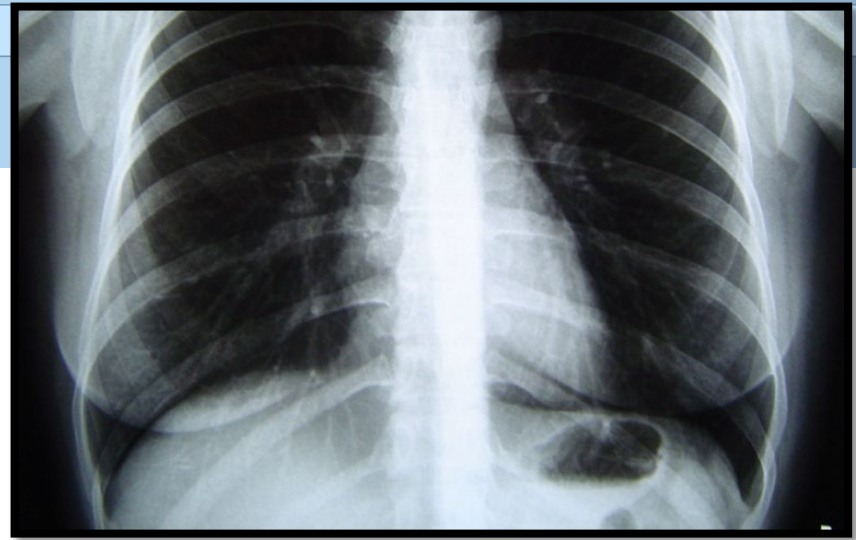
Child



Adult

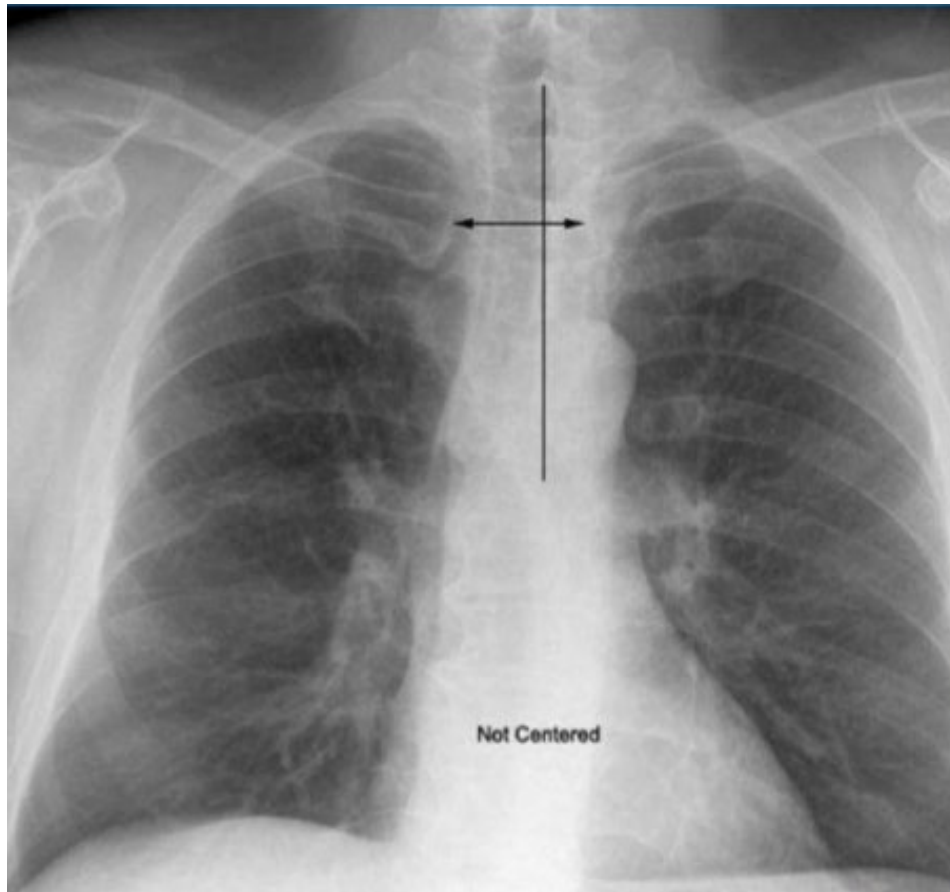


# MALE OR FEMALE?





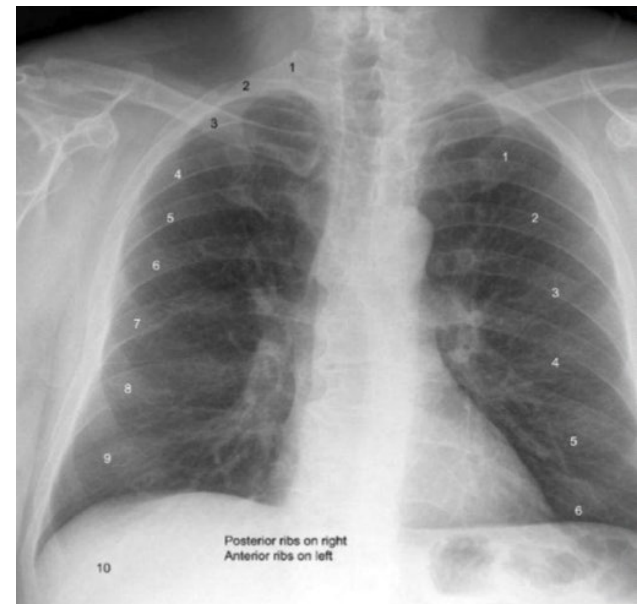
