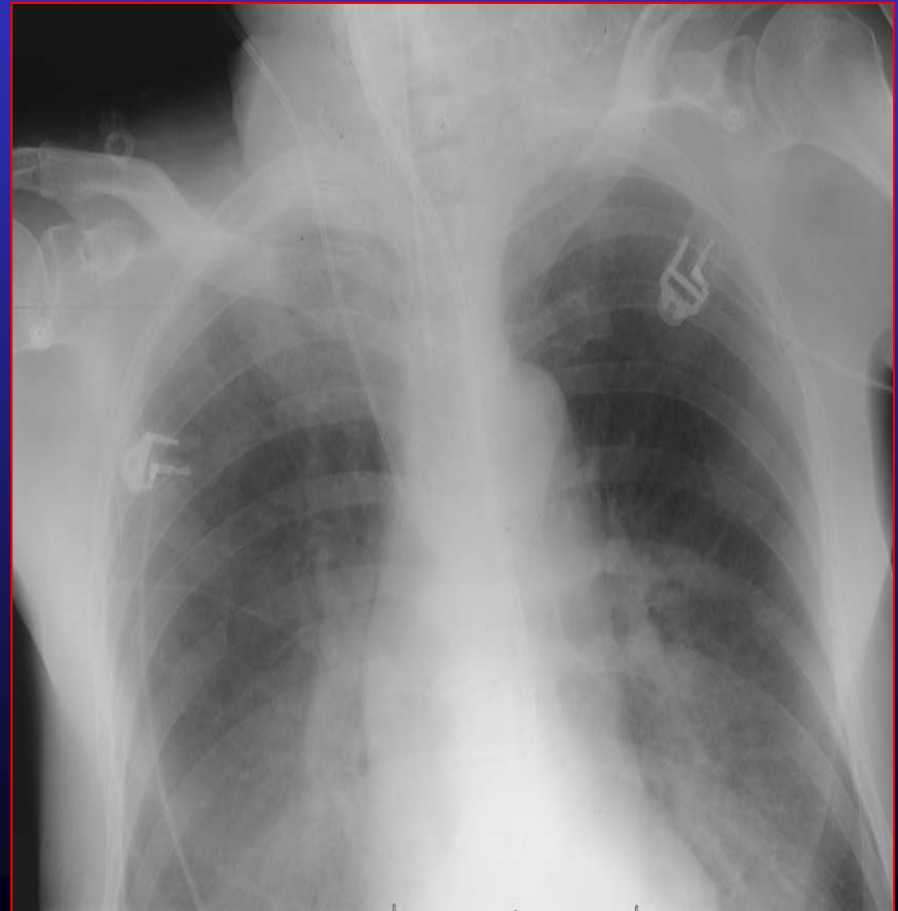


Poor-Quality Exposures

Double Exposure



Incomplete Lung Exposure

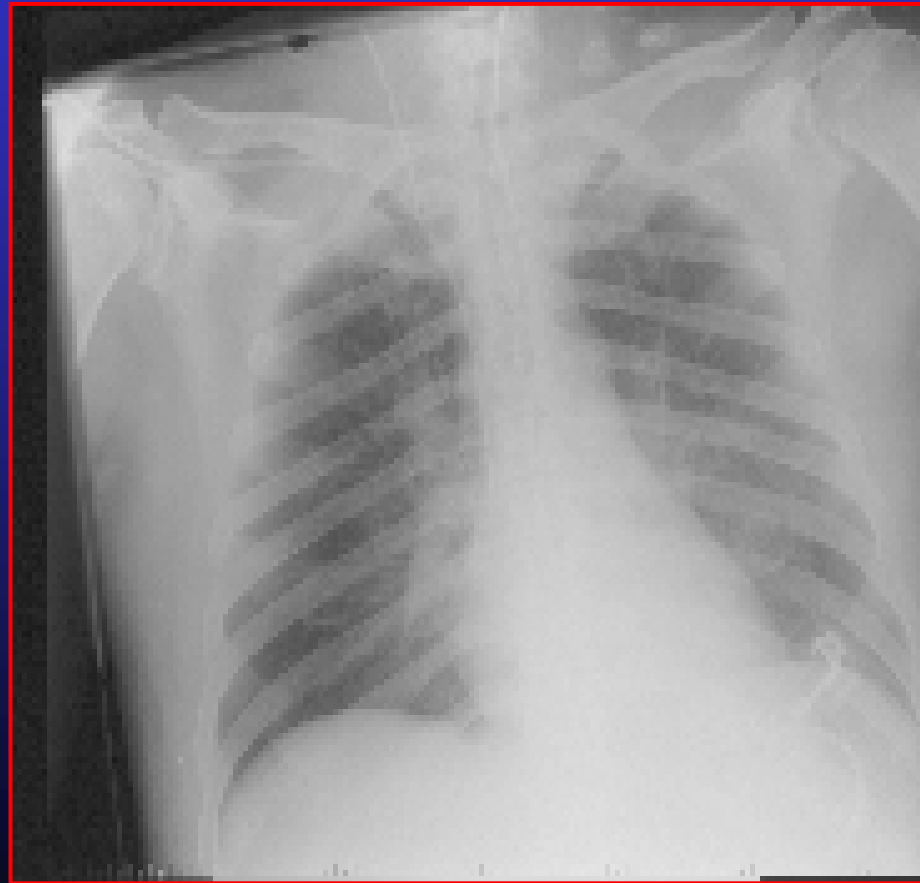


Poor-Quality Exposures

Rotated Film



Slanting Film under the Patient

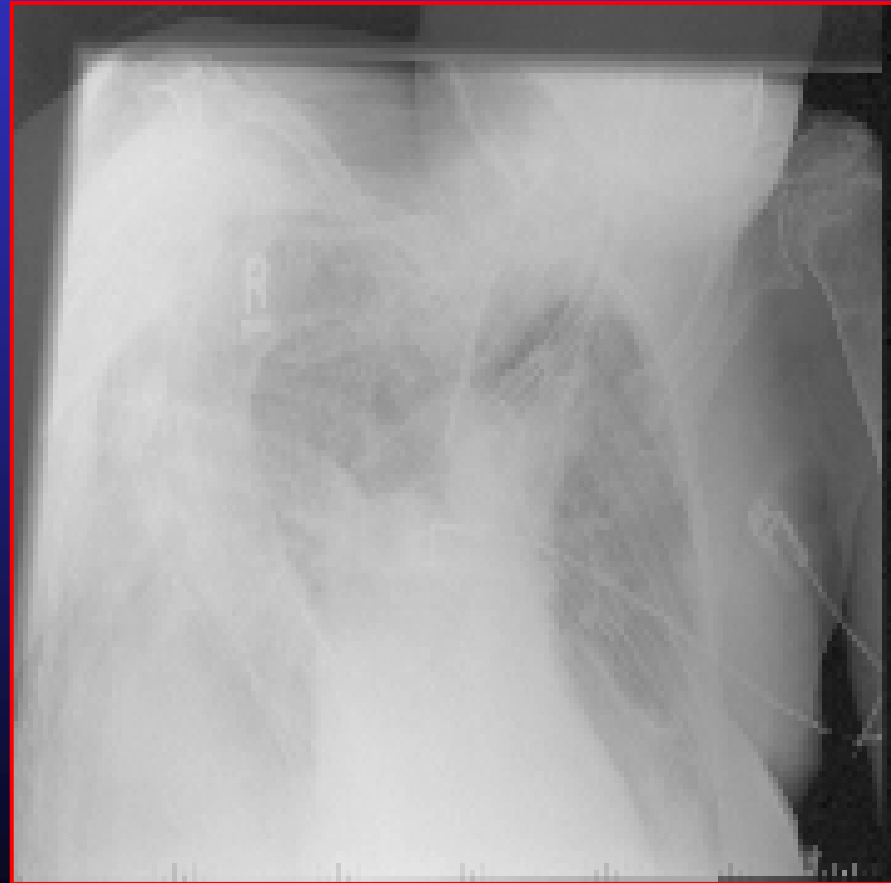


Poor-Quality Exposures

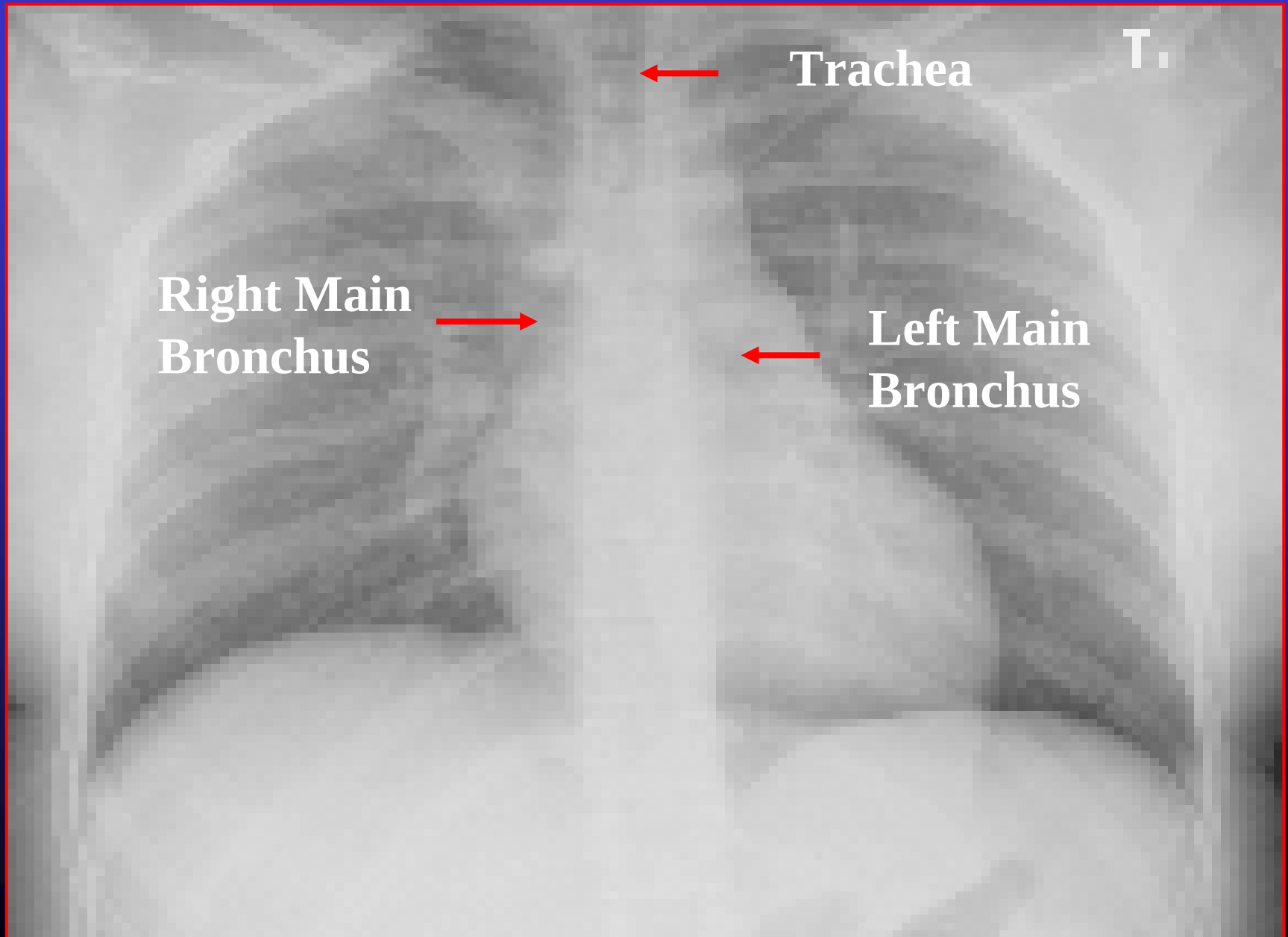
False Positioning of Cassette



