

Radiography Positioning (Lect 2)

Chest Imaging Projections

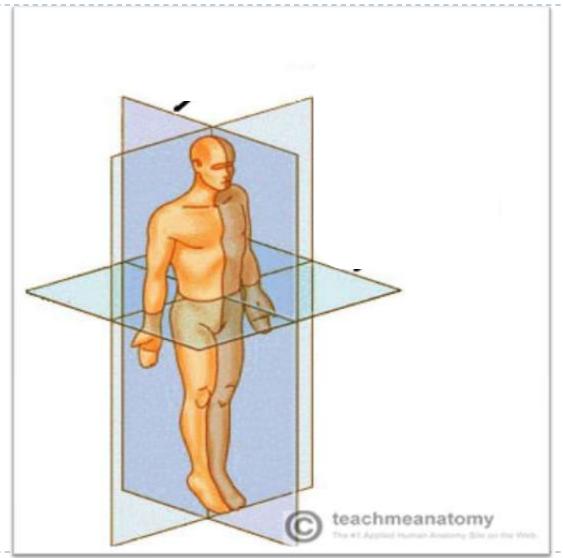
By

Dr. Ahmad Mokhtar Abodahab

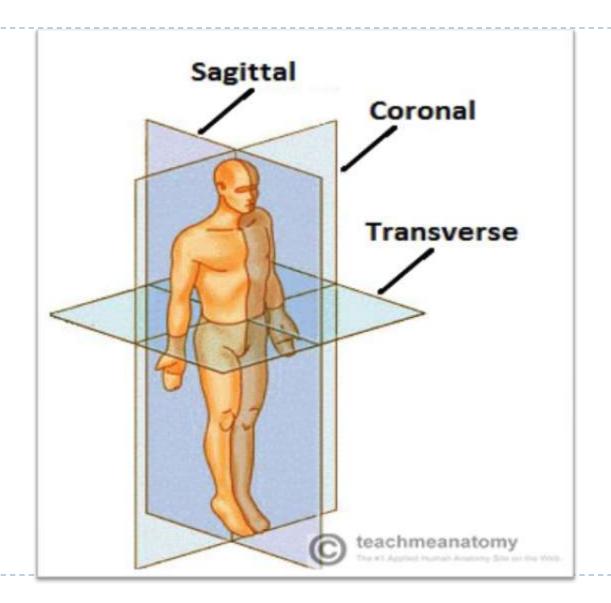
Review Of Previous Lecture (10 min)



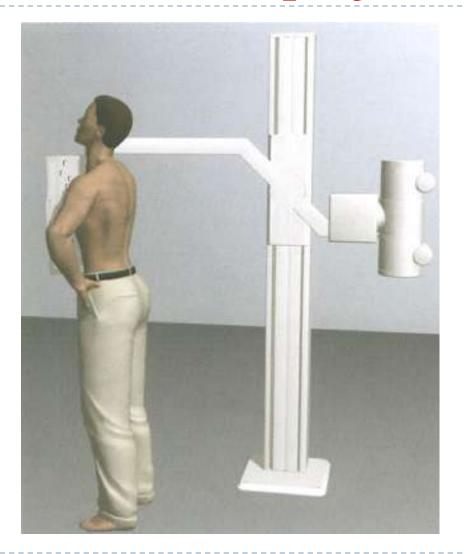
Q 1 Mention Body Planes



A 1



Q 2 What is this projection?



A 2



CXR

Postero – Anterior View

Q 3 Imitate Rt Posterior Oblique



A 3



Rt Posterior Oblique

Patients able to stand

- I. Chest PA,
- 2. Chest lateral,

Patients unable to stand but able to sit

- 3. Chest AP,
- 4. Chest lateral, page 9.

Patients <u>lying down</u>, unable to stand or sit

5. Chest AP, page 10.

Other additional views

- 6. Chest apical (lordotic) AP,.
- 7. Chest lateral decubitus AP or PA,.

RIBS

A Chest PA I, or a Chest AP 3, or a Chest AP 5, as described above must always be taken first.

Patients able to either stand or sit

8. Ribs oblique AP,

Two views to be taken

Patients lying down, unable to stand or sit

9. Ribs oblique AP,

INFANTS (10-15 kg) LUNGS AND HEART

10. Chest AP erect,

II. Chest AP supine,



Chest X ray Projections

Mandatory	Additional
I-	I-
2-	2-
3-	3-
4-	4-
5-	5-

1111111- CXR PA Erect



CHEST PA Standing erect BASIC

Cassette size

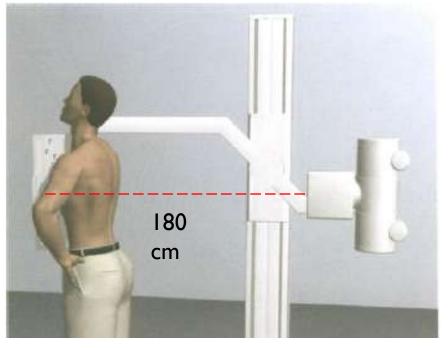
35×43 cm (14×17 inches)

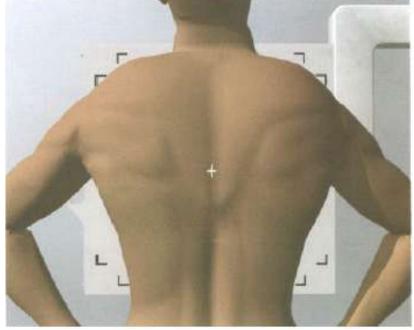
35×35 cm (14×14 inches)

