

# [Learning radiology chapter 2](https://assignbuster.com/learning-radiology-chapter-2/)

BronchiThese are invisible on plain-film because they are thin walled, filled with air, and surrounded by air. Minor and major fissuresThese are formed by enfolding of the visceral pleura. Usually no thicker than a line drawn with the point of a sharpened pencil. ONLEARNING RADIOLOGY CHAPTER 2 SPECIFICALLY FOR YOUFOR ONLY$13. 90/PAGEOrder NowLateral Chest X-RayThe retrosternal clear space, hilar region, fissures, thoracic spine, diaphragm, and posterior costophrenic sulci are the five key areas of this imaging type. Retrosternal clear spaceLucency behind the sternum and anterior to the aorta. Fills when mediastinal mass is present. No discrete hilar massNormally, this is seen in a lateral chest x-ray. 5th thoracic vertebra, few centers behind the sternum on the diaphragmBoundaries of the major fissures are from this vertebra to what point? fluid or fibrosisCauses of thickening of the fissures on a chest x-ray. parallelThe vertebral bodies in a lateral chest x-ray should be this. Becomes slightly taller or remains the sameEach intervertebral disk does this when compared to the one above it on a lateral Chest x-ray. Right hemidiaphragmThis hemidiaphragm is normally higher than the other and it extends all the way from anterior to posterior. Left hemidiaphragmThis hemidiaphragm is silhouetted by the heart, so it doesn't reach fully anterior to posterior on lateral film. It's usually lower than the other hemidiaphragm. 75 cc or lessAmount of fluid necessary to blunt the costophrenic angle on lateral film. 250-300 ccAmount of fluid necessary to blunt the costophrenic angle on frontal film. penetration, inspiration, rotation, magnification, angulation (PIRMA)The five technical factors affecting chest radiograph adequacy. PenetrationAdequate if the spine is visible through the heart. InspirationAdequate if at least eight to nine posterior ribs are visible. MagnificationSeen in AP films (portable chest x-rays), making the heart appear larger. AngulationBased on the S-Shape of the clavical which should superimpose on the 3rd or 4th rib. Posterior ribsImmediately more apparent to the eye on frontal chest radiographs. horizontalOrientation of posterior ribs. Vertebral bodiesEach pair of posterior ribs attach to these. Anterior ribsMore difficult to see on frontal chest radiographs. Downward toward the feetAnterior ribs are oriented this way. SternumAnterior ribs attach to this or to eachother with cartilage, which may not be visible until later in lige when the cartilage may calcify. Compare to previous studyWhat is the solution to interpreting a rotated chest x-ray image? AP viewThe heart is magnified in this type of chest x-ray. Closer to the cassetteObjects in a chest x-ray are truer to their actual size if they are this. Portable chest x-raysThese studies are almost always AP. less magnificationHow does greater distance affect magnification in a chest x-ray? Apical lordotic viewResults from taking x-rays in hospitalized patients in beds. x-ray beam may enter the thorx with the patient's head and thorax tilted backwards. Anterior structures appear higher than posterior structuresWhat does the apical lordotic view do to anterior and posterior structures?