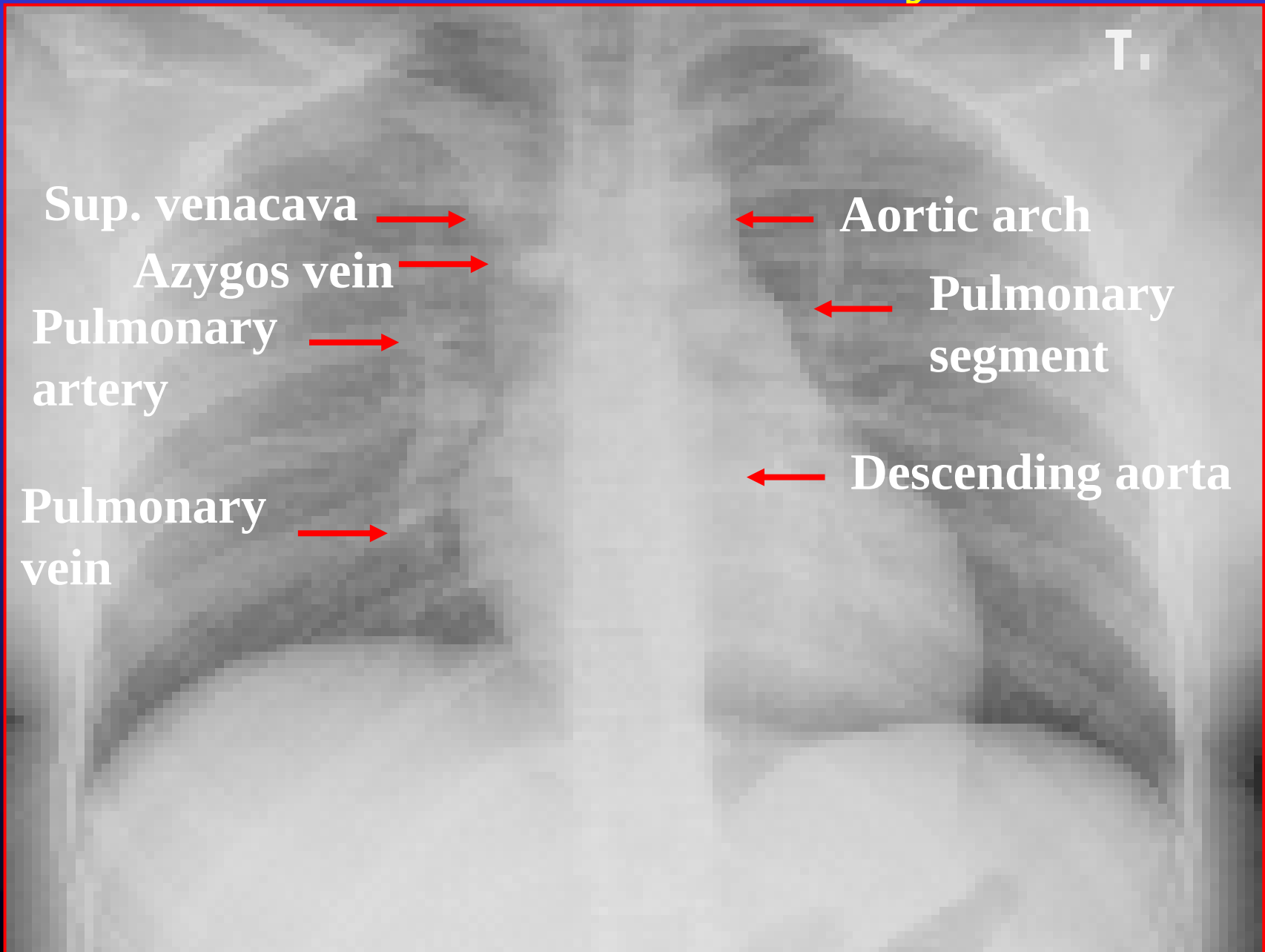
Severe Vertebral Scoliosis



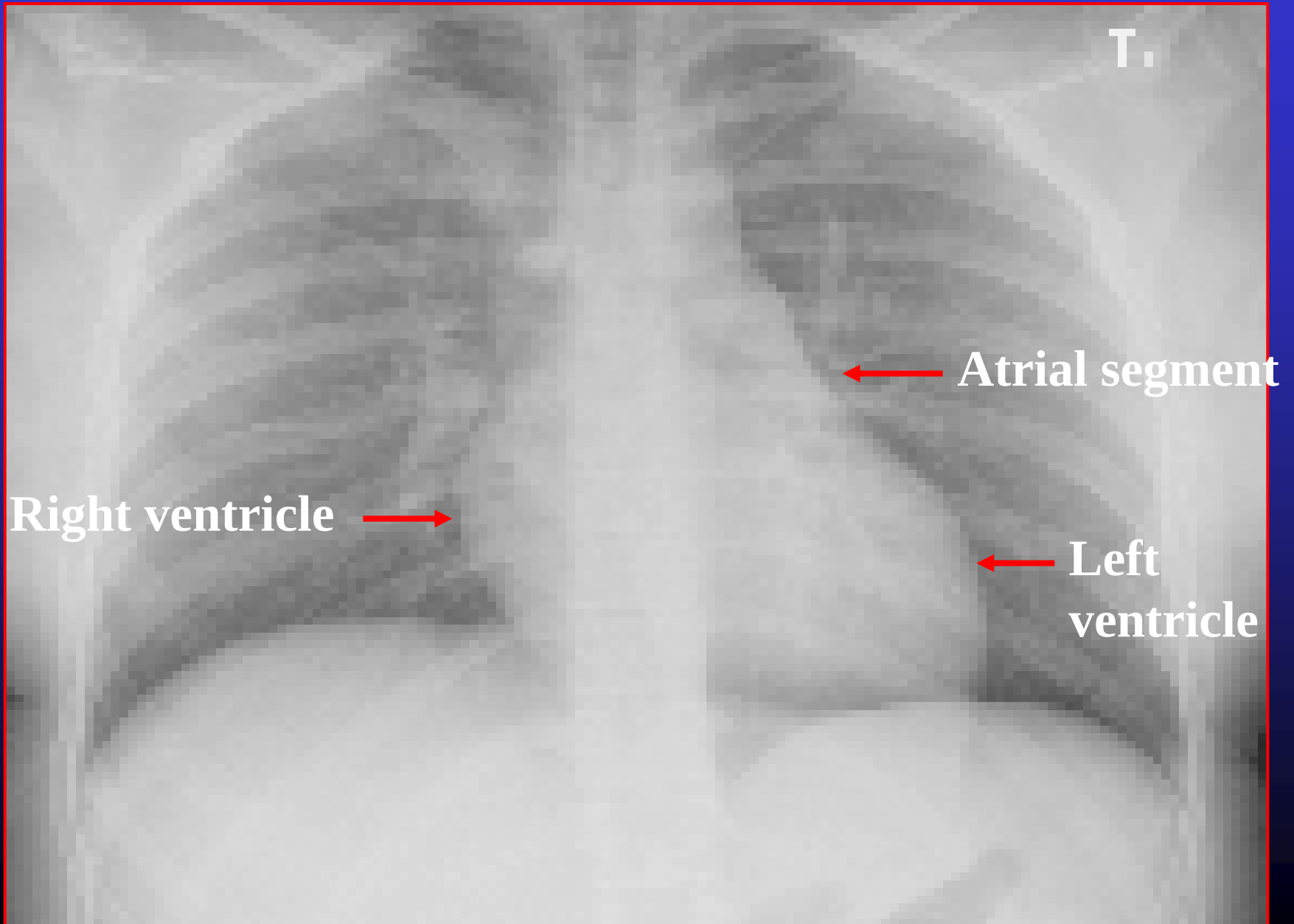
Anatomy of the Airway Tract



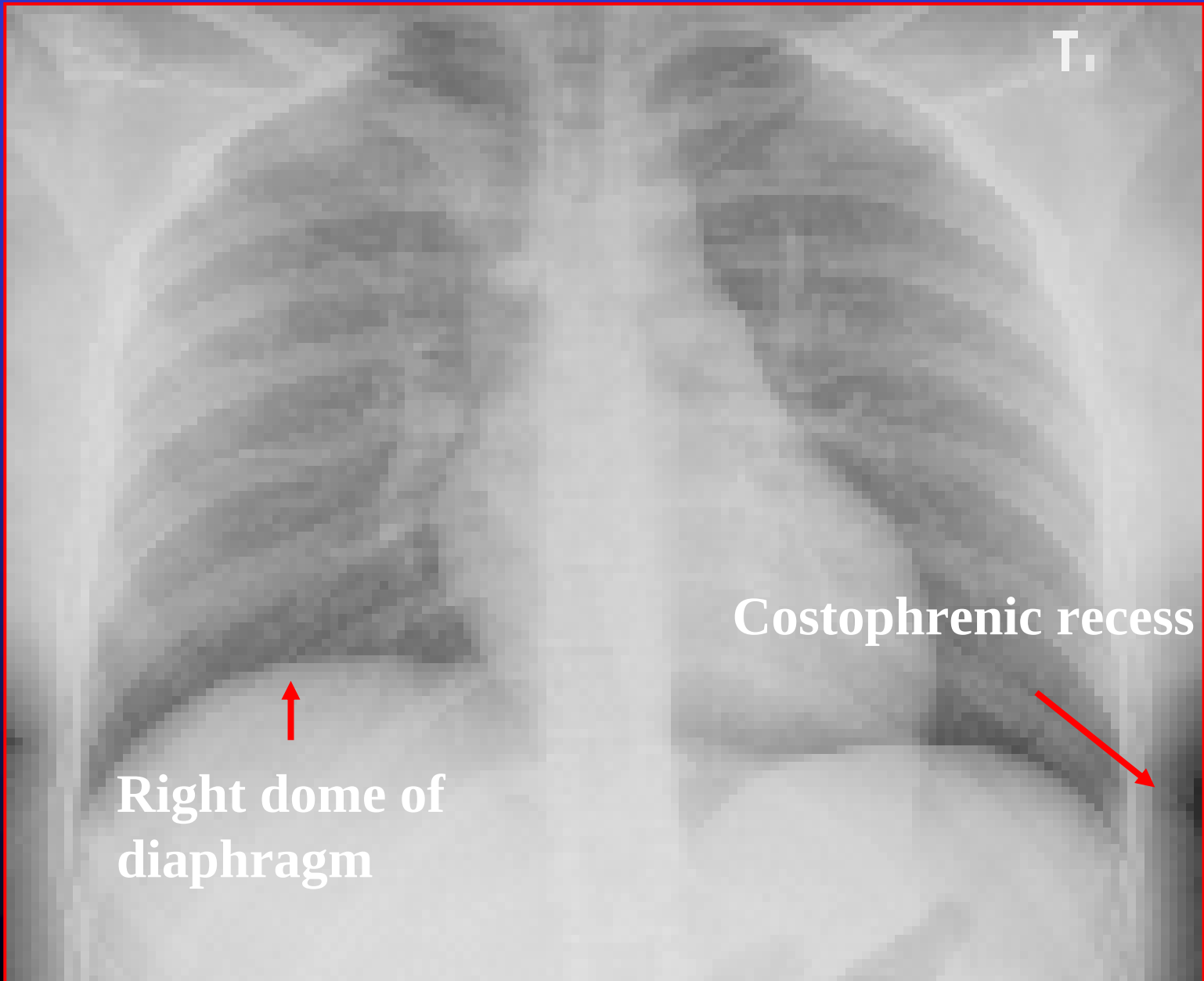
Vascular Anatomy



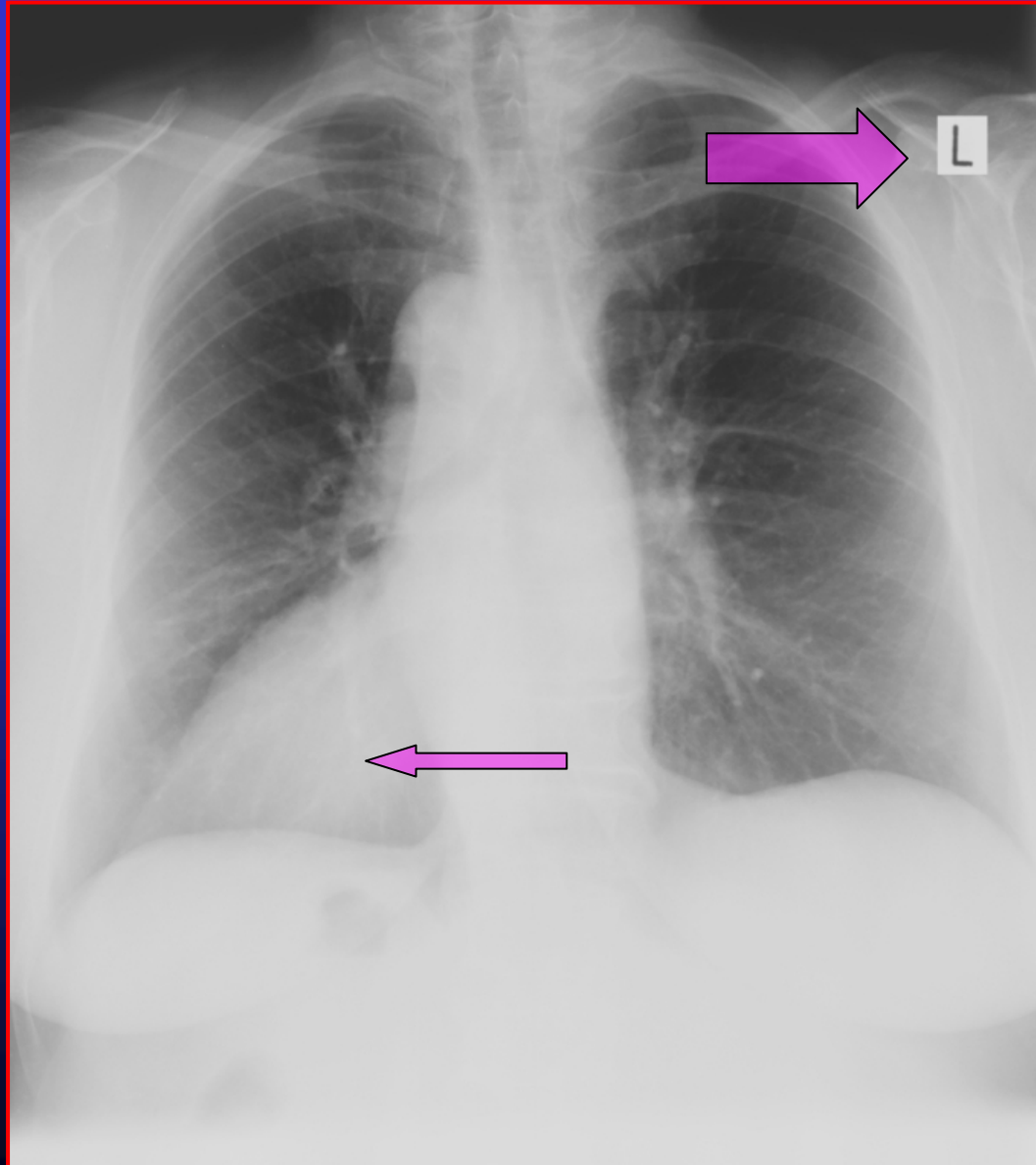
Cardiac Anatomy



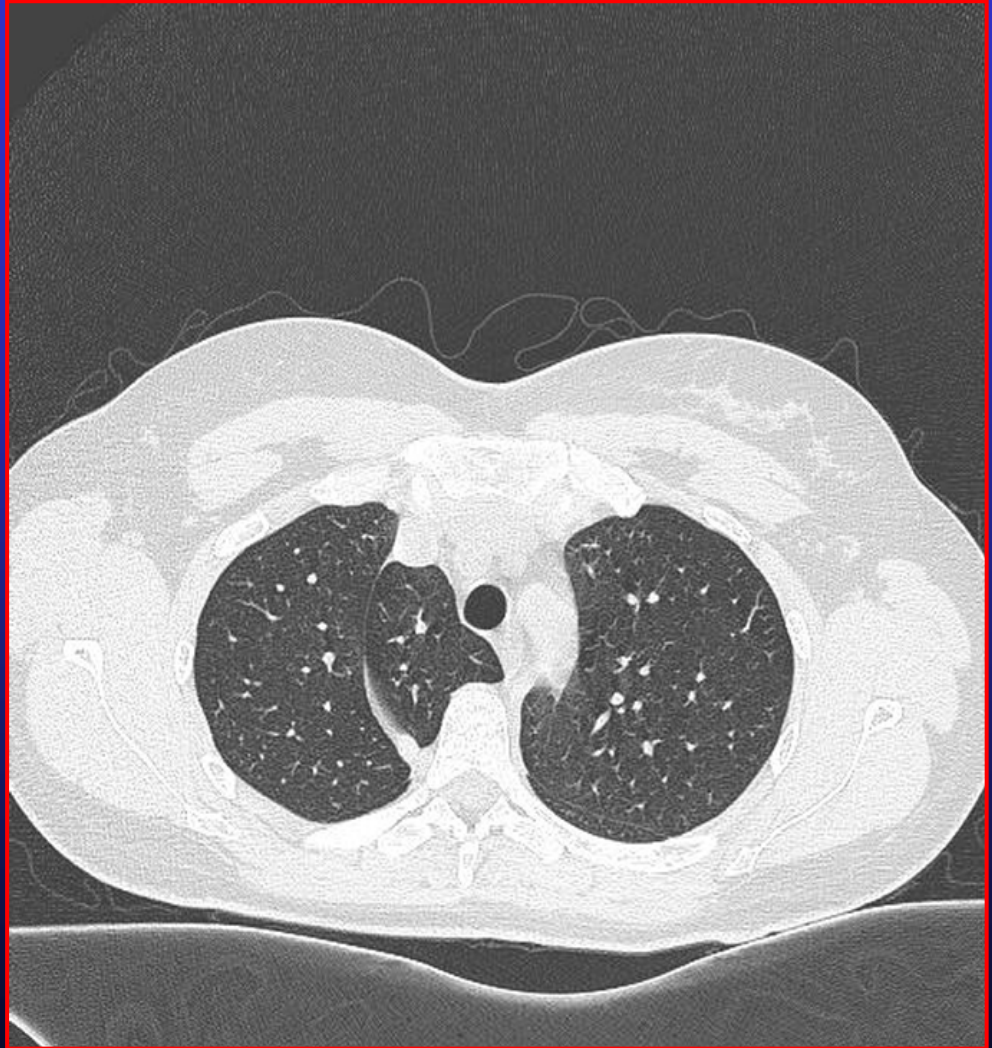
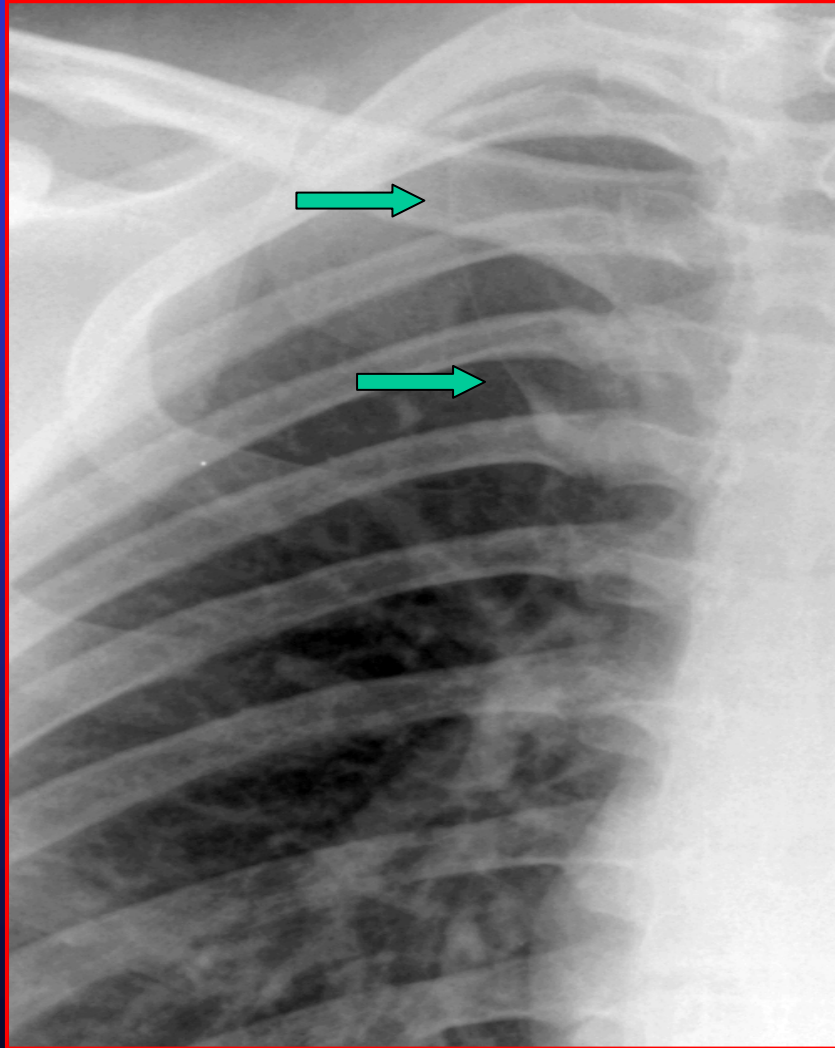
Other Anatomical Features