24×30 cm (10×12 inches) for a child

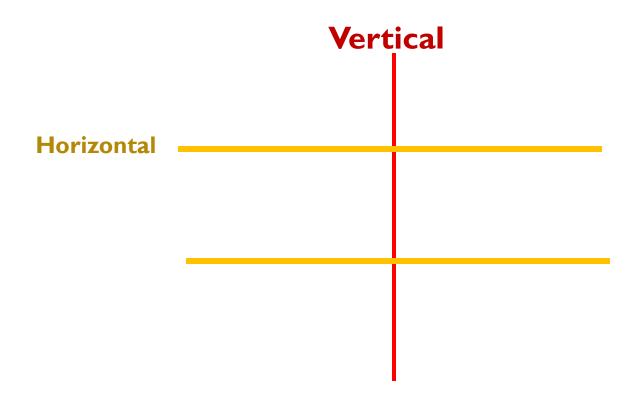
Use a Right or Left marker

Exposure values	kV	mAs average	m As range
Adult	120	2–2.5	1–12
Child	90	1.6–2	1–4



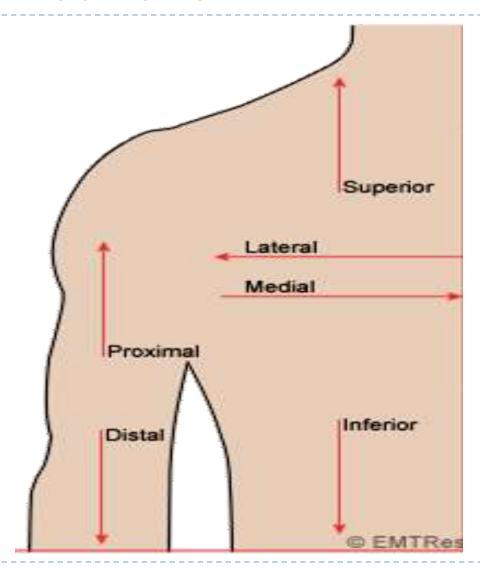


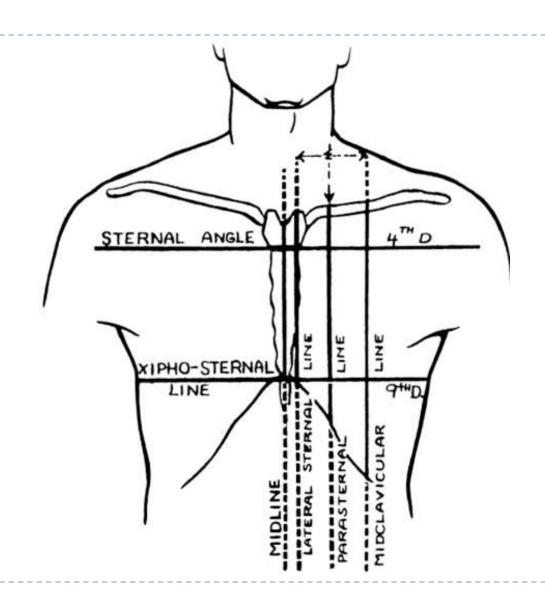
Anatomical Lines

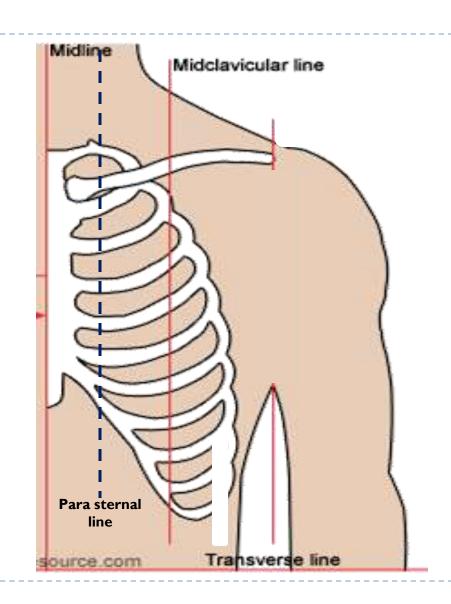




Anatomical Directions

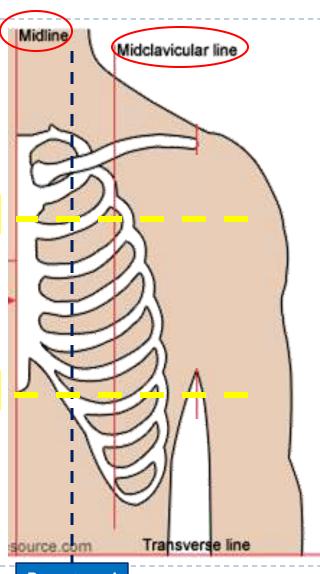




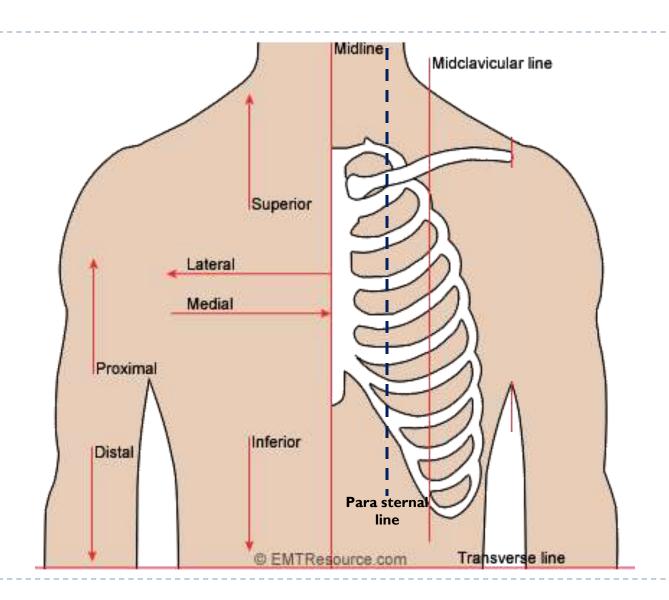




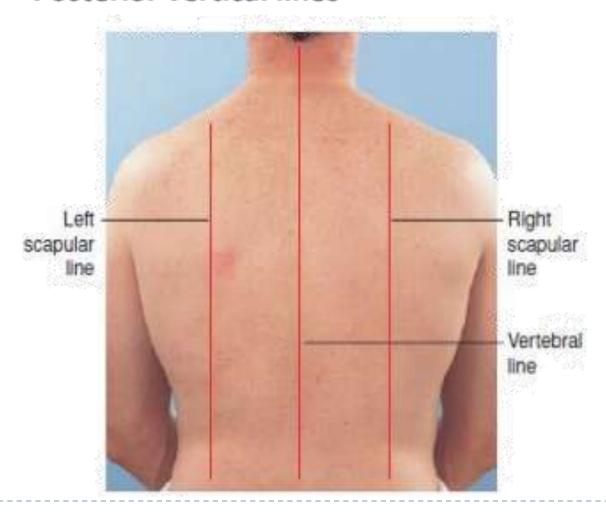
Xipho-Sternal line







