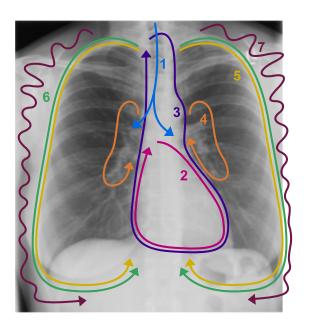




# **Chest X-Ray INTERPRETATION ALGORITHM**

## **Starting from center and moving OUT:**

- 1 Trachea & bronchi
- 2 Heart
- 3 Mediastinum
- 4 Hila
- 5 Lungs
- 6 Pleura
- 7 Chest wall



## How to use the algorithm

If you **FIND AN ABNORMALITY**, GO TO THE APPROPRIATE STEP.

Then evaluate the remaining steps.

- 2 Trachea & bronchi
- 3 Heart
- 4 Mediastinum
- 5 Hila
  - 1 Lungs ←
  - 6 Pleura
  - 7 Chest wall

If you **DON'T FIND** an abnormality, **EVALUATE THE STEPS IN CONSECUTIVE ORDER.** 

- 1 Trachea & bronchi
- 2 Heart
- 3 Mediastinum
- 4 Hila
- 5 Lungs
- 6 Pleura
- 7 Chest wall



# 1. TRACHEA & BRONCHI

### **GRAYSCALE**

1 Is the grayscale of the trachea altered?



If **YES**, then describe. Too white/too black.

### **POSITION**

**2** Is the trachea deviated?



If **YES**, then describe. Right/left. Anterior/posterior.

3 Is the carina angle greater than 90 degrees?



If **YES**, then describe. Give angle measurement.

### SHAPE

4 Is the shape of the trachea narrowed?



If **YES**, then describe. Focal/diffuse.

5 Is there a visible mass deviating/ narrowing the trachea?



If **YES**, then describe. Size/position.

### **OTHER**

**6** Are there any radiological signs related to the trachea?



If **YES**, then describe. Air bronchogram. Tram line.

7 Is there any evidence of previous surgery to the trachea and/or bronchi?



If **YES**, then describe. Type of surgery and location. Compare to previous CXR.

8 Are there any lines or tubes in the trachea?



If **YES**, then describe. Give location of each relative to the carina.



## 2. HEART

## **GRAYSCALE**

1 Is the grayscale of the cardiopericardial silhouette altered?



If **YES**, then describe. Too white/too black.

## SIZE

2 Is the size of the cardiopericardial silhouette altered?



If **YES**, then describe. Too big/too small.

Pathological/magnification effect/pectus excavatum.

### **POSITION**

3 Is the position of the cardiopericardial silhouette shifted?



If **YES**, then describe.

Up/down. Right/left. Anterior/posterior.

## SHAPE

4 Is the shape of the cardiopericardial silhouette distorted?



If **YES**, then describe. Name specific contour. Pathological/normal variant.

## **OTHER**

5 Is there any evidence of previous surgery to the heart or pericardium?



If **YES**, then describe. Type of surgery and location. Compare to previous CXR.

## CONGESTIVE HEART FAILURE

**6** Are there signs of vascular redistribution?



If **YES**, then describe.
Pulmonary venous hypertension/
pulmonary arterial hypertension /

shunt vascularity.

**7** Are there signs of edema?



If **YES**, then describe. Interstitial/alveolar. Kerley A/Kerley B/cuffing.



## 3. MEDIASTINUM

## **GRAYSCALE**

1 Is the grayscale of the mediastinum altered?



If YES, then describe.

Too white/too black. Pathology/lipomatosis.

### SIZE

**2** Is the size of the mediastinum altered?



If YES, then describe.

Too big. Right/left.

Anterior/middle/posterior compartment.

## SHAPE

**3** Are the mediastinal contours abnormal?



If YES, then describe.

Right/left.

Distorted/missing/additional.

### **POSITION**

4 Is the position of the mediastinum shifted?



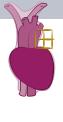
If YES, then describe.

Right/left.

Anterior/posterior.

### OTHER

Is the AP window normal? 5



If **NO**, then describe.

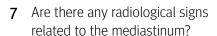
Blurred, obscured. Too big/too small.





If **NO**, then describe.

Too wide/irregular/missing.





If YES, then describe.

123.

hilar overlay. Iceberg.

Silhouette.

Is there any evidence of previous surgery to the mediastinum?



If **YES**, then describe. Type of surgery and location.

Compare to previous CXR.

Are there any lines or tubes in the mediastinum?

If YES, then describe. Give location of each relative to the carina and SVC.



## 4. HILA

## **GRAYSCALE**

1 Is the grayscale of the hilum altered?



If **YES**, then describe. Too white (too dense) Right/left/bilateral.

### SIZE

2 Is the size of the hilum altered?



If **YES**, then describe. Too big/too small. Right/left/bilateral.

## **POSITION**

**3** Is the position of the hilum shifted?





If YES, then describe. Elevated/depressed. Medial/lateral. Anterior/posterior. Right/left/bilateral.

## SHAPE

4 Is the H-shape of the hila distorted on the PA x-ray?



If YES, then describe. Lobulated/irregular. Right/left/bilateral.

5 Are one or both of the arches distorted on the lateral x-ray?



If **YES**, then describe. Aorta narrowed/distended. LPA narrowed/distended.