Situs inversus



Azygos Vein Lobe

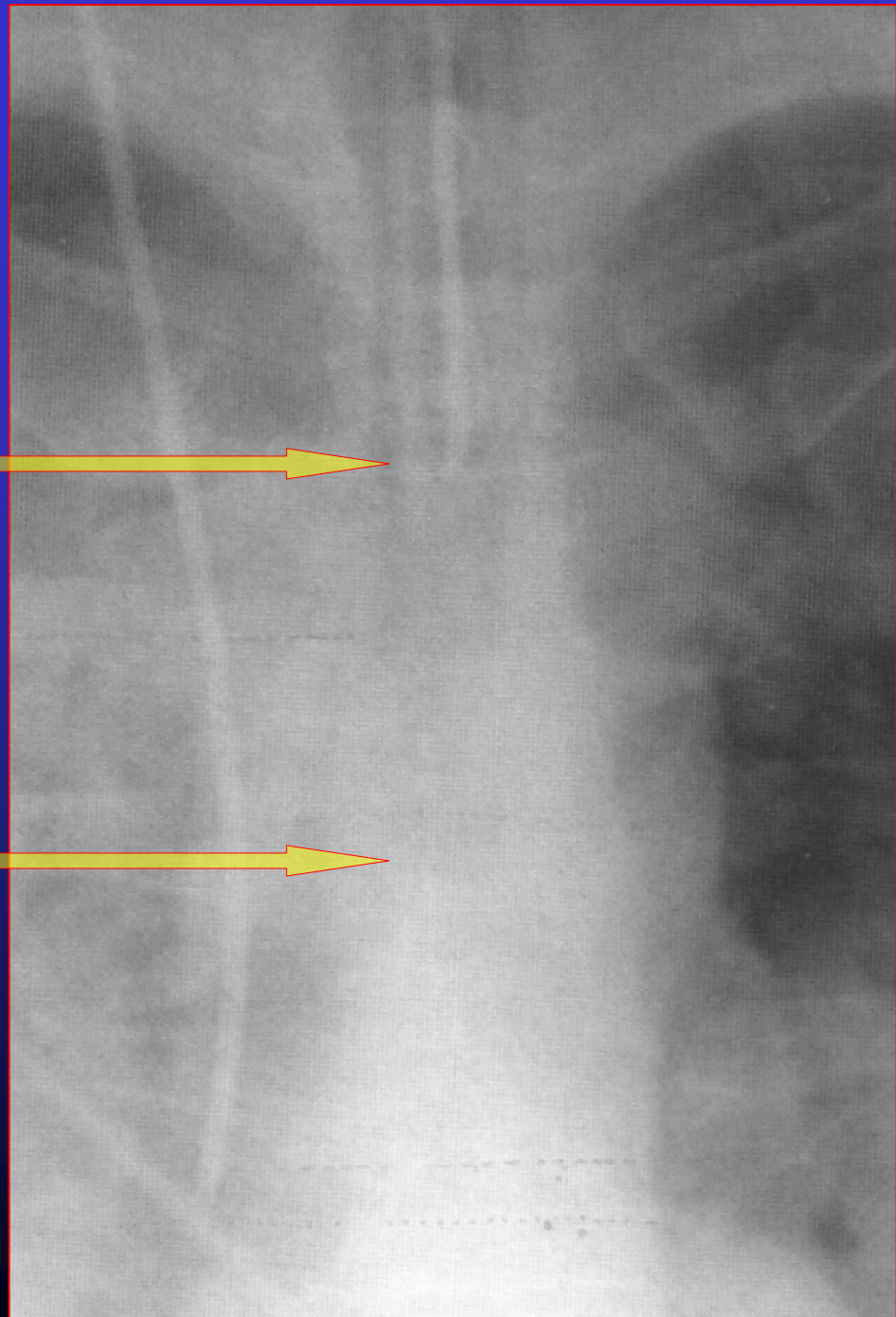


Correct Positioning of Endotracheal (ET) Tube

Tip of ET tube



Carina

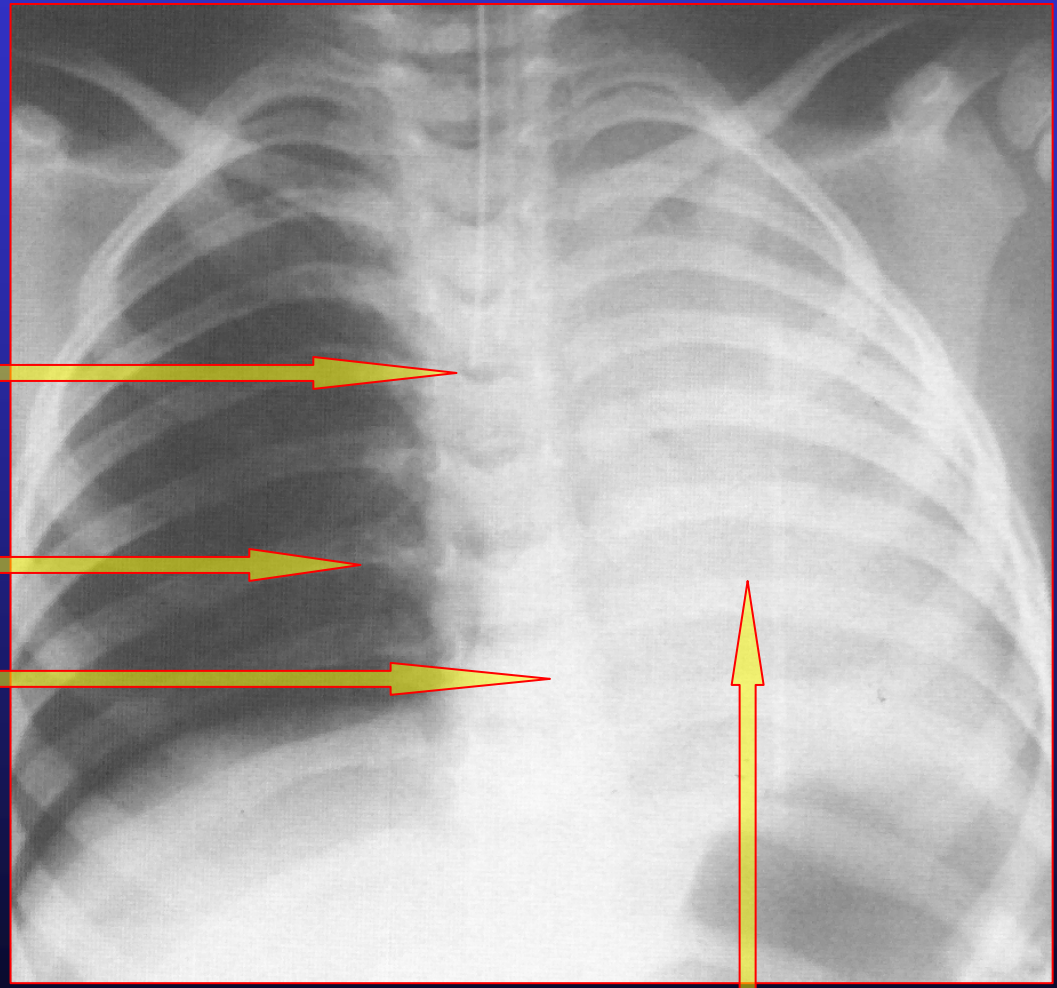


Deep Positioning of Endotracheal Tube

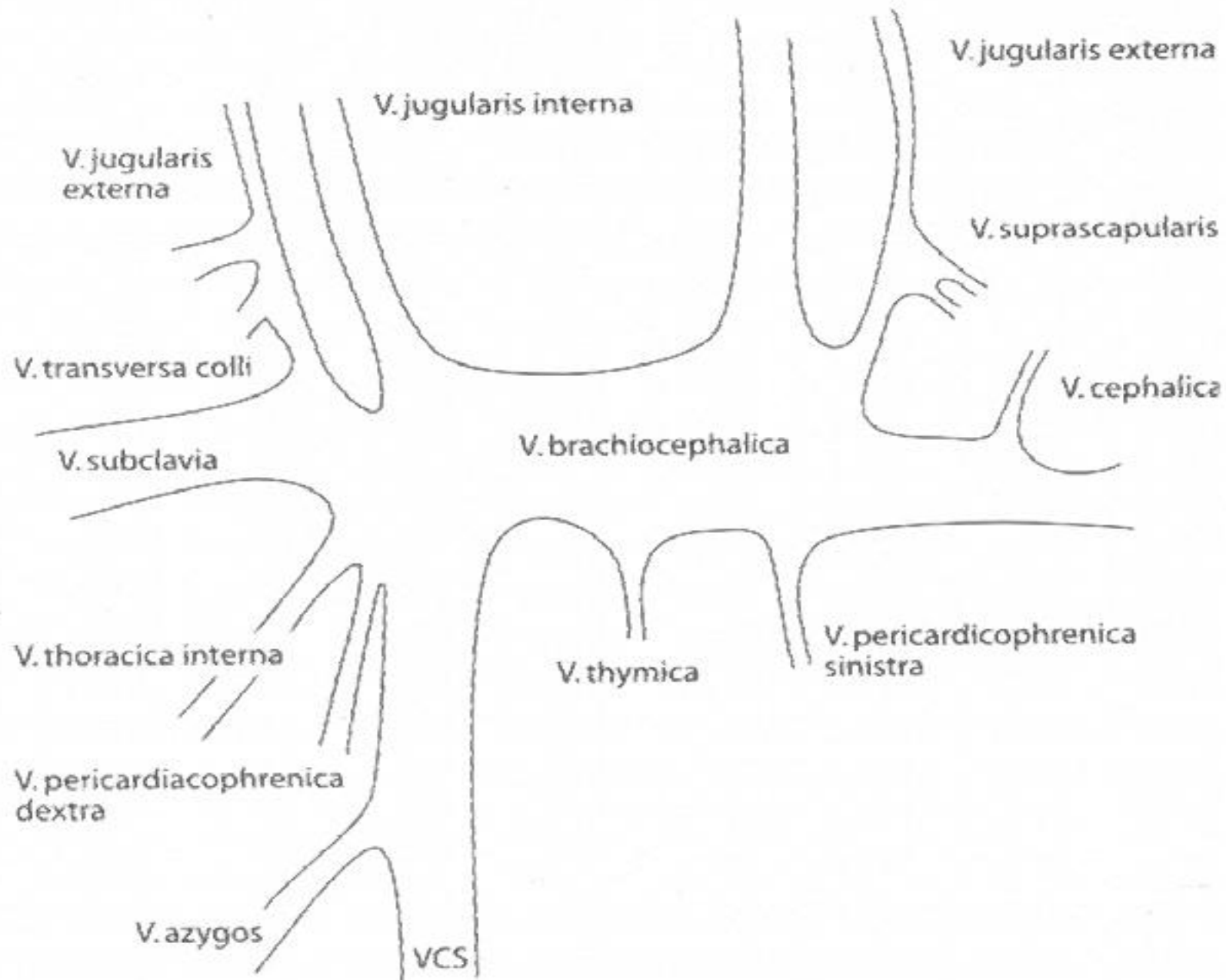
ET tube in right main bronchus

Over inflated right hemithorax

Mediastinal shift towards left

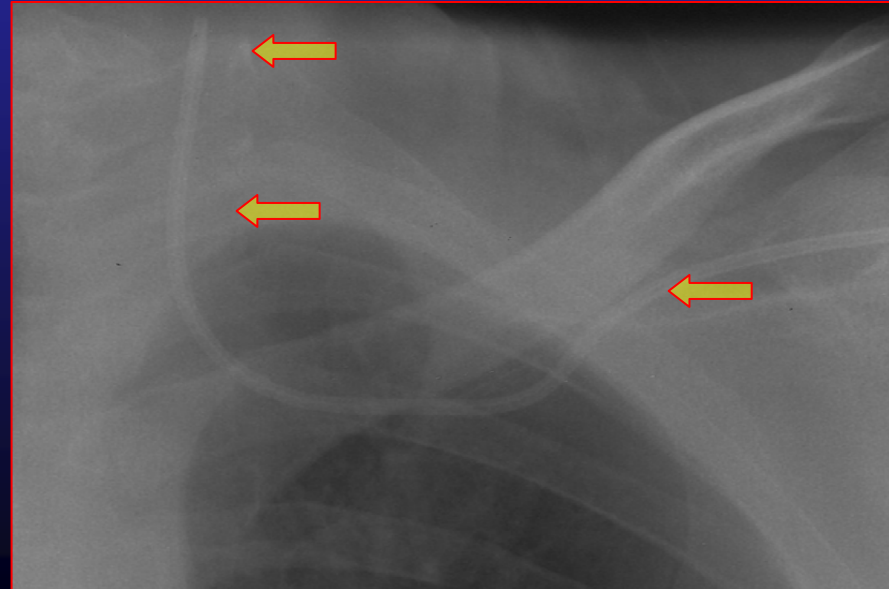


Atelactatic left lung



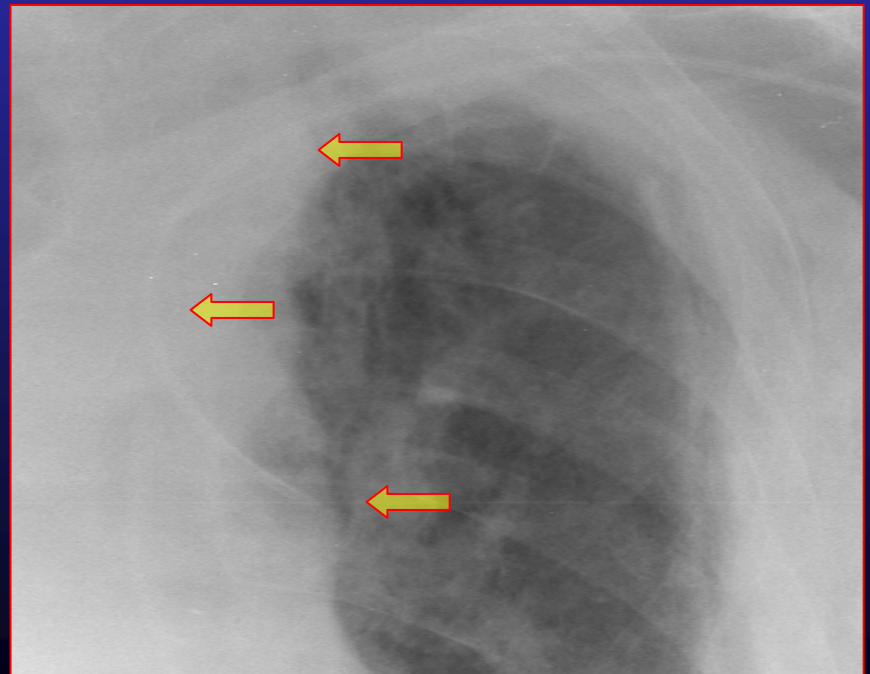
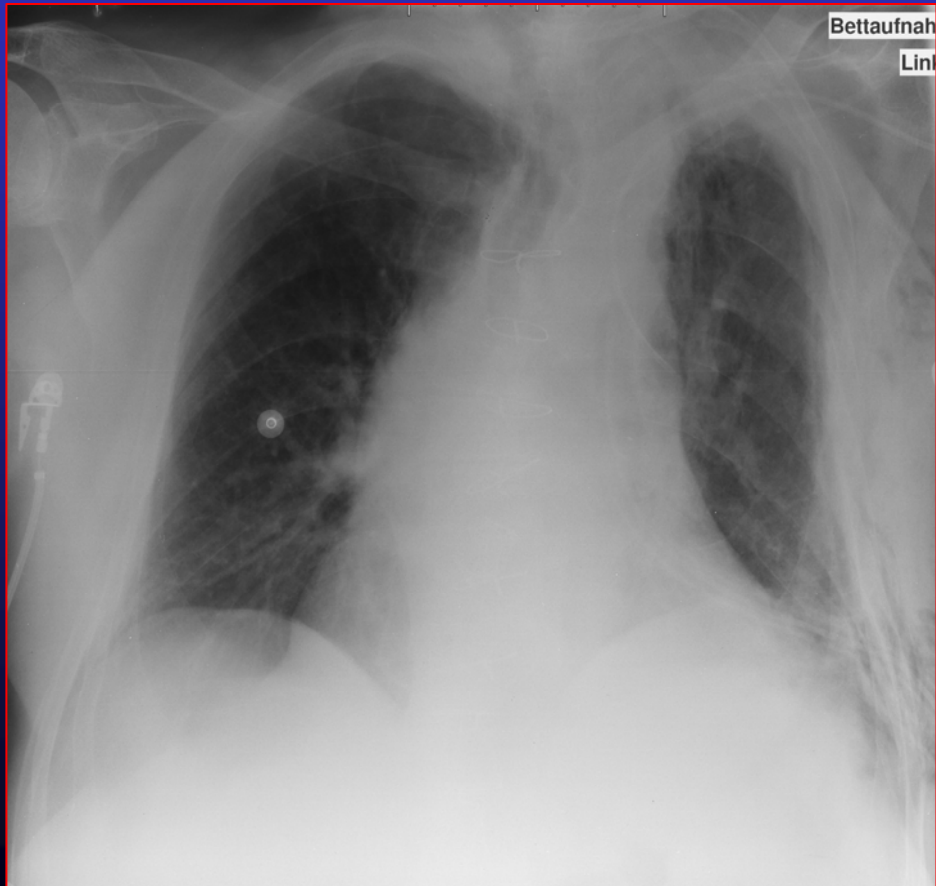
Central Venous Catheter-False Positioning

- Deflection of the catheter cranially into left internal jugular vein



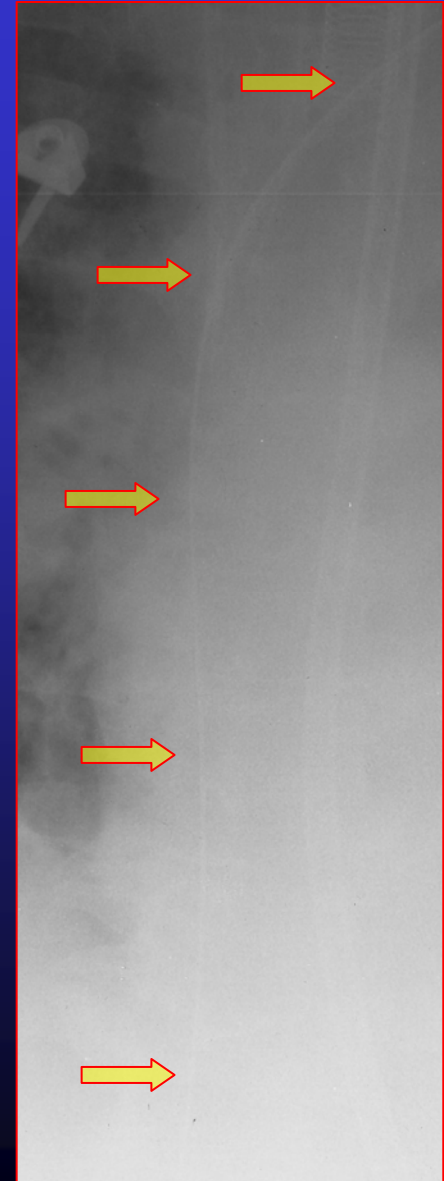
Central Venous Catheter-False Positioning