Posterior vertical lines



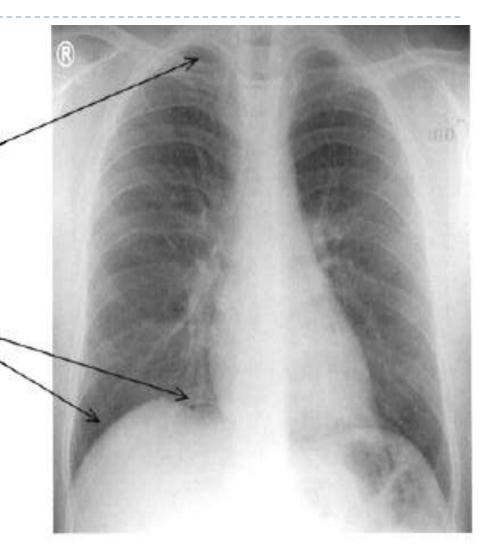
Comments

The top of the lungs must be visible.

The exposure shall be made at full inspiration: rib 10 shall be visible posteriorly above the diaphragm and rib 6 anteriorly.

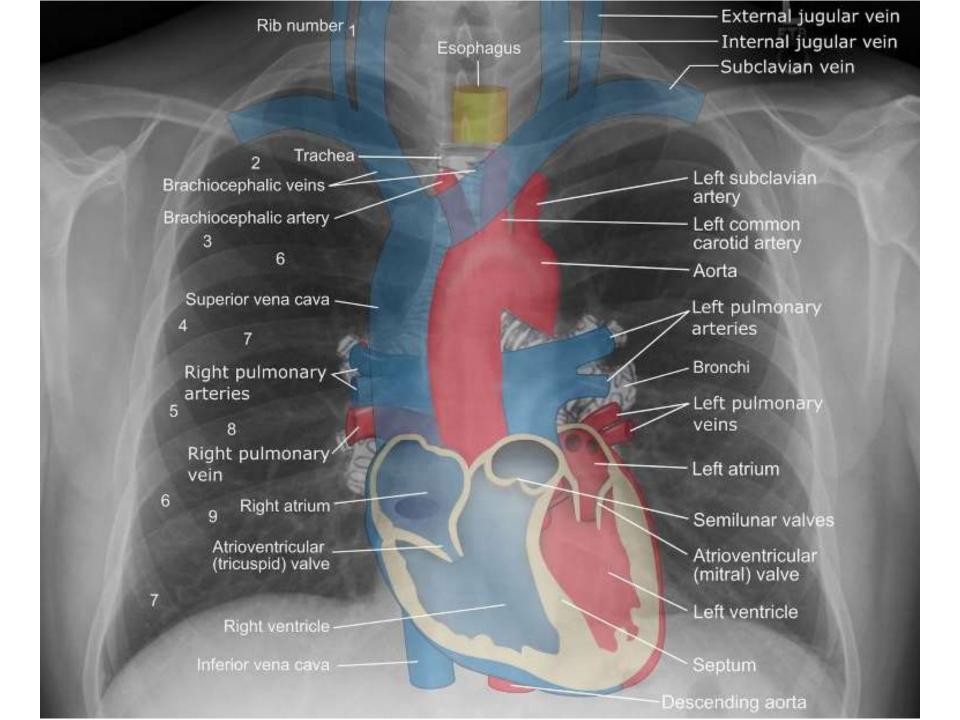
Make sure that the lower parts of the diaphragm is visible on both sides, including both costophrenic angles.

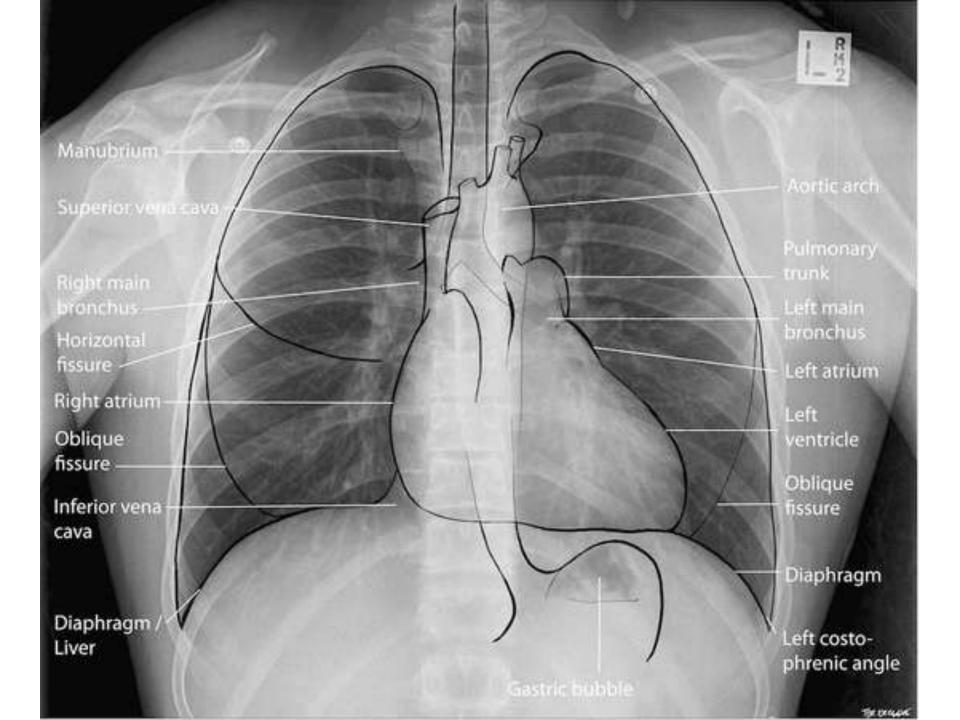
The lung structure and the spine must be discernible (seen) behind the heart.











