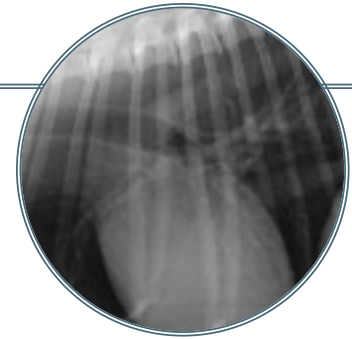


# Reporting Technique for Thoracic Abnormalities



Patient Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Thoracic Radiographs: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Technical Details:** Exposure OK? \_\_\_\_ Positioning OK? \_\_\_\_ Inspiration? \_\_\_\_

*Note: Should be YES to all 3 questions or repeat study*

## Abnormalities

*Include all incidental findings, but note as such.*

### 1. Extrathoracic abnormalities:

- Cranial abdomen & diaphragm
- Sternum & soft tissues
- Thoracic limbs
- Cervical area
- Ribs & thoracic vertebrae

### 2. Pleural space abnormalities (must know the exact locations of the expected pleural fissures)

- Is there a pleural effusion?
- Is there a pneumothorax?
- Is there a pleural mass?
- Is there an extrapleural sign?

### 3. Pulmonary parenchyma

- Is the pulmonary parenchyma normal or abnormal?
- If abnormal, is there increased or decreased opacity?
- What is the anatomic location of the abnormality?
- What pulmonary pattern is present?

### 4. Mediastinum

- Cranial mediastinum (ventral & dorsal)
  - Mass(es) present? Mediastinal widening on the ventrodorsal view?
  - Tracheal (including deviation) abnormalities?
  - Esophageal abnormalities?
  - Pneumomediastinum present?
- Middle mediastinum
  - Dorsal: Tracheobronchial lymph node enlargement? Tracheal deviation? Esophageal abnormalities?
  - Ventral: Cardiac abnormalities?
- Caudal mediastinum
  - Dorsal: Aorta & esophagus
  - Ventral: Accessory lung lobe mass resulting in caudal vena cava border effacement

**Views Available:** Right lateral (RLAT), ventrodorsal (VD), dorsoventral (DV), and left lateral (LLAT)

*Note: A 3-view thorax is the standard of care in veterinary medicine.*

**Summary Sentence:** Using 15 words or less, summarize the major abnormalities associated with the thoracic study (this is not meant to repeat your roentgen abnormalities but to summarize the actual findings).

**Differential Diagnoses:** Create a differential list for each of the abnormalities and try to tie the changes together as one disease process (if possible). Look back on the signalment, history, clinical signs, and physical examination to prioritize the differential list.

**Next Step:** What do I need to do next to confirm or deny my top differential if clinically warranted?