- Placement of catheter into the persistent upper left superior venacava



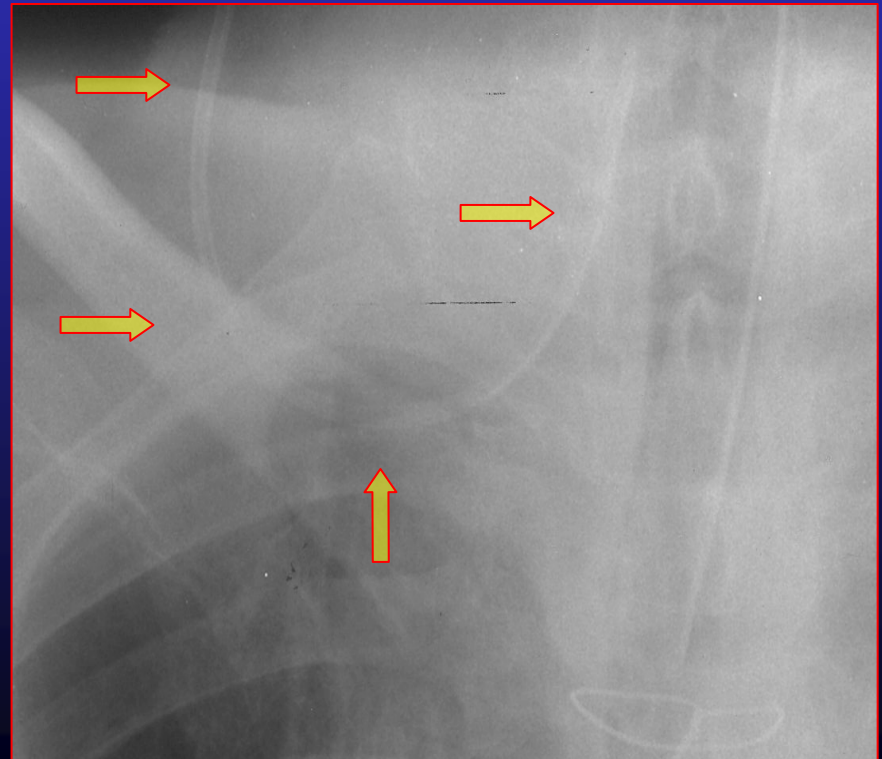
Central Venous Catheter-False Positioning

- Catheter tip in inferior venacava



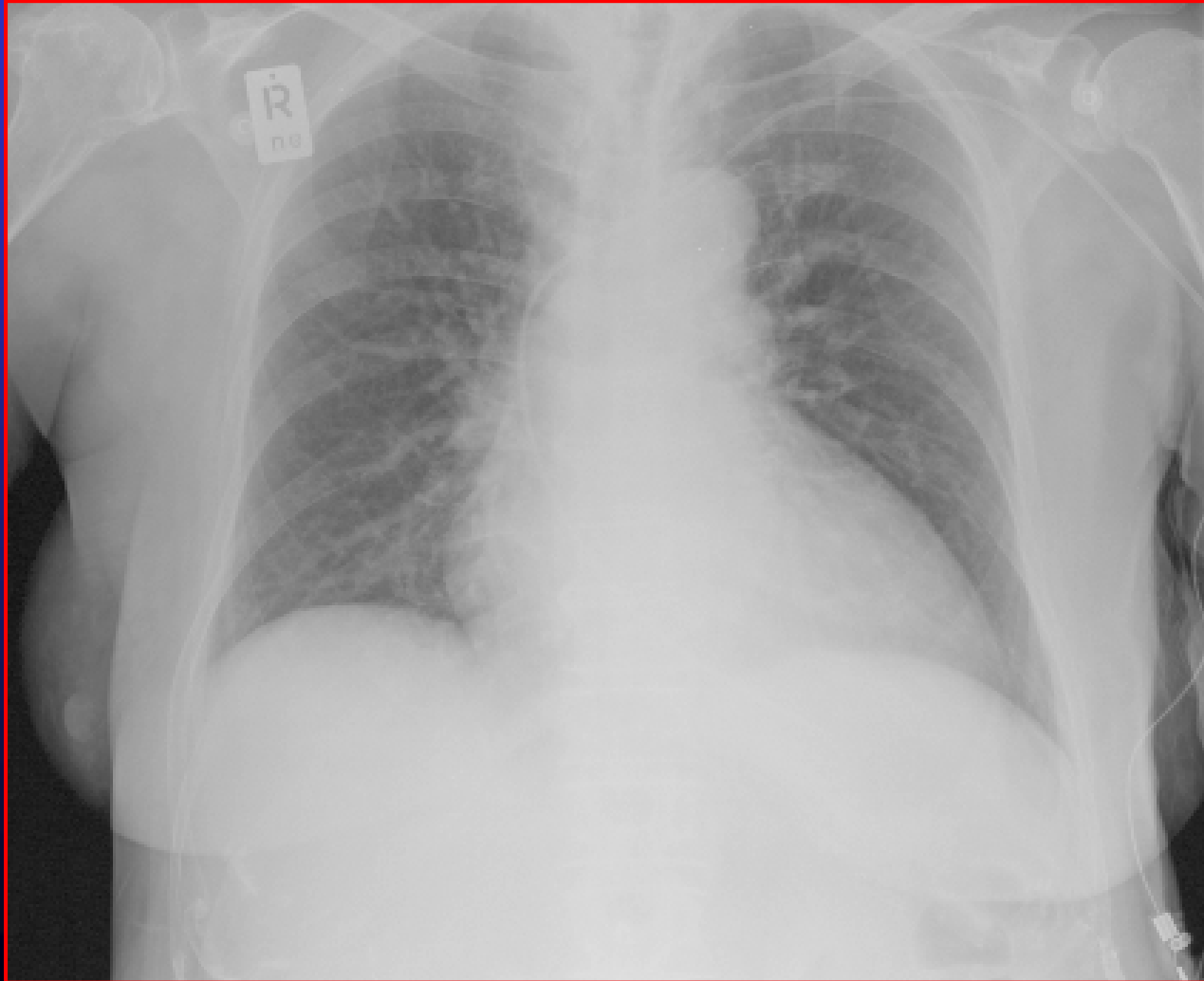
Central Venous Catheter-False Positioning

Placement of catheter through right ext.jugular vein into right int.jugular vein



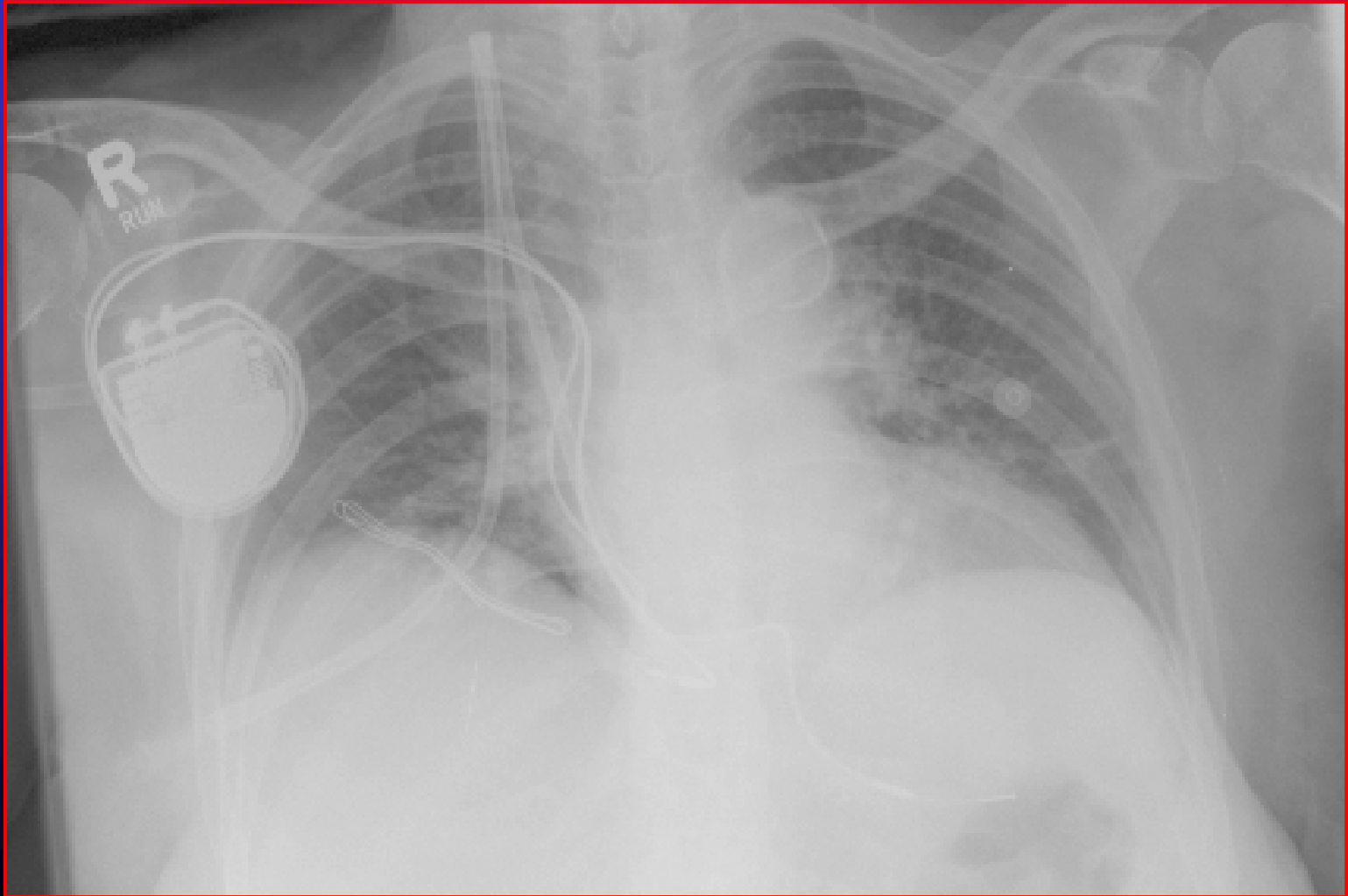
Central Venous Catheter-False Positioning(?)

Not all seen here is a catheter



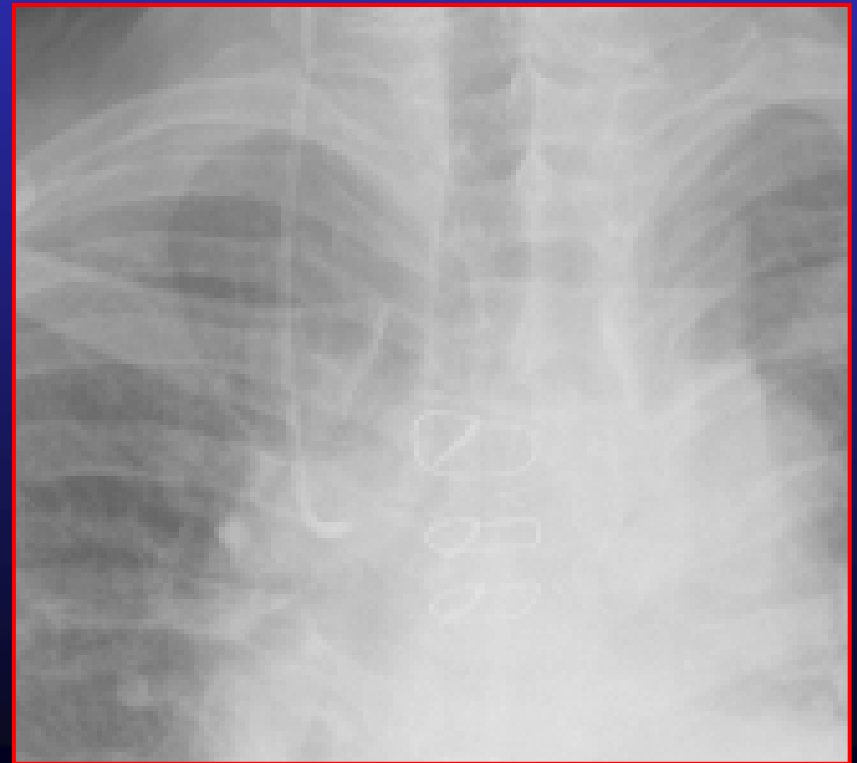
Central Venous Catheter-False Positioning(?)

Dialysis catheter

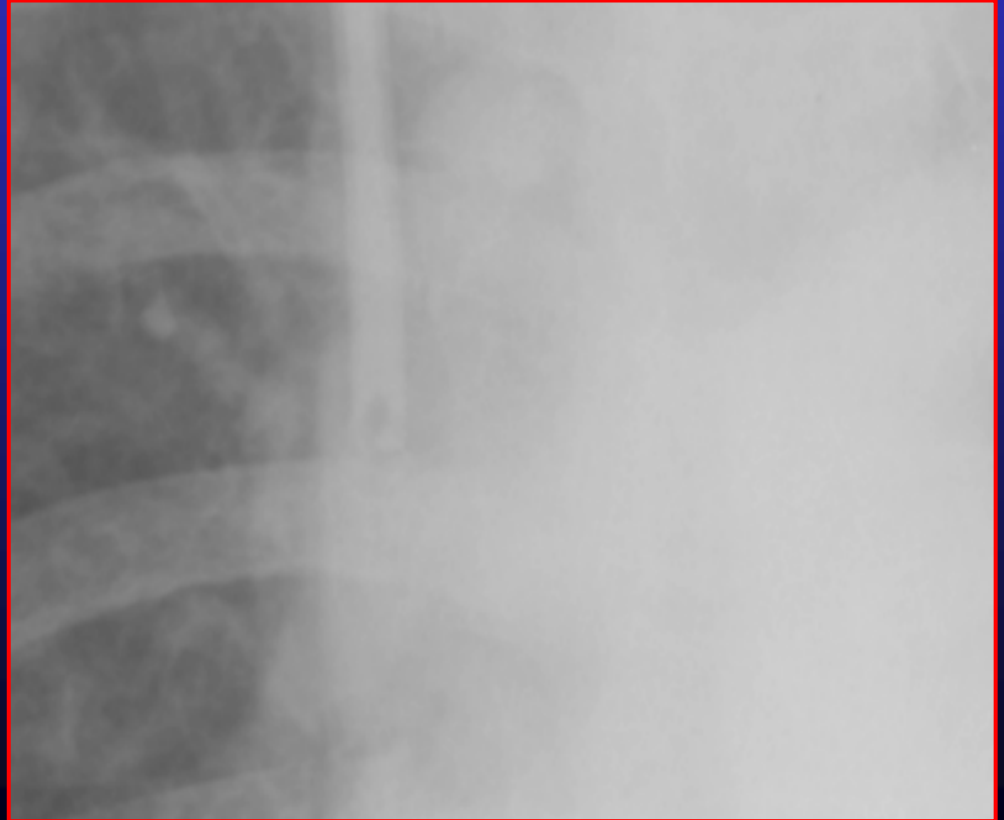
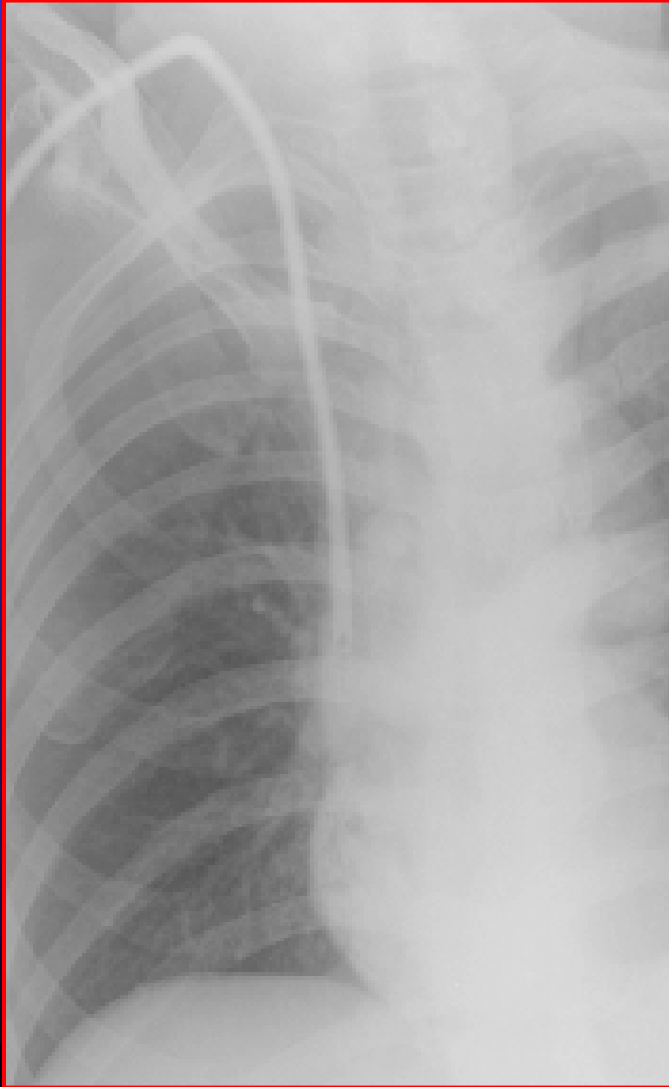