CHEST LATERAL Standing erect – left (or right) BASIC

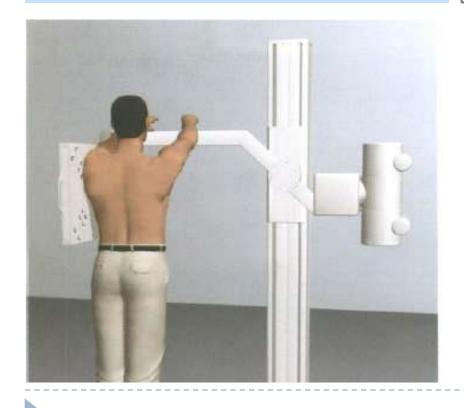
Cassette size

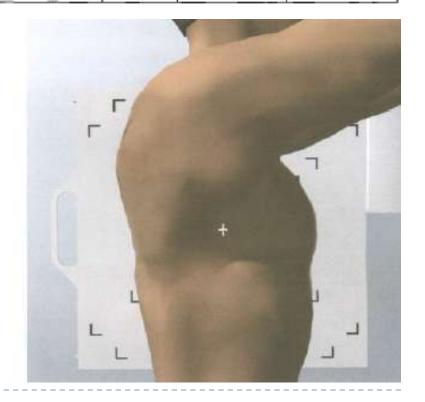
35×43 cm (14×17 inches)

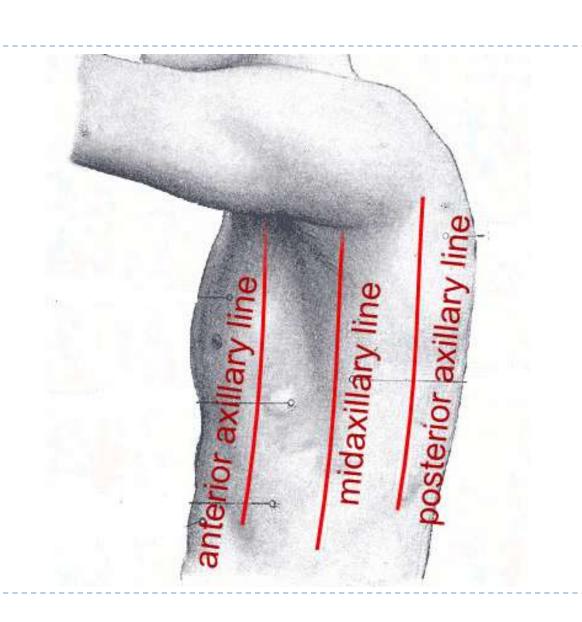
35×35 cm (14×14 inches)

24×30 cm (10×12 inches) for a child

Exposure values	kV	mAs average	mAs range
Adult	120	4–5	2–16
Child	90	2.5	1–5



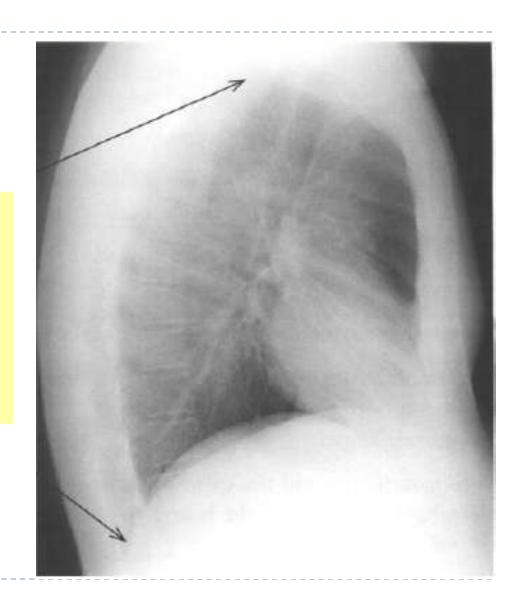




The top of the lungs must be visible.

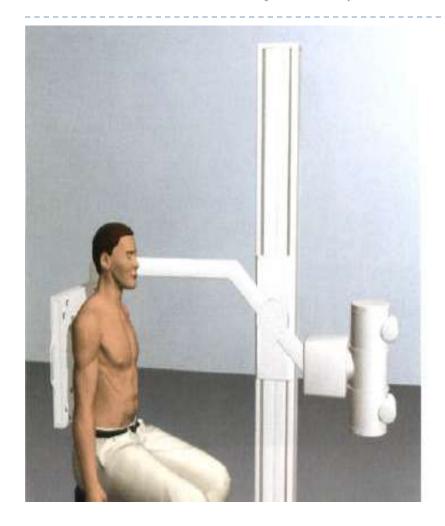
Straight lateral view of the sternum

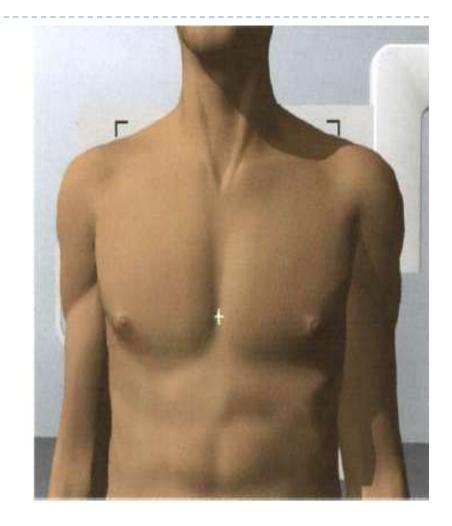
Make sure that the lower parts of the diaphragm is visible.