### **OTHER**

**6** Is the AP window normal?



If **NO**, then describe. Blurred/obscured. Too big/too small.

7 Are there any radiological signs related to the hilum?



If **YES**, then describe. Hilar convergence. Hilar overlay. H-sign.

8 Is there any evidence of previous surgery to the hilum?



If **YES**, then describe. Type of surgery and location. Compare to previous CXR.



## 5. LUNGS

### **GRAYSCALE**

1 Is the grayscale of the lungs altered?



If **YES**, then describe.

Too white/too black/too white AND too black. Right/left/bilateral.



If TOO WHITE, then describe opacity.

Focal/diffuse. Multiple/solitary.

Homogeneous/inhomogeneous.



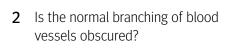
If TOO BLACK, then describe hyperlucency.

Focal/diffuse.

Multiple/solitary.

Pathological/mastectomy/surgery.

Homogeneous/inhomogeneous.





If **YES**, then describe. Right/left/bilateral.

## SIZE

3 Is the size of the lungs altered? (Does the blackness of the lungs extend all the way to the ribs?)



If **NO**, then describe. Right/left/bilateral. Increased/decreased.

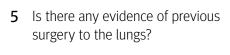
### **OTHER**

4 Are there any radiological signs related to the lungs?



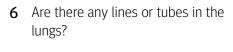
If **YES**, then describe. Air bronchogram.

Silhouette. Spine.





If **YES**, then describe. Type of surgery and location. Compare to previous CXR.





If **YES**, then describe. Give location of each relative to the carina, SVC and/or diaphragms.



# 6. PLEURA

## GRAYSCALE

1 Do the lungs extend all the way to the ribs?

If **NO**, is the grayscale of the pleura altered?



If **YES**, then describe. Too white/too black/too white AND too black. Right/left/bilateral.

## SIZE

2 Is the size of the pleural space altered?







If **YES**, then describe. Right/left/bilateral. Give size of pneumothorax or pleural effusion.

## **POSITION**

**3** Are the fissures shifted?





## SHAPE

4 Is the shape of the lateral or posterior costophrenic angles altered?







If **YES**, then describe. Right/left/bilateral. Blunted.

## OTHER

5 Are there any radiological signs related to the pleura?



If **YES**, then describe. Pseudotumor. Deep sulcus.



# 7. CHEST WALL

## BONY THORAX (Spine, ribs, clavicles, scapulae, sternum)

## **GRAYSCALE**

1 Is the grayscale of the bones altered?



If YES, then describe.
Too white/too black.
Bone density.
Cortical outline.
Fractures/bone destruction.

2 Are any abnormal opacities present?



If **YES**, then describe. Give number and location. Focal/diffuse.

## POSITION

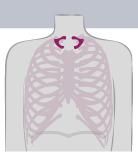
3 Is the position of the bony thorax (ribs, spine, clavicles, sternum, scapulae) altered?



If **YES**, then describe. Right/left. Anterior/posterior. Elevated/depressed.

## OTHER

**4** Are there any accessory ribs?



If **YES**, then describe. Cervical/lumbar Give number and position.



# 7. CHEST WALL

## **SOFT TISSUES**

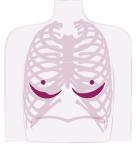
## **GRAYSCALE**

5 Is the grayscale of the soft tissues altered?



If **YES**, then describe. Too white/too black.

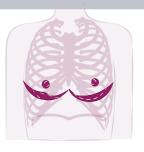
**6** Are breast, pectoral folds and/or nipple shadows present?



If YES, then describe. Right/left/bilateral. If not sure, repeat CXR with nipple markers.

## SIZE

**7** Is the size of the breasts altered?

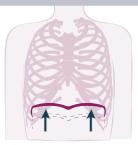


If **YES**, then describe. Right/left/bilateral Increased/decreased.

## DIAPHRAGMS

## **POSITION**

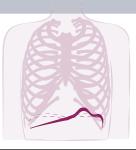
**8** Is the position of the diaphragm(s) altered?



If **YES**, then describe. Right/left/bilateral. Elevated/depressed.

## SHAPE

9 Is the shape of the diaphragm(s) altered?



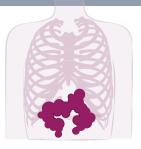
If **YES**, then describe. Right/left/bilateral. Describe shape.



# 7. CHEST WALL

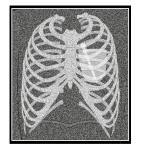
## **OTHER**

**10** Is there a presence of bowel loops or stomach in the thoracic cavity?



If **YES**, then describe. Right/left. Anterior/posterior.

**11** Are there any external objects that are not part of the normal chest wall?



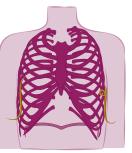
If YES, then describe.
ECG leads/buttons and clips on clothing/
hair bands and clips/jewellery/coins and
currency in pockets.

12 Is there any evidence of previous surgery to the chest wall or diaphragms?



If **YES**, then describe. Type of surgery and location. Compare to previous CXR.

13 Are there any lines or tubes in the chest wall?



If YES, then describe. Give location of each relative to the carina, SVC and/or diaphragms.





These normal images are provided for your use as reference images so you can familiarize yourself with what the normal looks like.