Central Venous Catheter-False Positioning

Placement of catheter
through right ext.jugular
vein into azygos vein

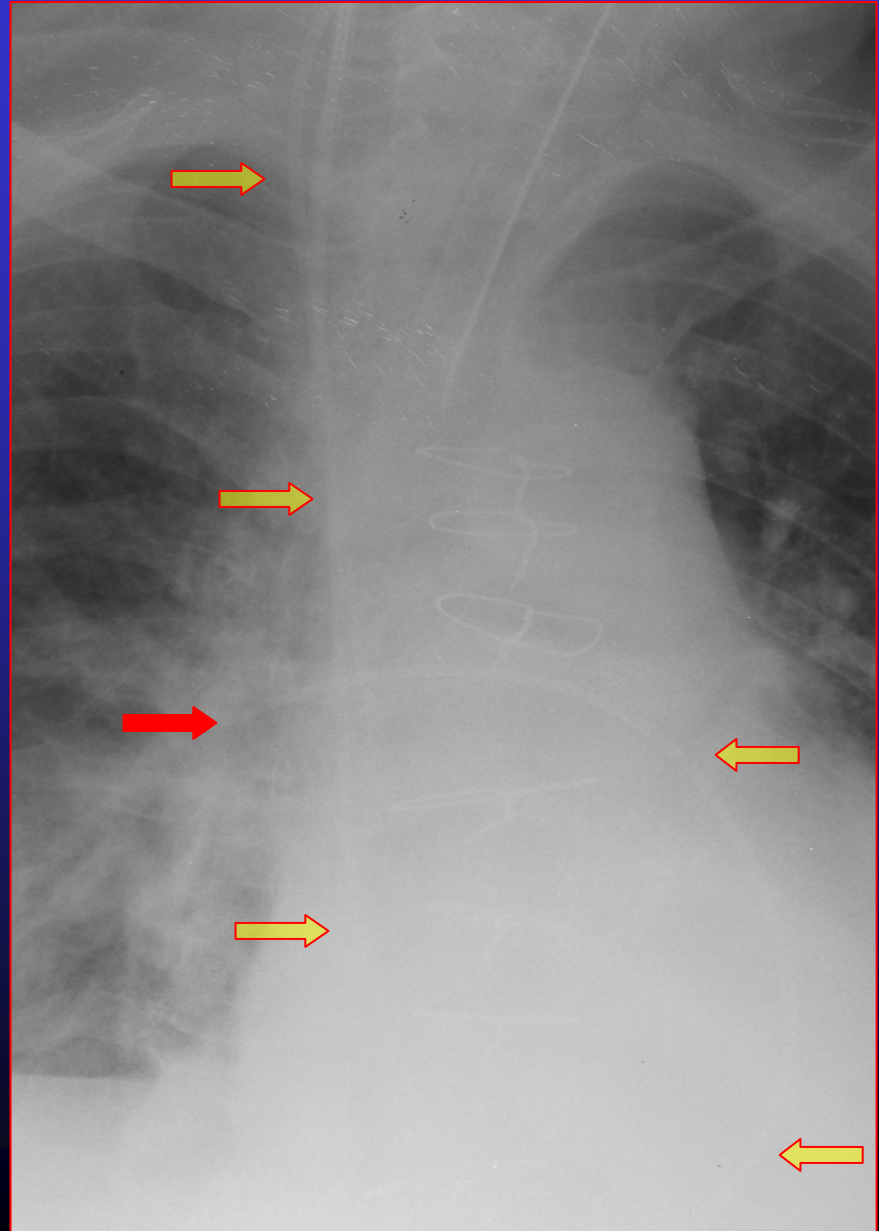


Thrombus in Catheter



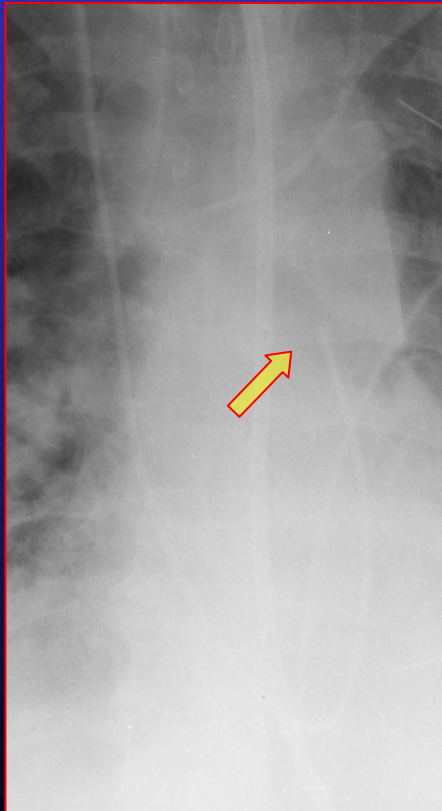
Correct Positioning of PA-Katheter

- Projection of tip of catheter over the right or left main pulmonary artery, extending upto 2 cm into the hilum

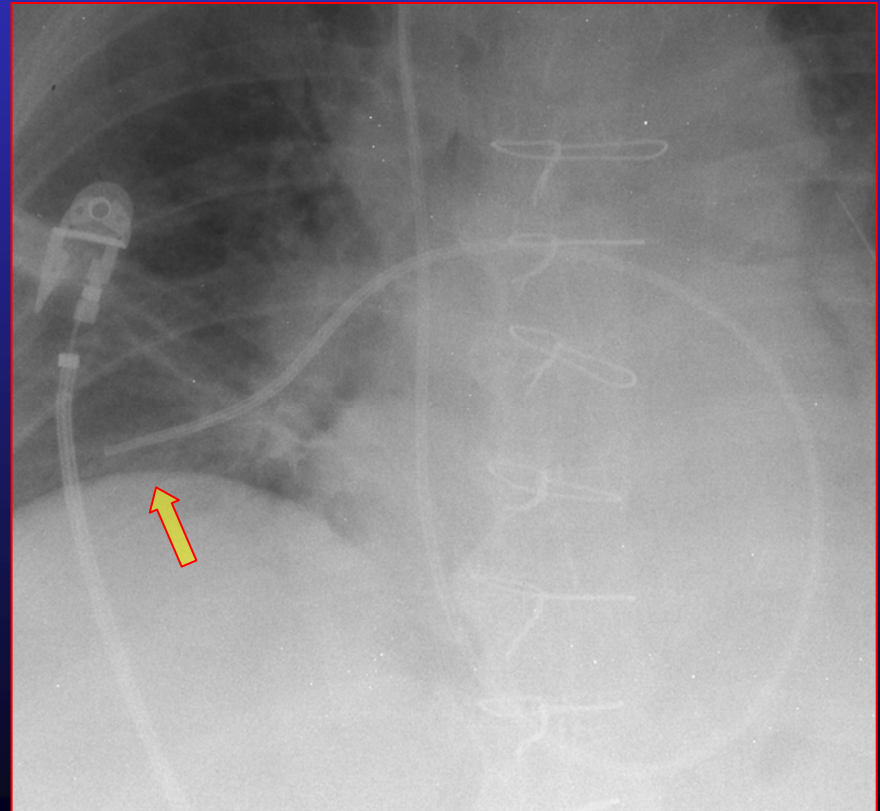


PA-Catheter-False Positioning

PA-Catheter too proximal

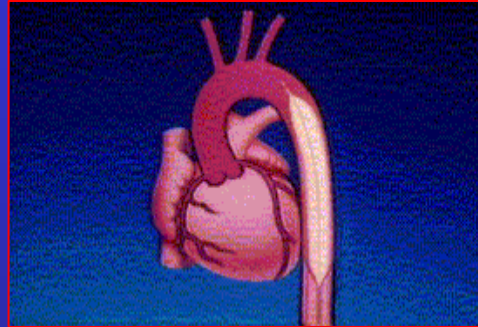


PA-Catheter too distal

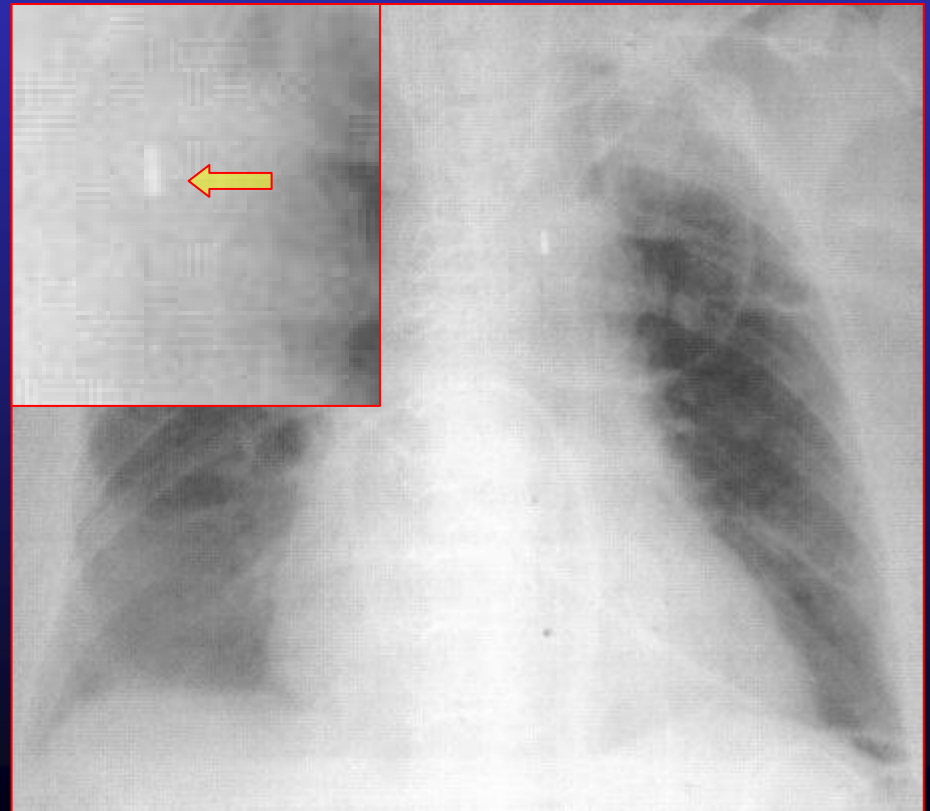
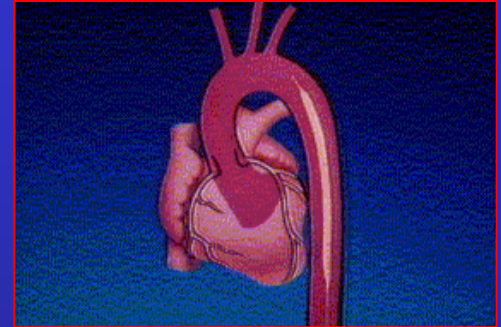


IABP

Diastole

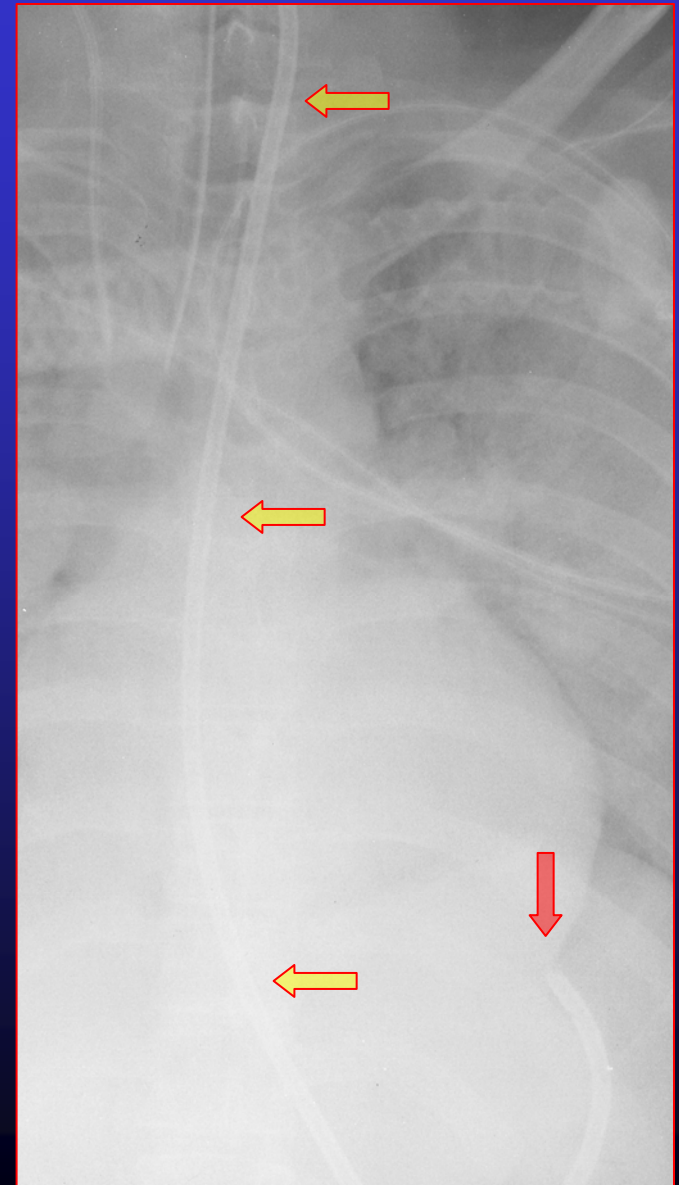


Systole



Ryle`s Tube - Correct Positioning

- Correct Placement: The tip and side-pores below esophagus hiatus

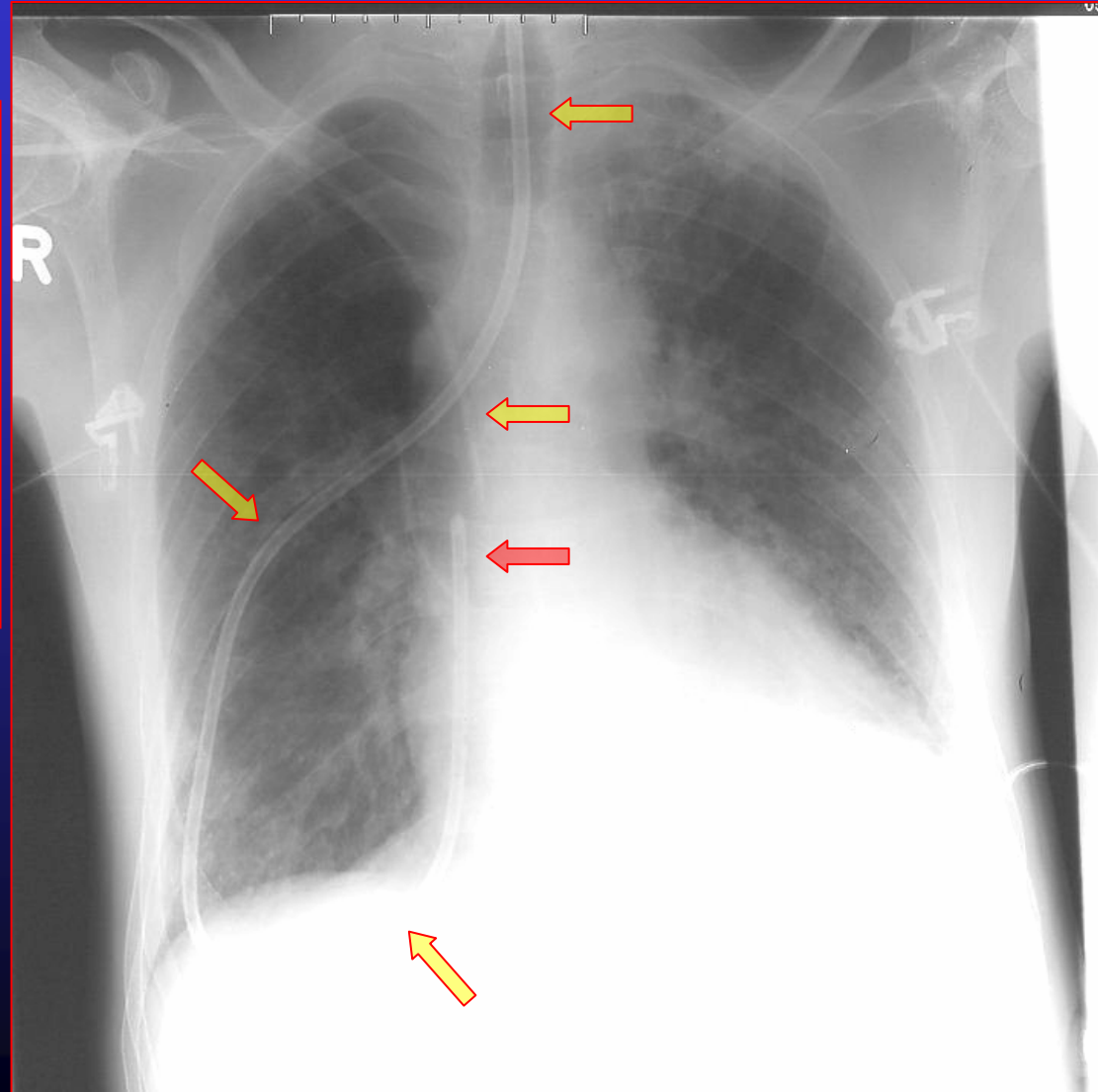


Ryle`s Tube-False Positioning

- Tip located in the esophagus
- The tube is deflected or coiled cranially in esophagus, could lead to rupture of esophagus
- False placement in tracheo-bronchial system which could lead to aspiration or pneumothorax