CHEST AP Sitting erect

on a stool or trolley - only used when the patient is unable to stand





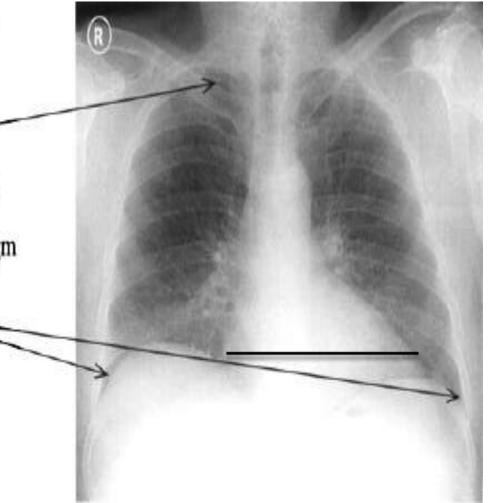
Comments

The top of the lungs must be visible.

The exposure shall be made at full inspiration.

Make sure that the lower parts of the diaphragm is visible on both sides, including both costophrenic angles.

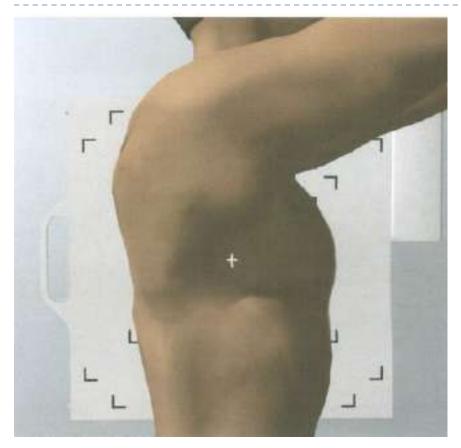
The lung structure and the spine must be discernible (seen) behind the heart.





CHEST LATERAL Sitting erect – left (or right)

on a stool or trolley - only used when the patient is unable to stand





CHEST AP Supine

Cassette size

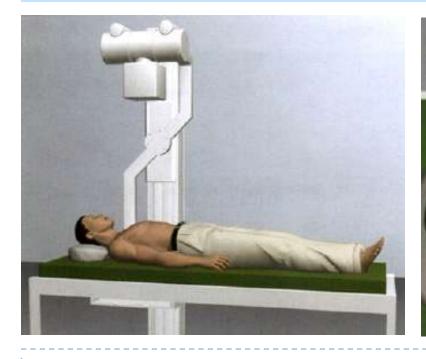
35×43 cm (14×17 inches)

35×35 cm (14×14 inches)