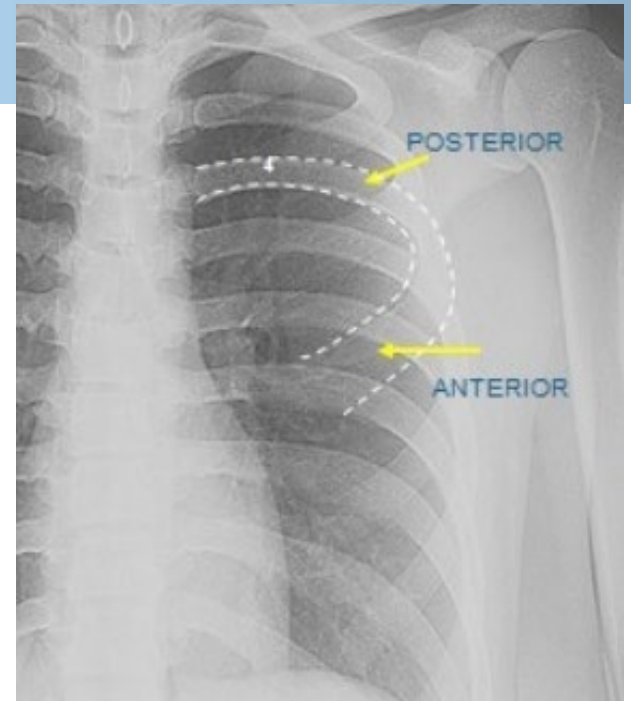
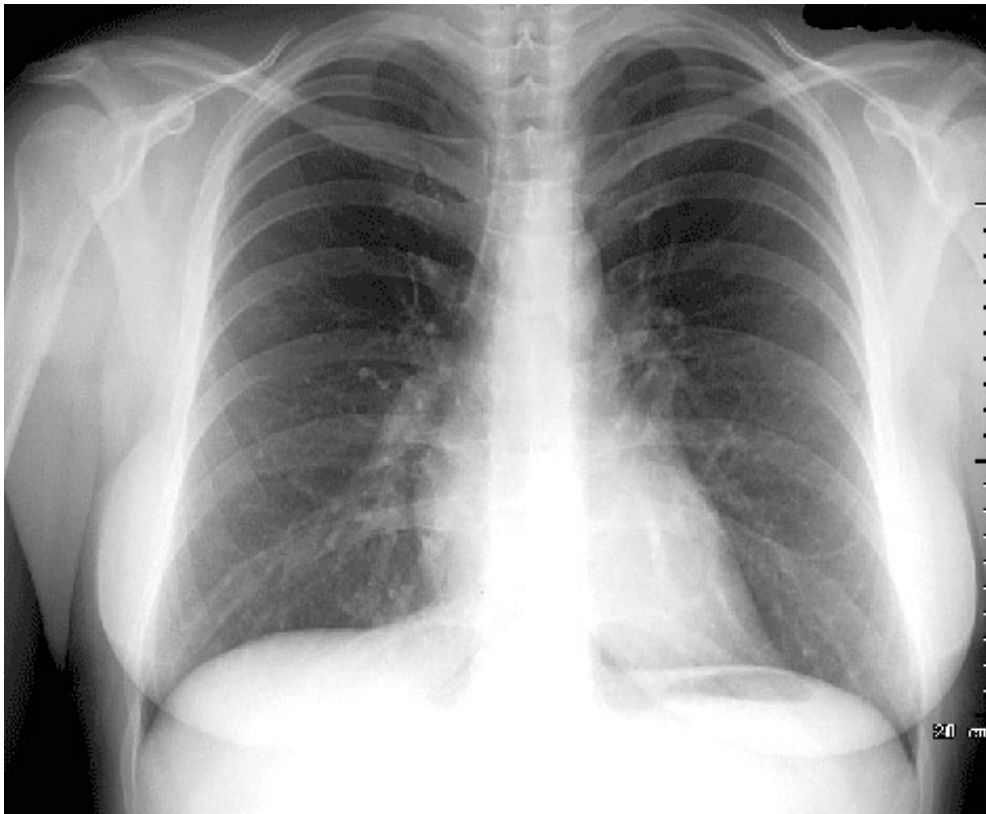
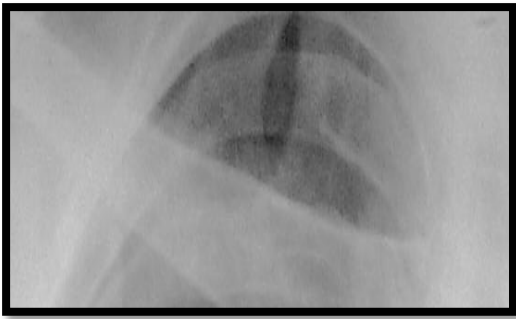
# CENTRALIZED OR ROTATED?