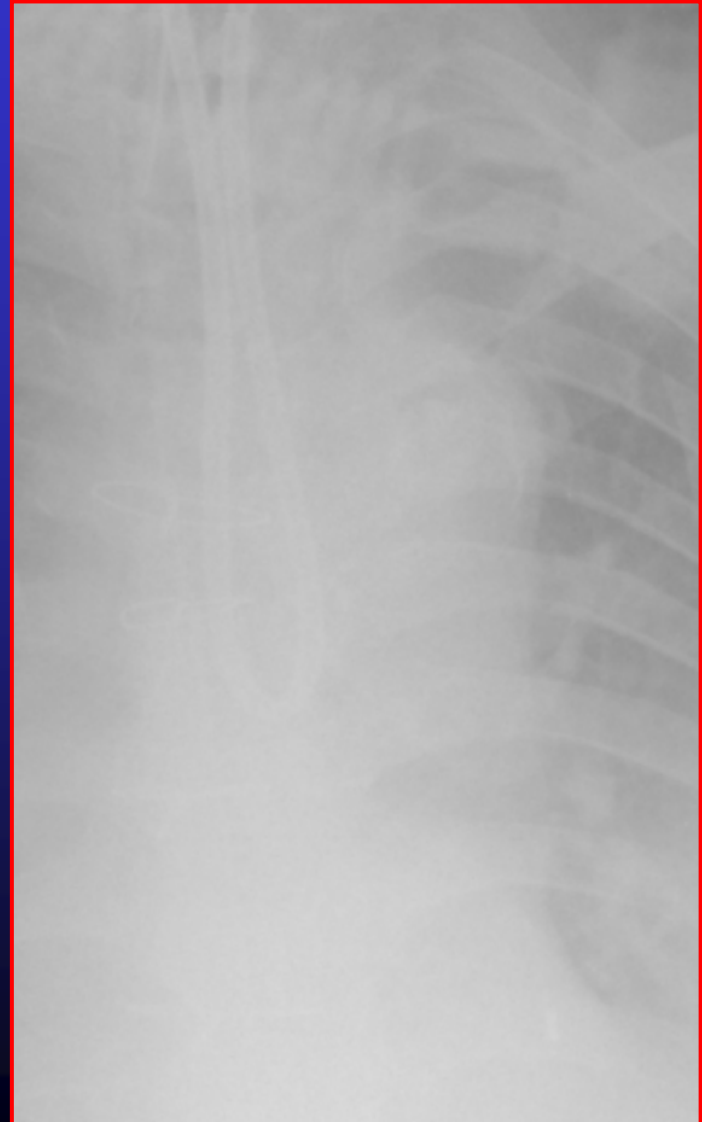
Ryle`s Tube-False Positioning

False positioning
of Ryle`s tube in
trachea with injury
to the airway and
pneumothorax



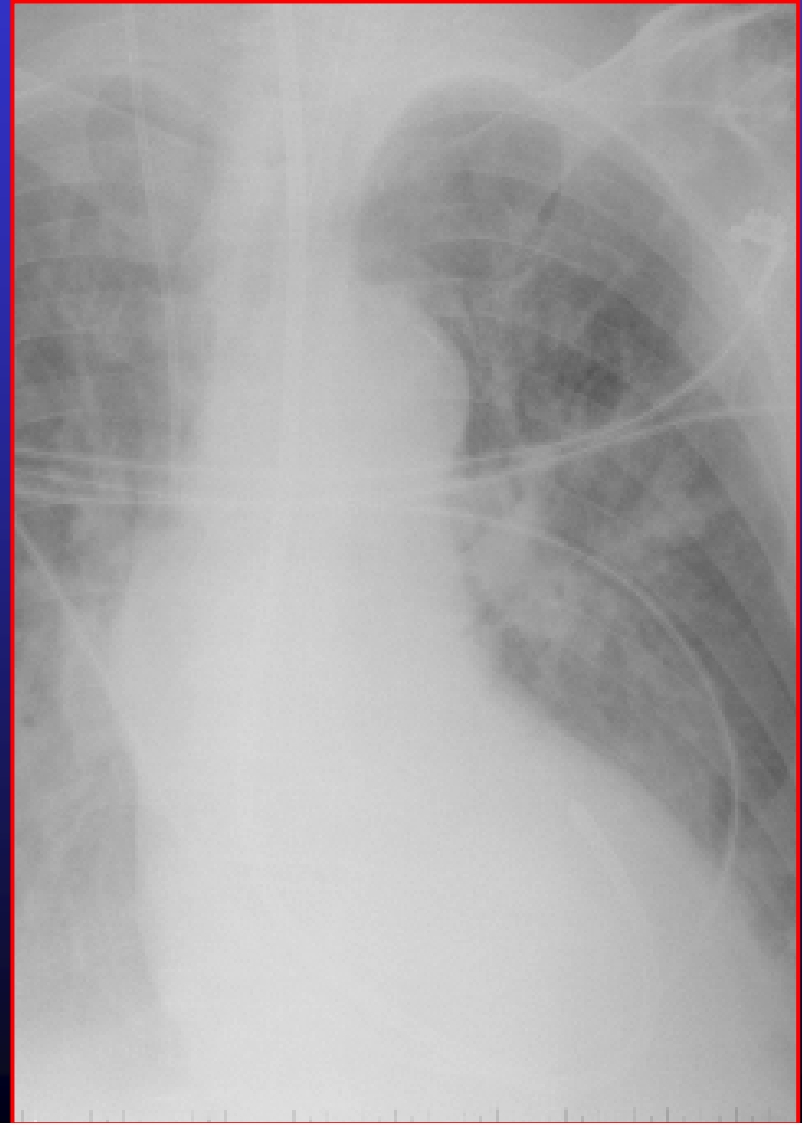
Ryle`s Tube-False Positioning

Ryle`s tube in
esophagus deflected
cranially

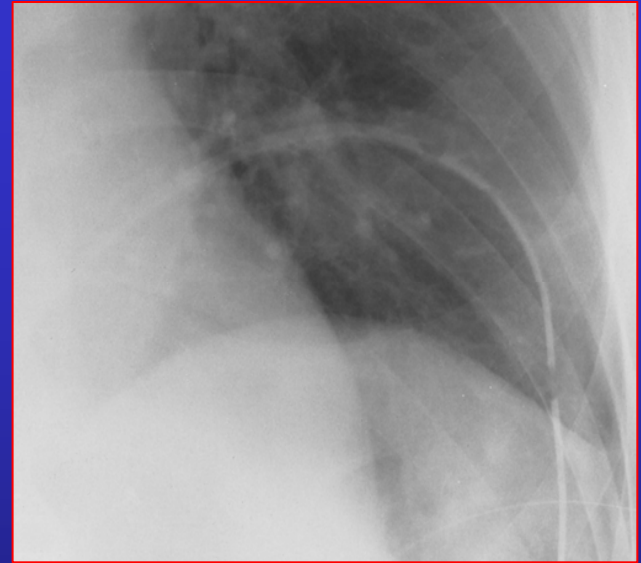


Ryle`s Tube-False Positioning(?)

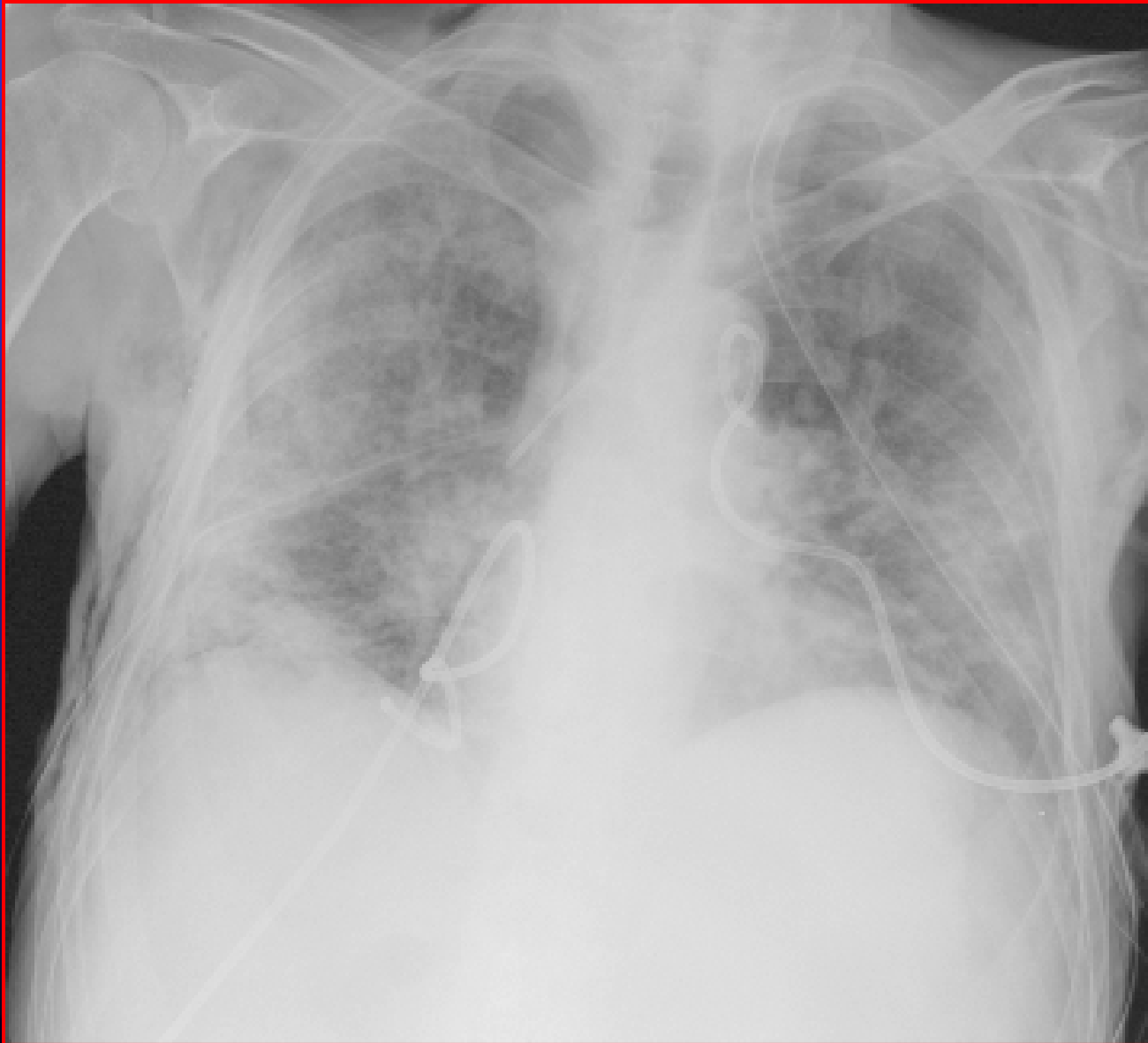
Ryle`s tube in stomach
in diaphragmatic
hernia