24×30 cm (10×12 inches) for a child

Use a Right or Left marker

Exposure values	kV	mAs average	mAs range
Adult	120	2–3.2	1–12
Child	90	1.6–2	1–4

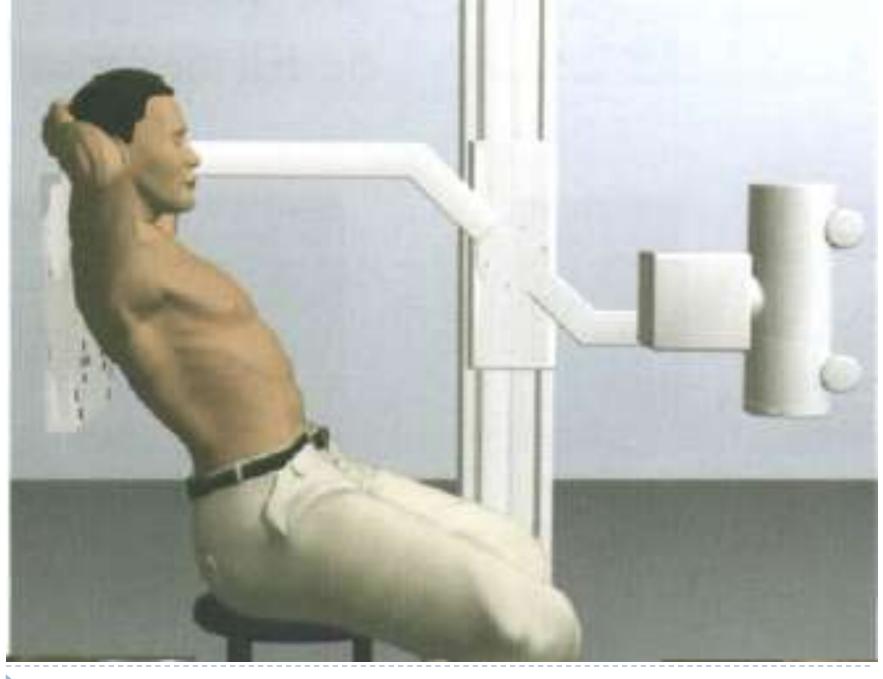


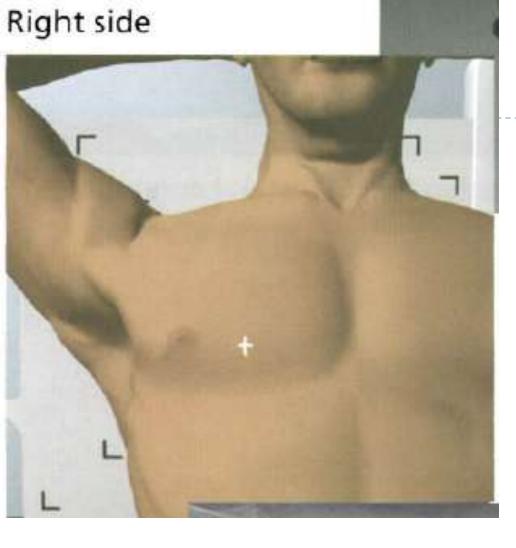


CHEST APICAL (LORDOTIC) AP Sitting reclining backwards ADDITIONAL

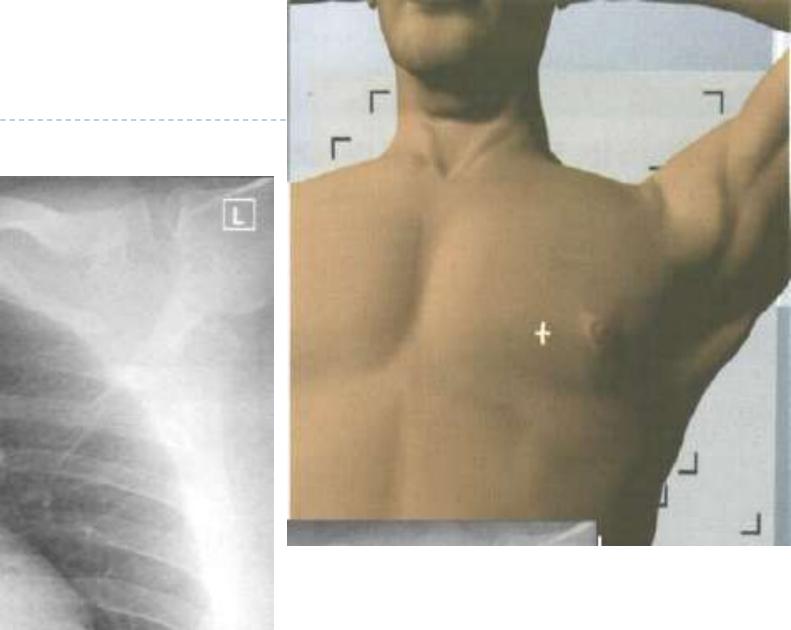
Cassette size 24×30 cm (10×12 inches) Use a **R**ight or **L**eft marker

Exposure values	kV	mAs average	mAs range
Adult	120	2.5	2–5



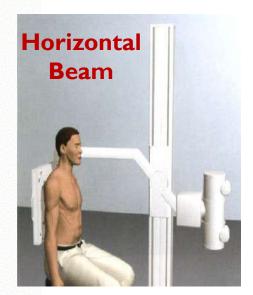


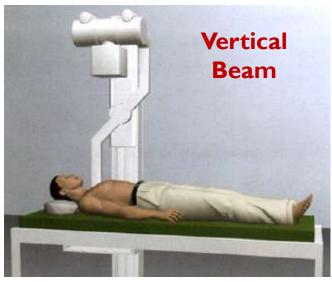




Can we use Horizontal beam while the patient is supine?