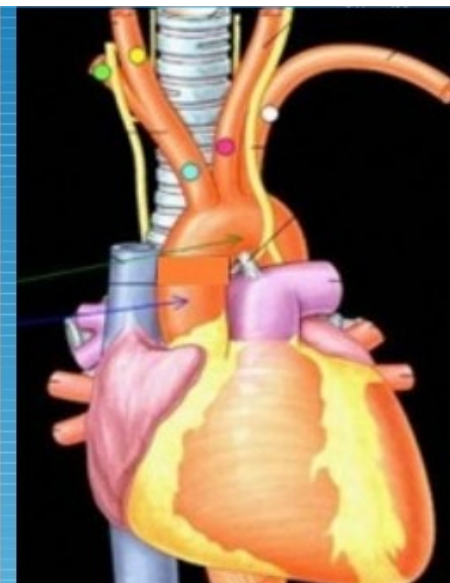
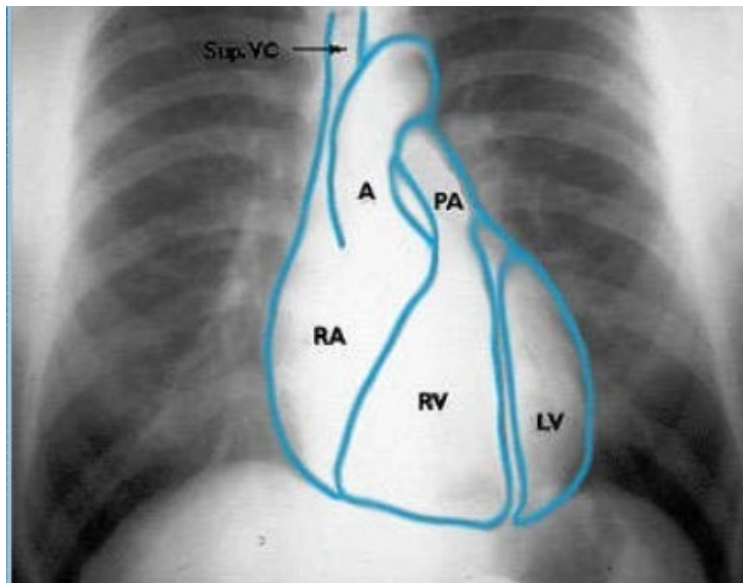
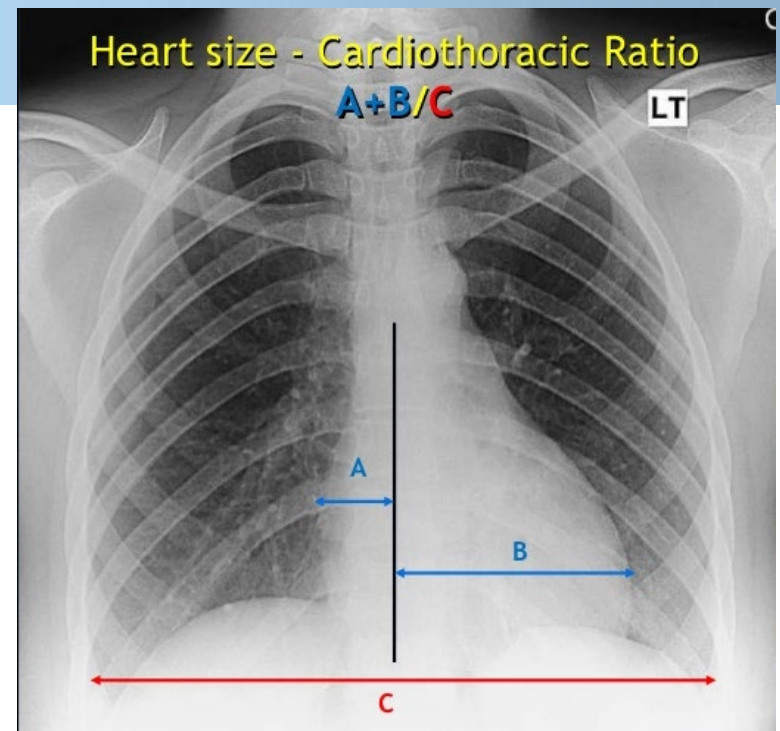
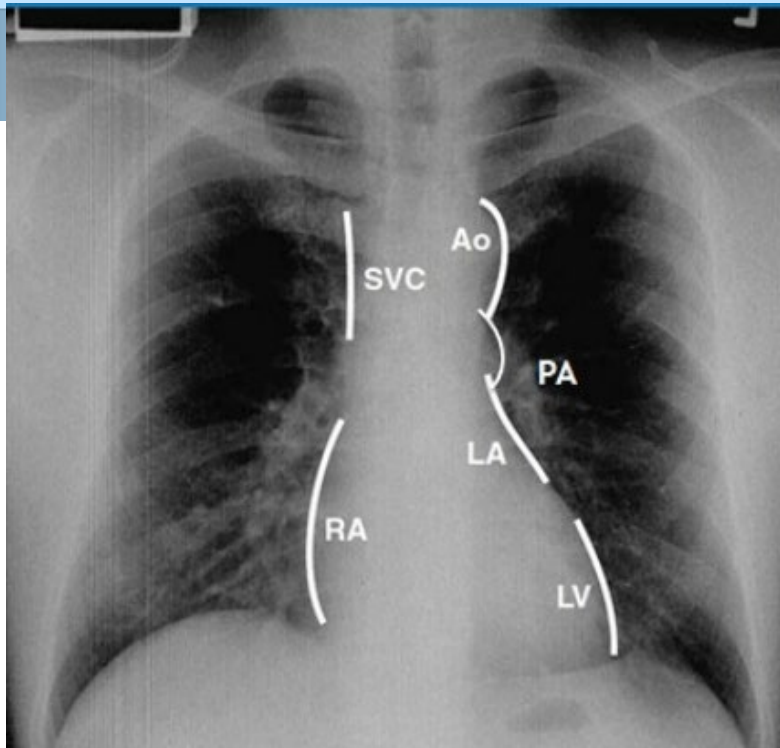