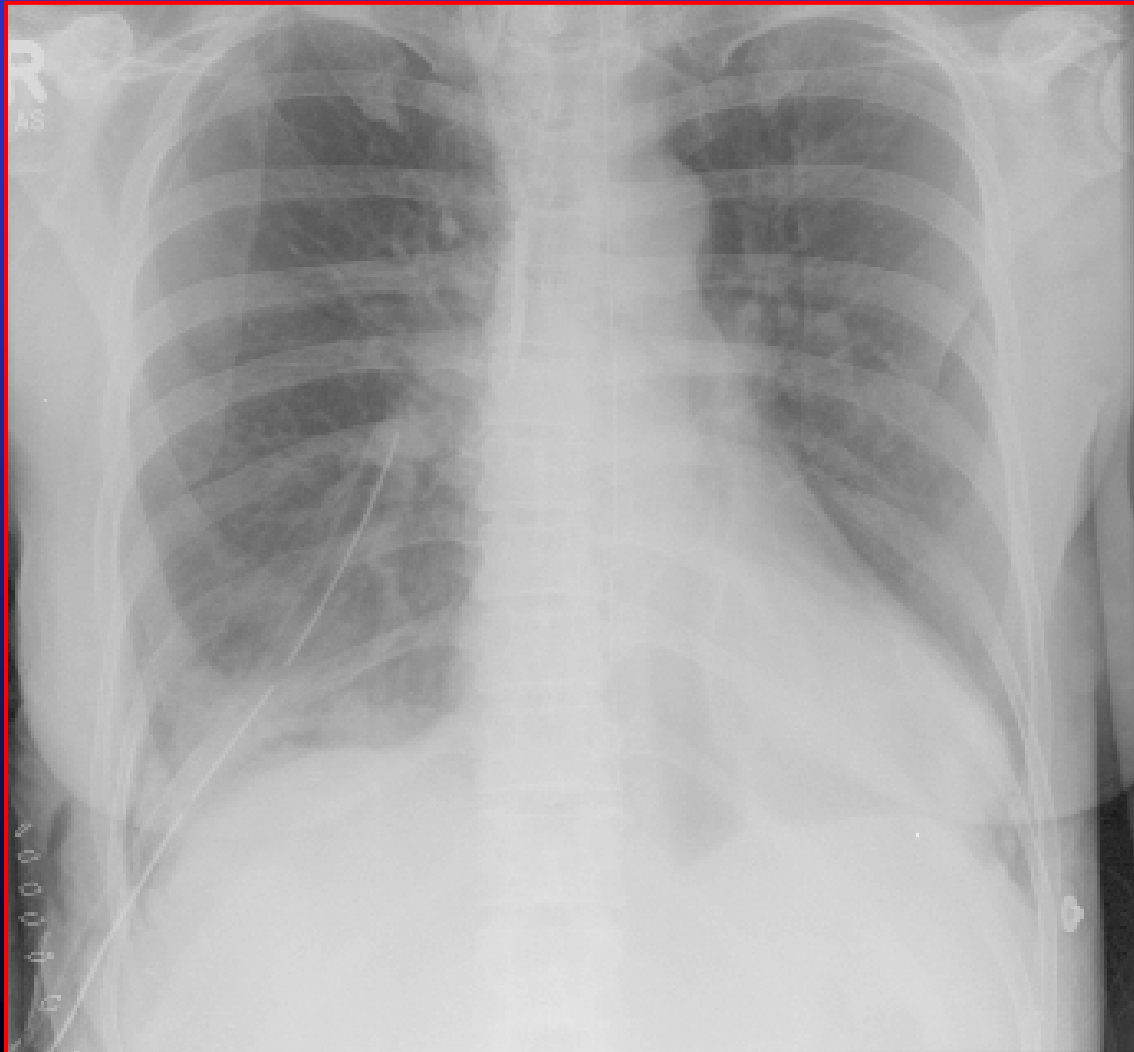
Pleural Drainage Catheters



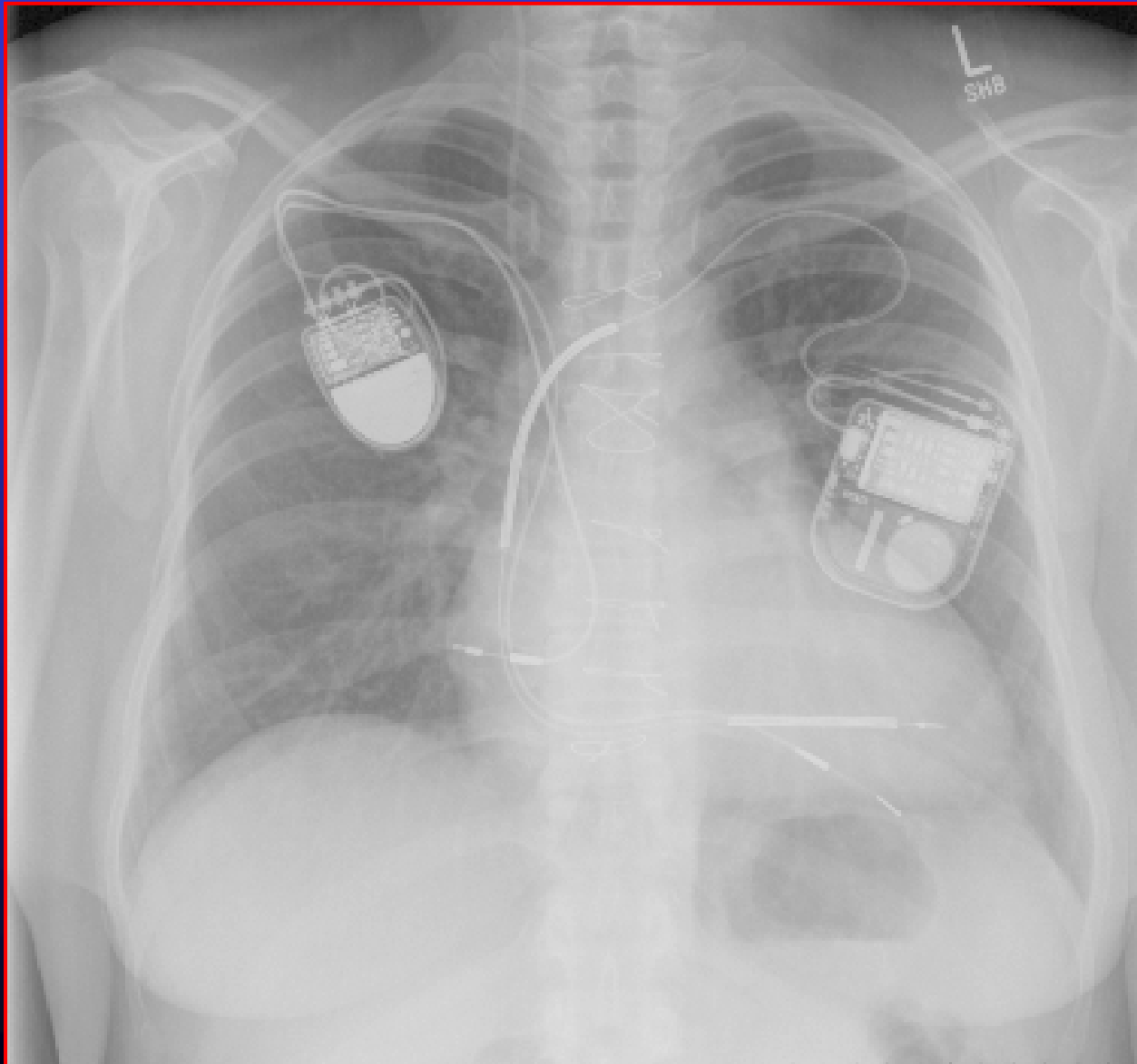
Pleural Drainage Catheters



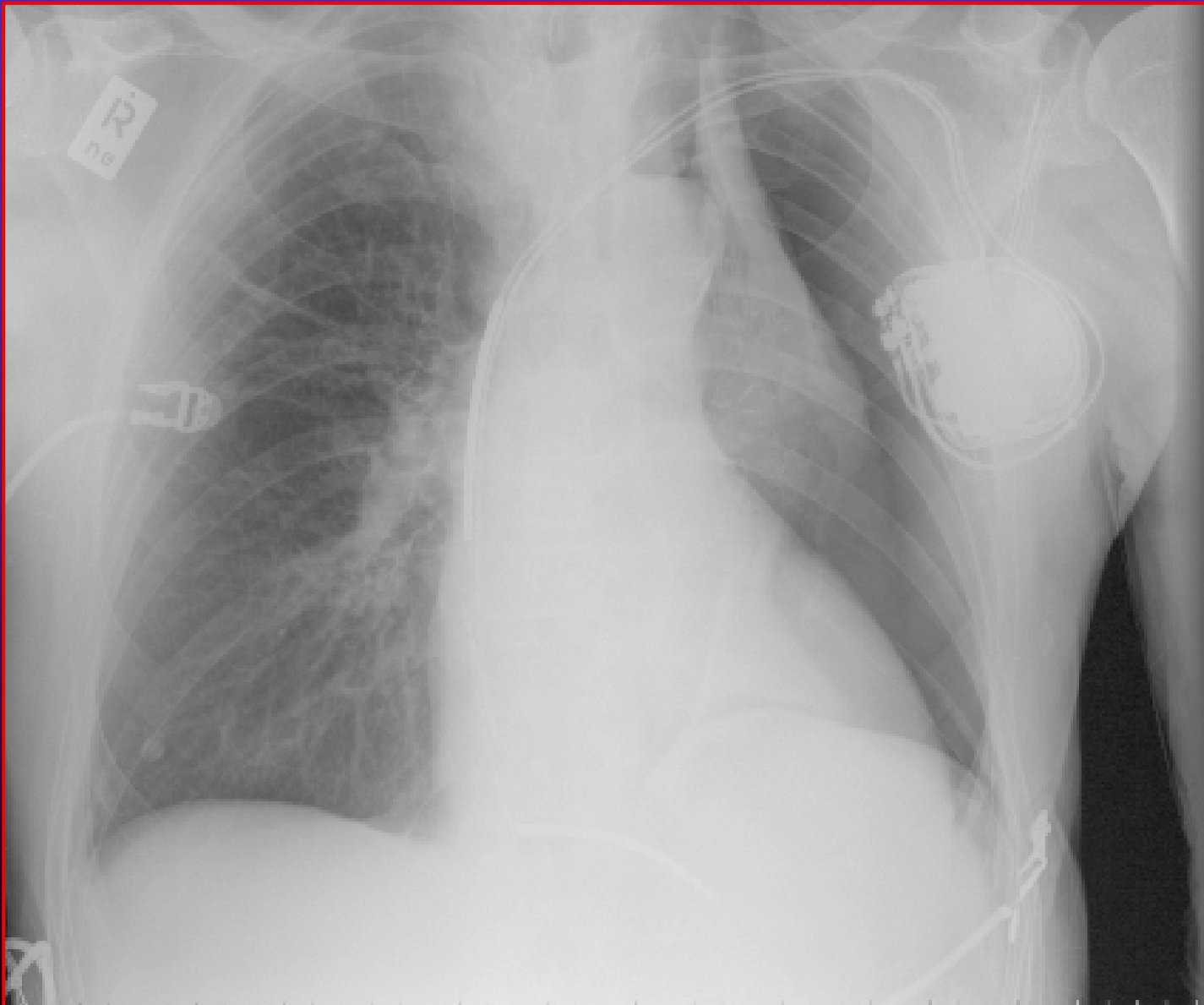
Drainage Catheter Tip in Major Fissure



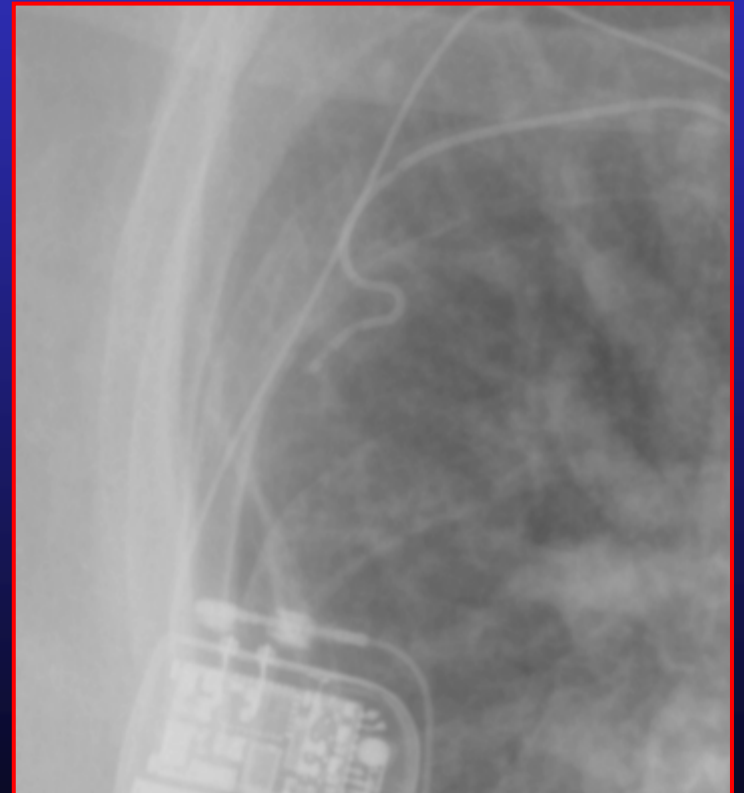
Pacemaker and Defibrillator



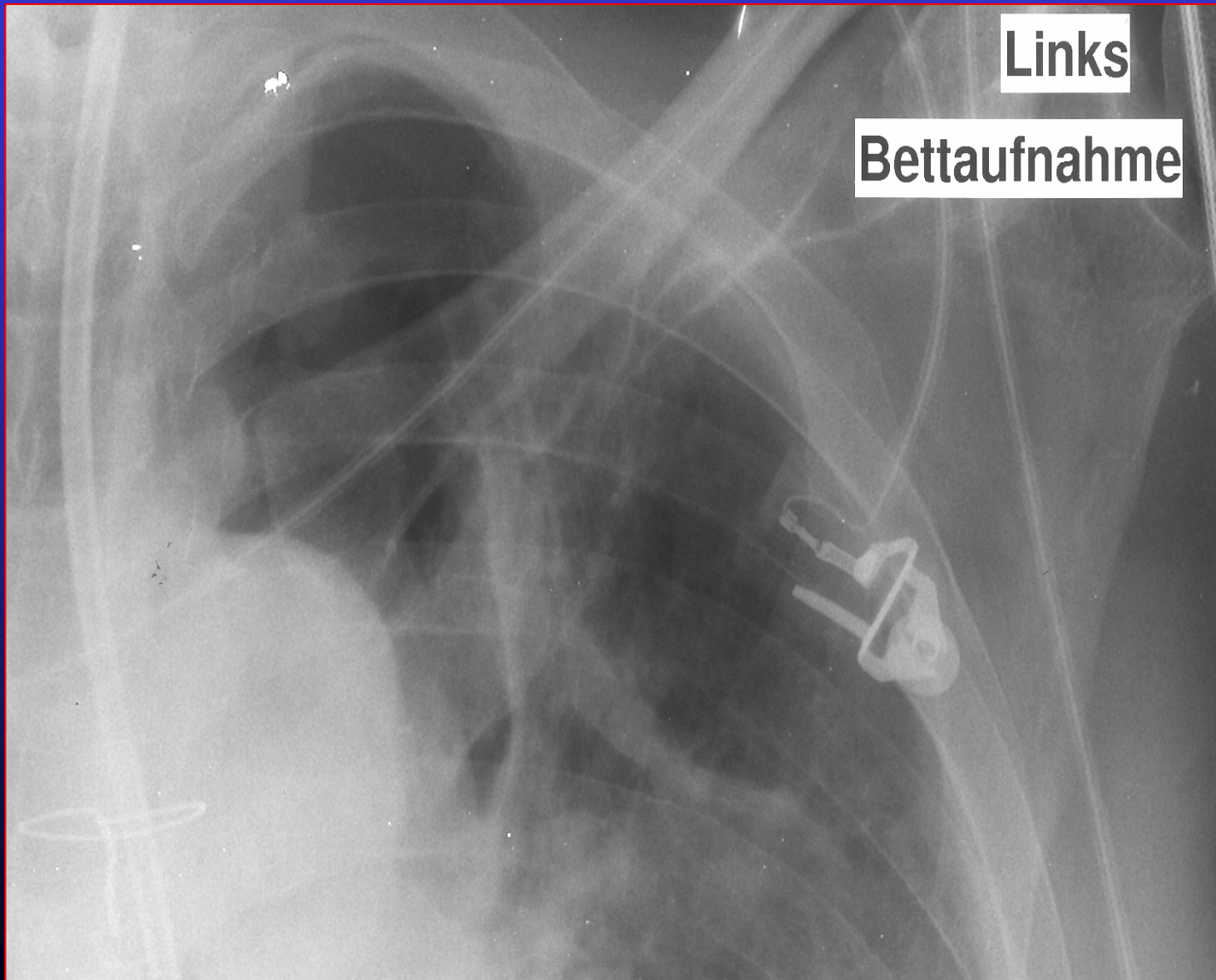
The Defib is functioning but...