CHEST LATERAL DECUBITUS

Lying on the right (PA) or left (AP) side - horizontal beam

ADDITIONAL views used to detect fluid in the pleural sac



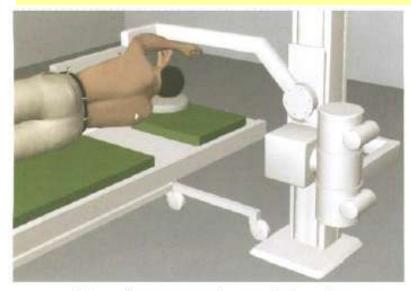
CHEST LATERAL DECUBITUS

Cassette size

24×30 cm (10×12 inches) Use a **R**ight or **L**eft marker

Exposure values	kV	mAs average	mAs range
Adult	120	2	1.6-3.2

Lying on the right (PA) or left (AP) side – horizontal beam

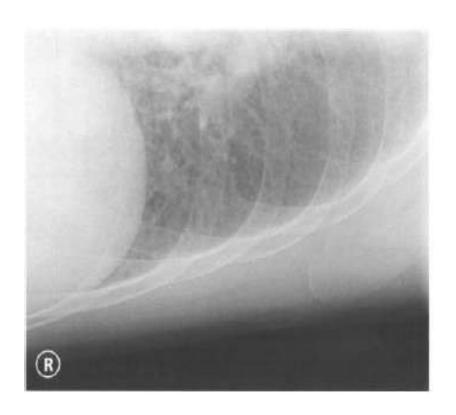


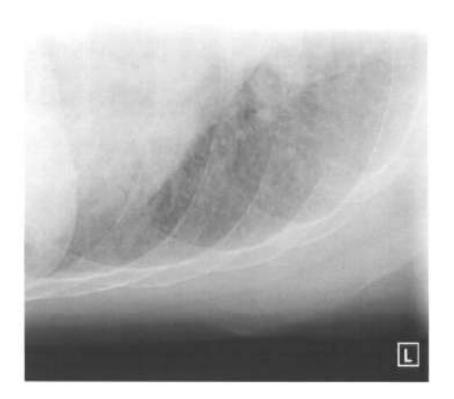
Position for RIGHT lateral decubitus



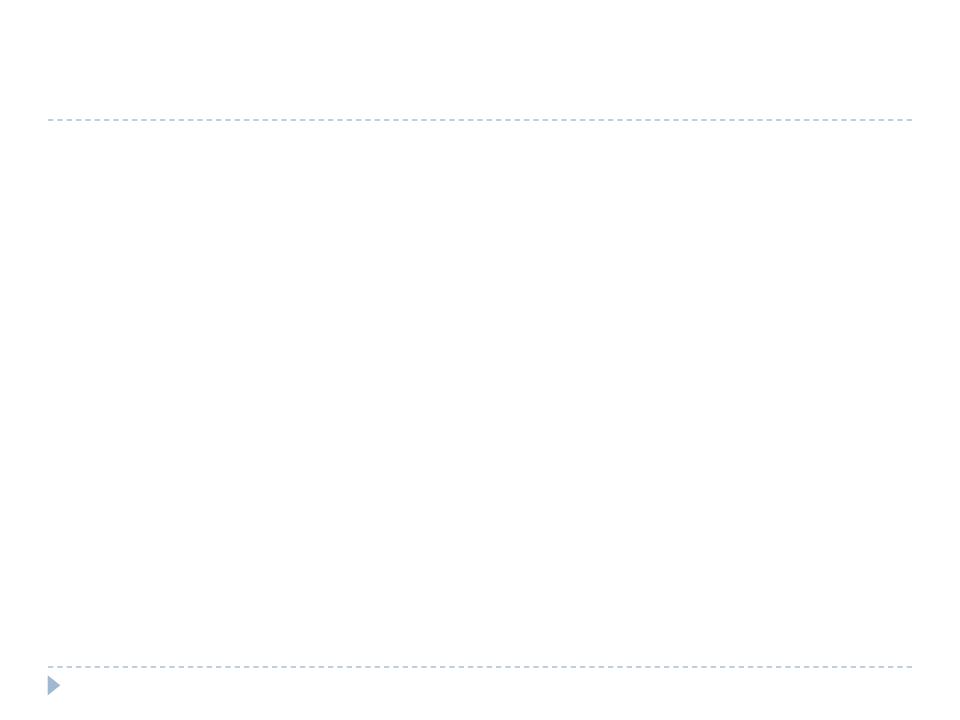
Position for LEFT lateral decubitus











RIBS OBLIQUE AP

Standing or sitting erect - right and left oblique

BASIC

Cassette size

35×43 cm (14×17 inches)

35×35 cm (14×14 inches)

Use a Right or Left marker

or other

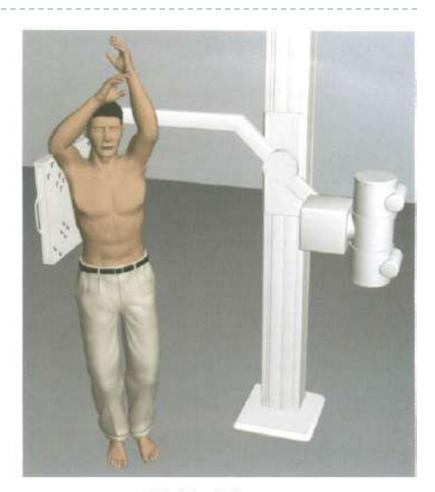
Basic views

must be taken first

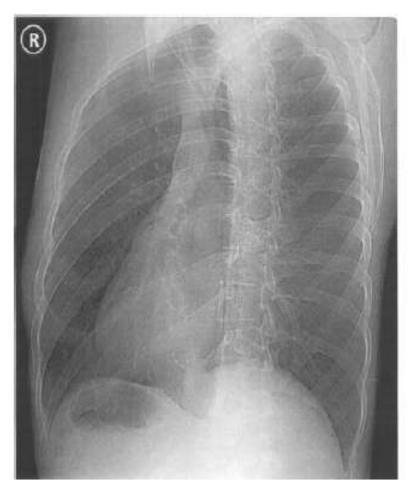
Exposure values	kV	mAs average	m As range
Adult	70	2025	10–125

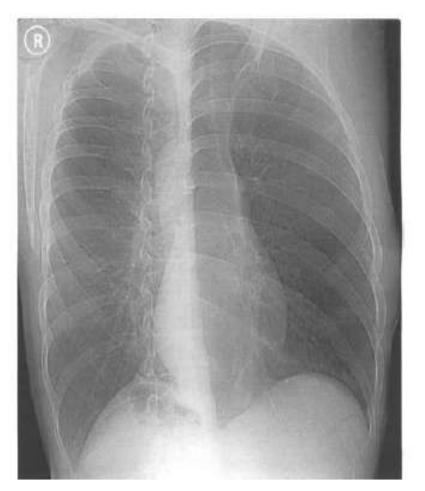


Left oblique



Right oblique



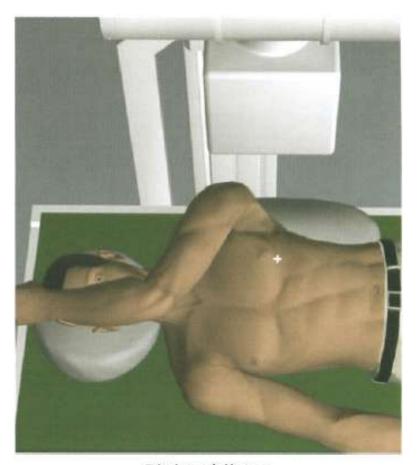




RIBS OBLIQUE AP Supine – right and left oblique



Left oblique



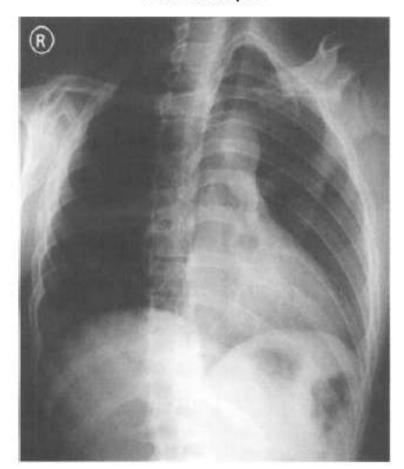
Right oblique

SUPPORT THE PATIENT WITH A PILLOW UNDER NORMAL SIDE.