# NORMAL X-RAY







# LATERAL POSITION/ORIENTATION



SCRST=retrosternal space,  
SCRC=retrocardiac space,  
San=breast  
St=sternum  
VD=right ventricle  
AP=pulmonary artery  
AS=left atrium  
VS=left ventricle  
AoASC=ascending aorta;  
TAP=pulmonary artery trunk;  
AoCr=aortic cross  
HDS/HDD= left/right hemidiaphragma  
SCDP=posterior costo-diaphragmatic sinus

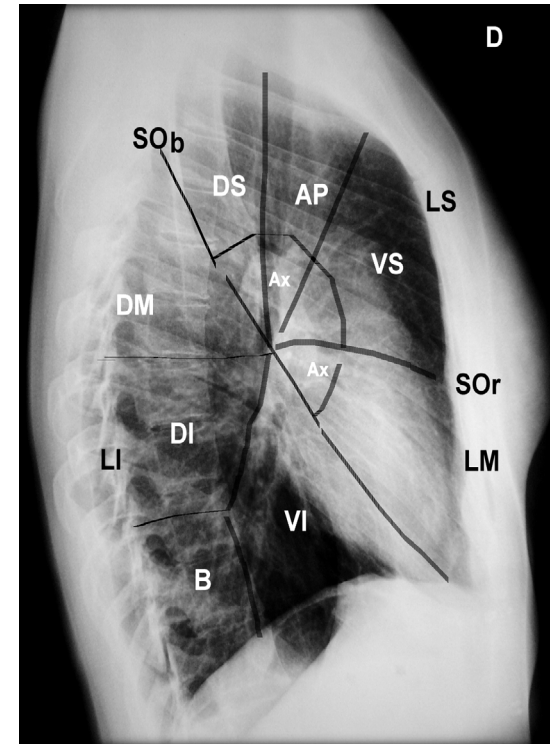
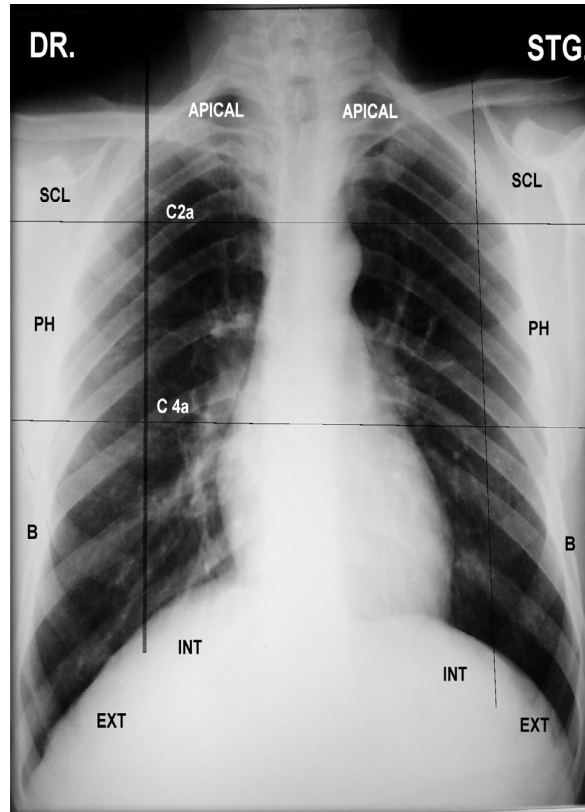




# SEMIOLGY OPACITY

## *Semiologic features:* **NFLDSICR**

- *Number*;
- *Form (SHAPE)*
- *Localization*
- *Dimensions*
- *Structure*
- *Opacity intensities*
- *Outline (contur)*
- *Relationship* with neighbouring structures

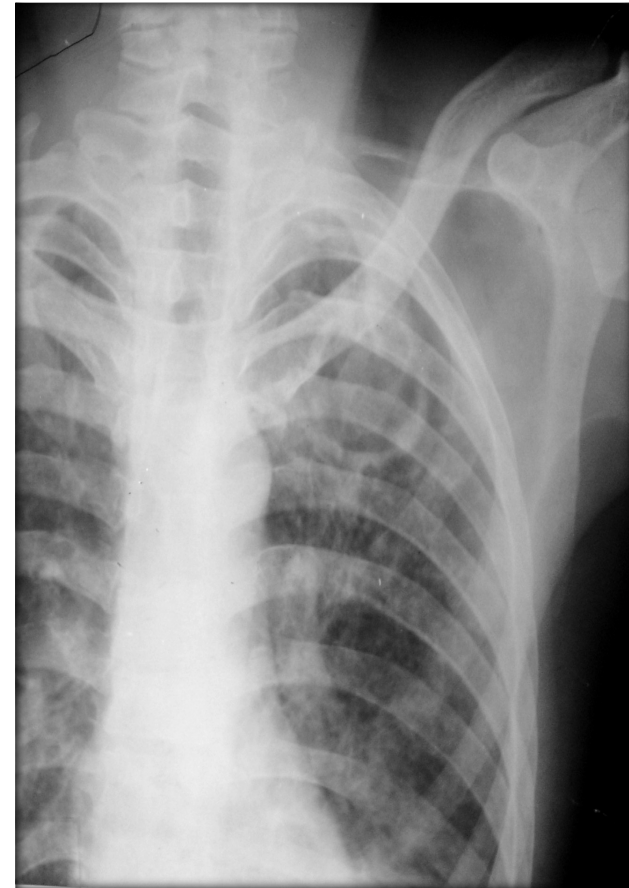






# SEMIOLOGY CIRCUMSCRIBED LUCENCY

- number
- localization
- dimensions
- form – round ones: air cyst, emphysema bulbs, tertiary cavity or irregular form: neoplastic cavities, growing bacillary cavities.
- opaque ring circumscribing the image: internal outline, external outline, thickness, its continuity.
- **Ring law** - the thicker the ring circumscribing a hypertransparence image, reduced intensity and more diffuse external outline, the more increased evolutive potential the lesion gets; if the ring gets a clear outline, thinner and more intense, evolutive potential is more reduced (chronic lesion).







# SEMIOLOGY MIXED LESIONS

- number
- localization
- dimension
- form – round/oval: unilocular abscesses, irregular – multilocular abscesses
- separation limit – horizontal or waved (opened hydatid cyst).