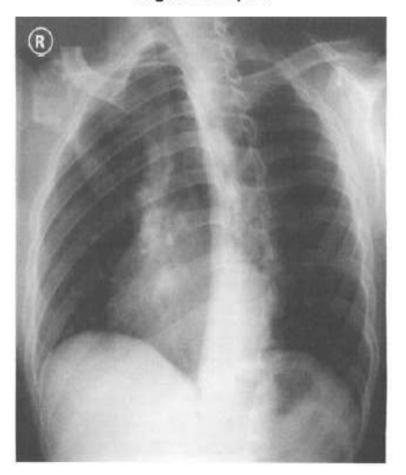




Left oblique



Right oblique





CHEST AP Erect BASIC

Infants and small children weighing up to 15 kg,

hanging by the upper arms



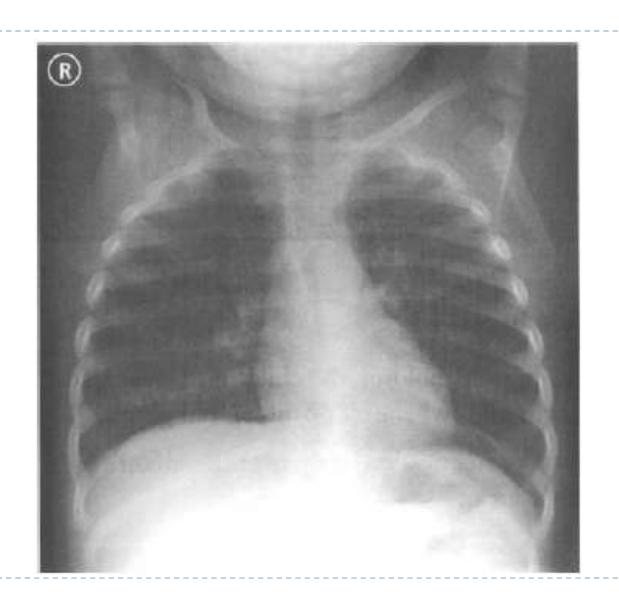
Cassette size 24×30 cm (10×12 inches) Use a **R**ight or **L**eft marker

Exposure	kV	mAs
values		range
Child	90	1.25–2.5



THE PERSON(S) HOLDING THE CHILD, preferably one of the parents, MUST WEAR A LEAD APRON and, whenever possible, LEADGLOVES.





CHEST AP – infant weighing up to 10 kg Supine

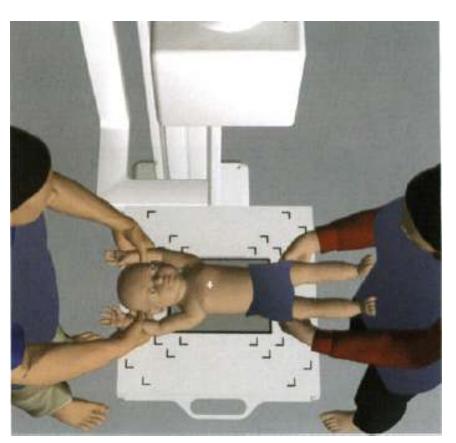
Cassette size

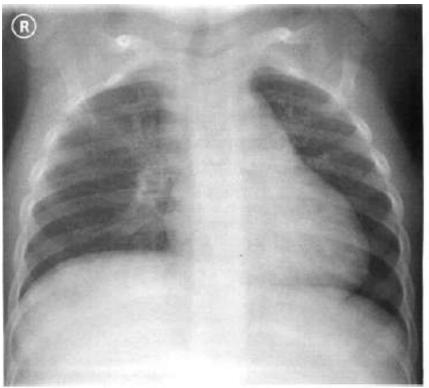
18×24 cm (8×10 inches)

Use a **R**ight or **L**eft marker

Exposure	kV	mAs
values		range
Child	70	1.6–3.2

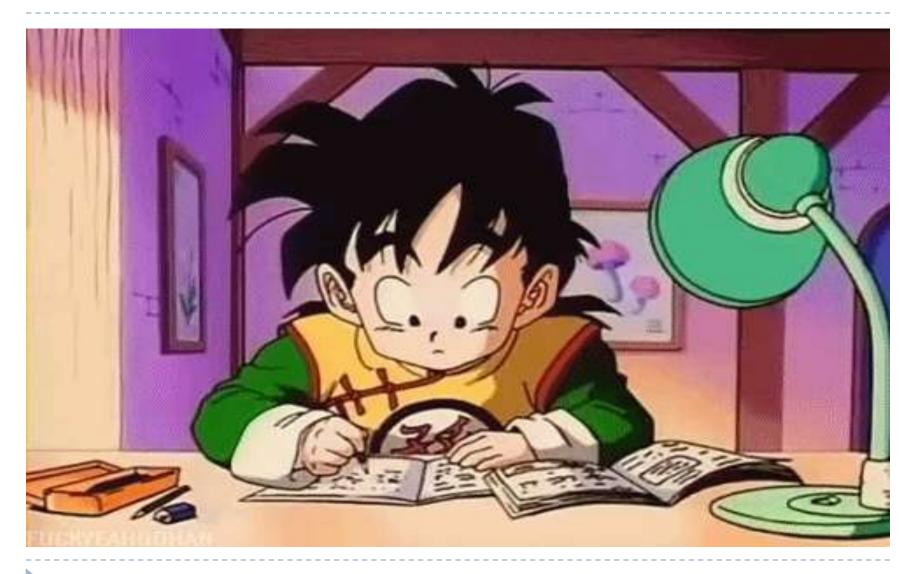






USE protective lead strip over the infant's pelvic area.

...... Home Work



A patient suffering from an apical lung masswhat is **the I**st chest projection to Do?