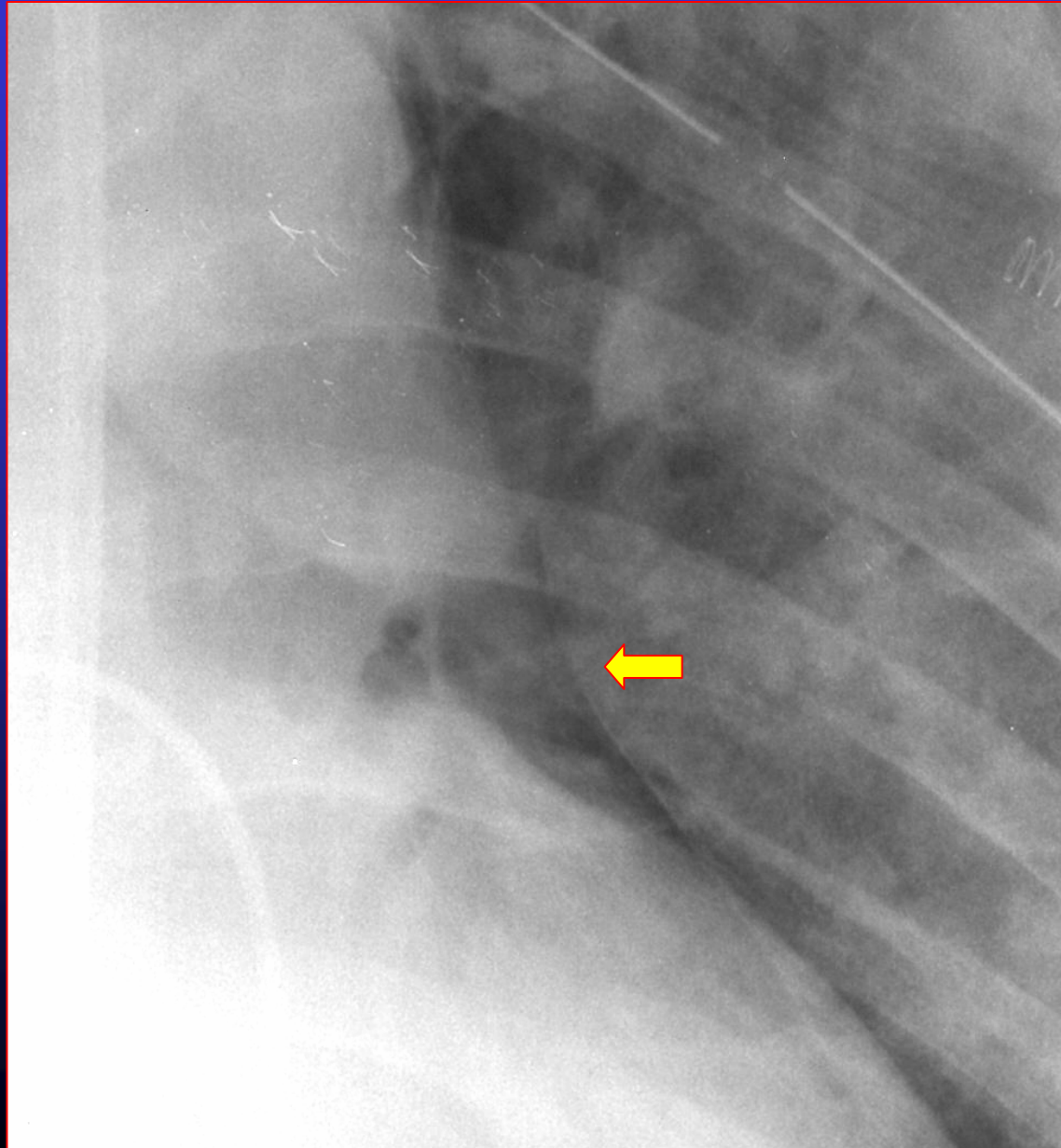
Always Follow the Catheter



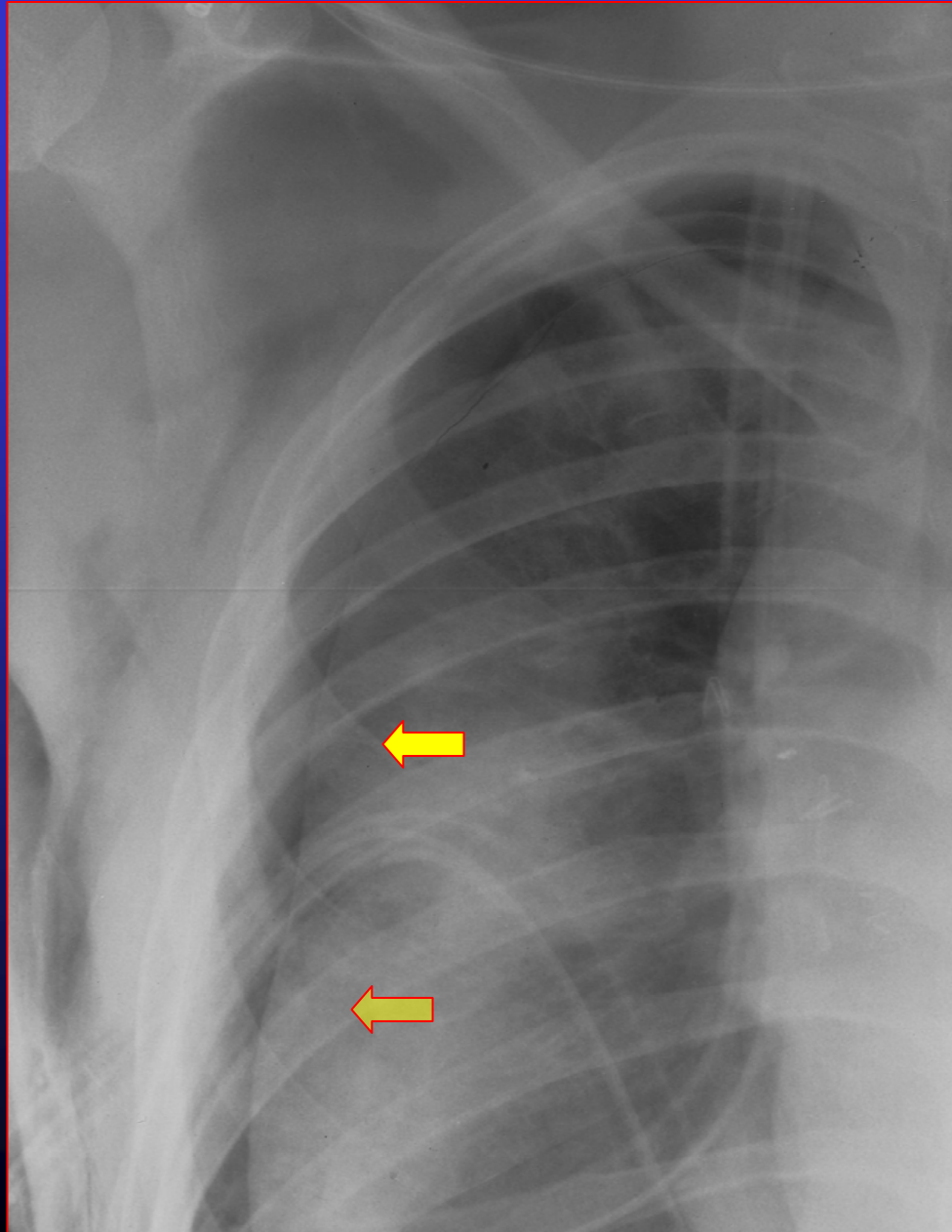
Apical Pneumothorax



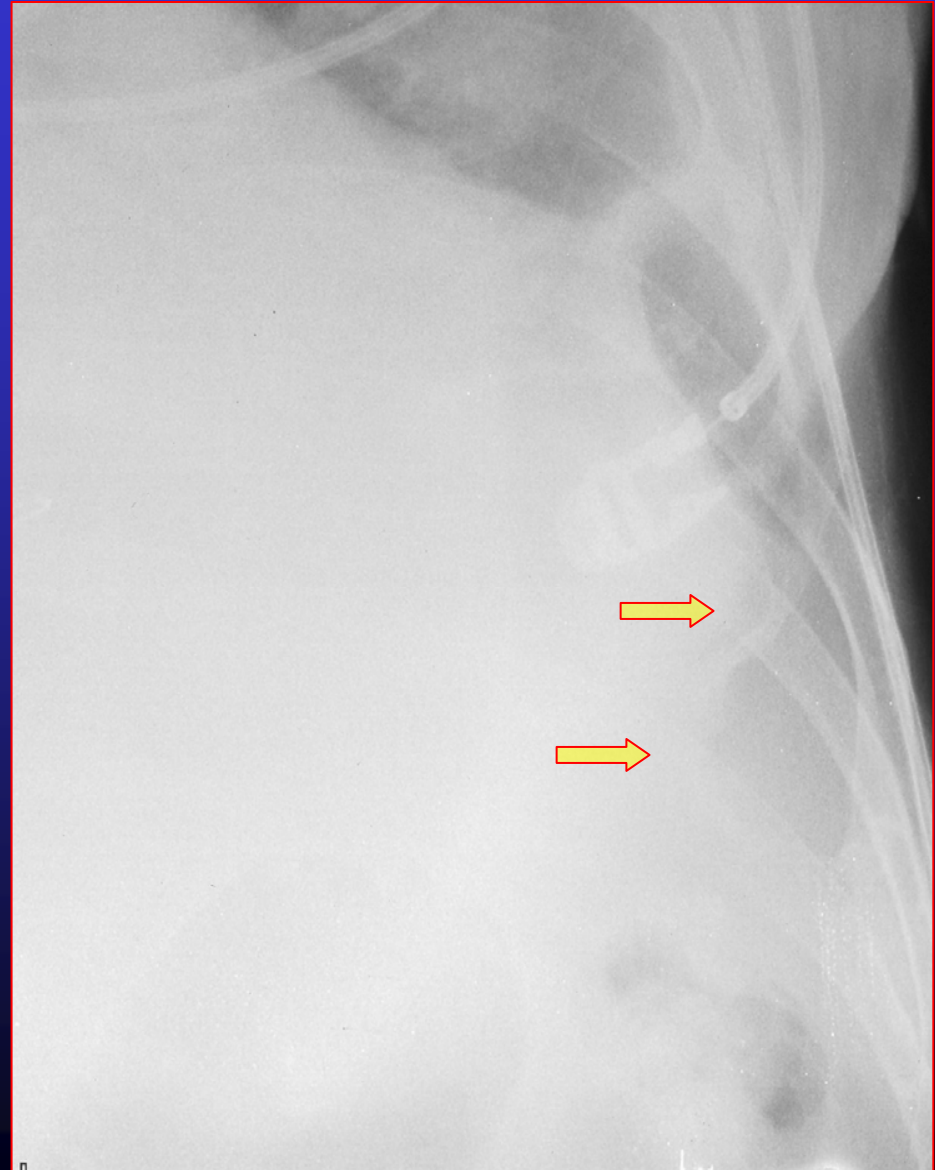
Mediastinal Pneumothorax



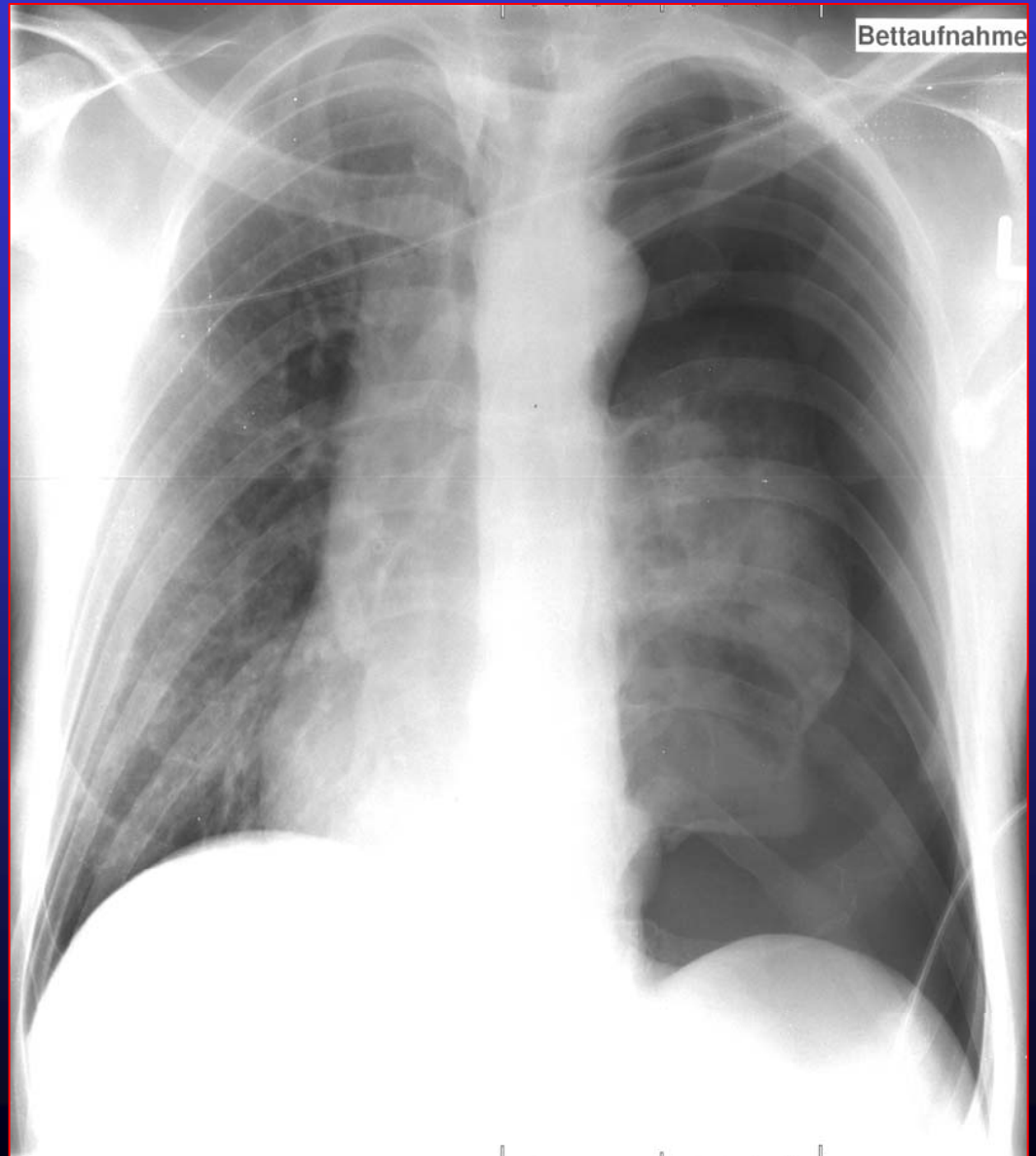
Coating Pneumothorax



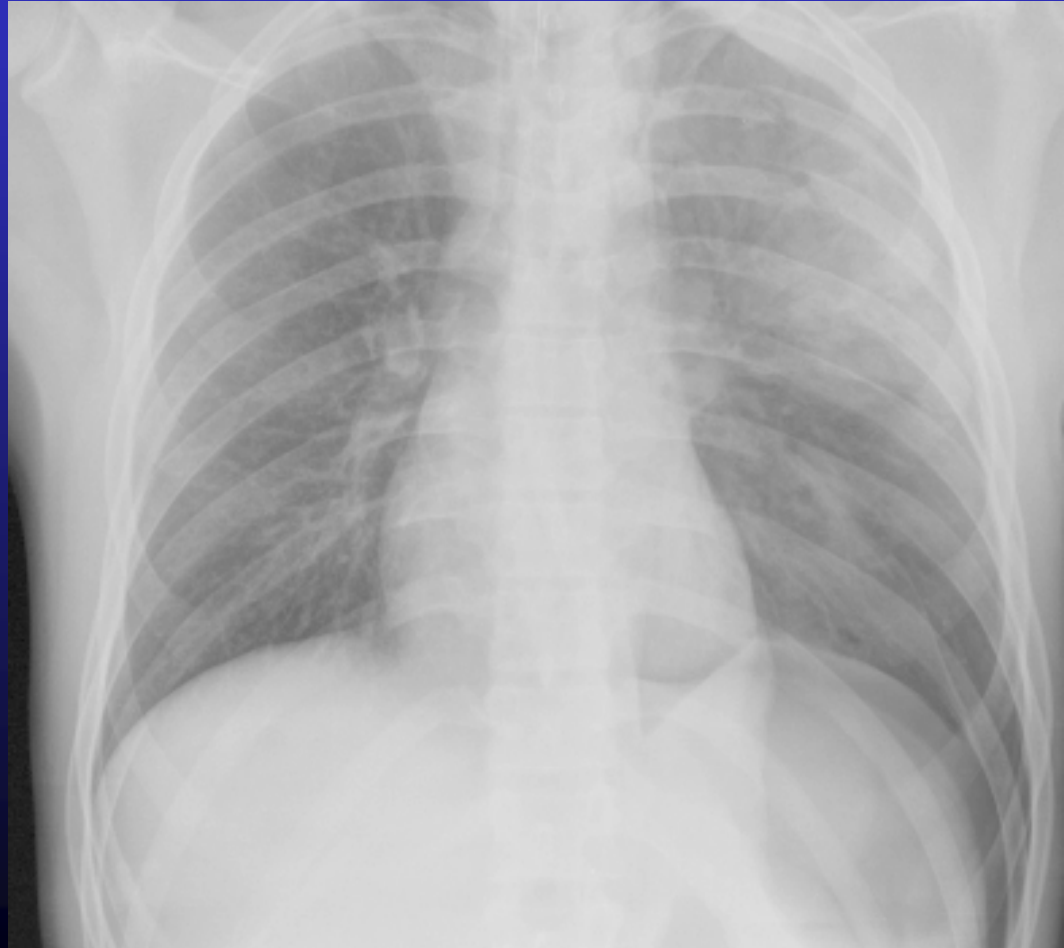
Basal Pneumothorax

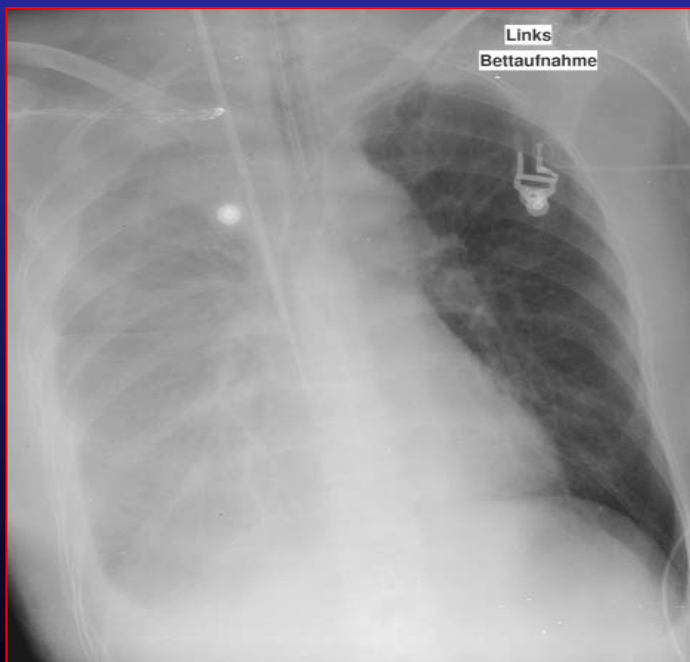
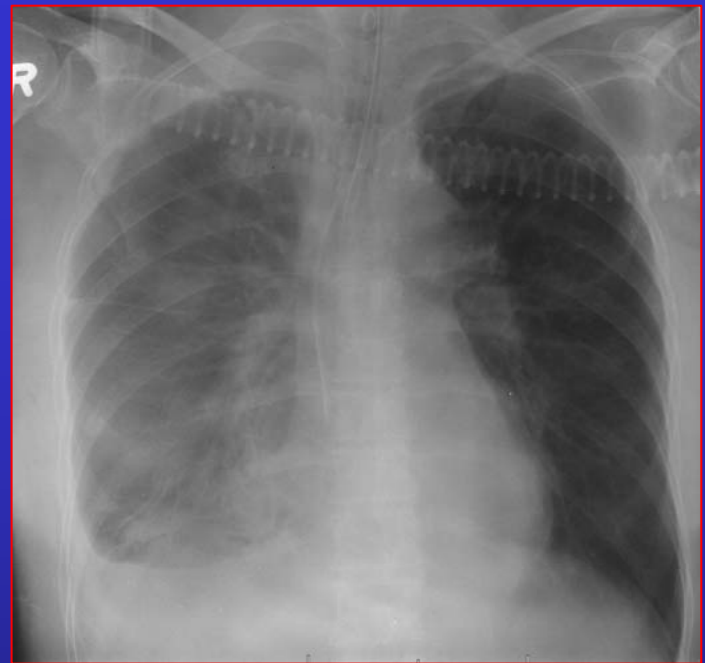
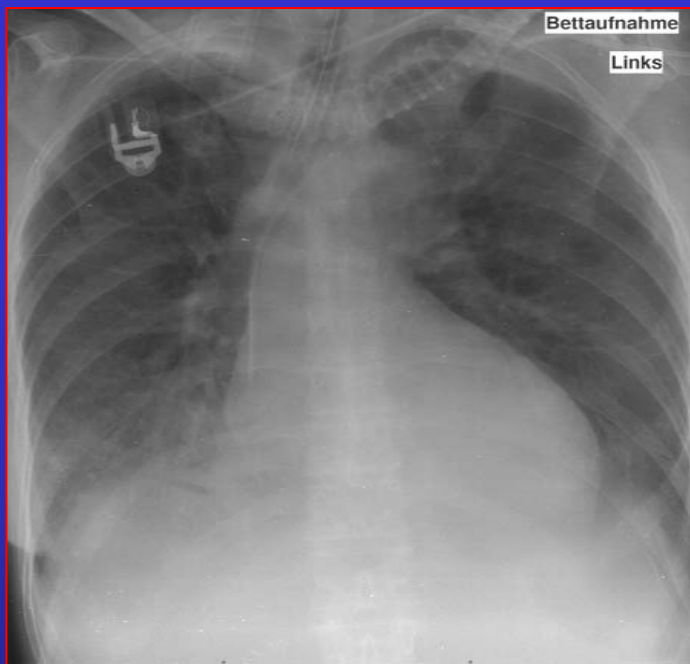


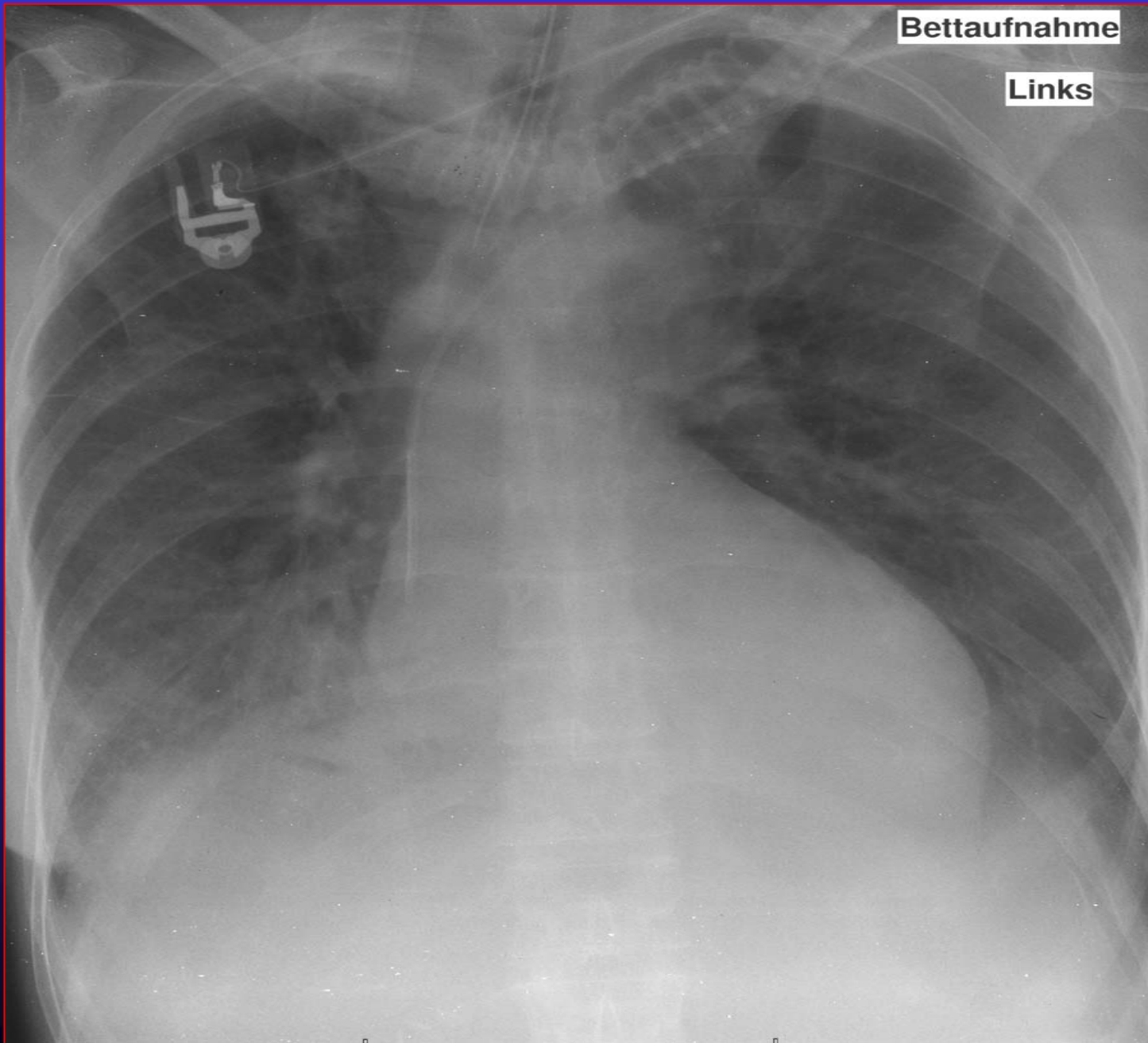
Tension Pneumothorax

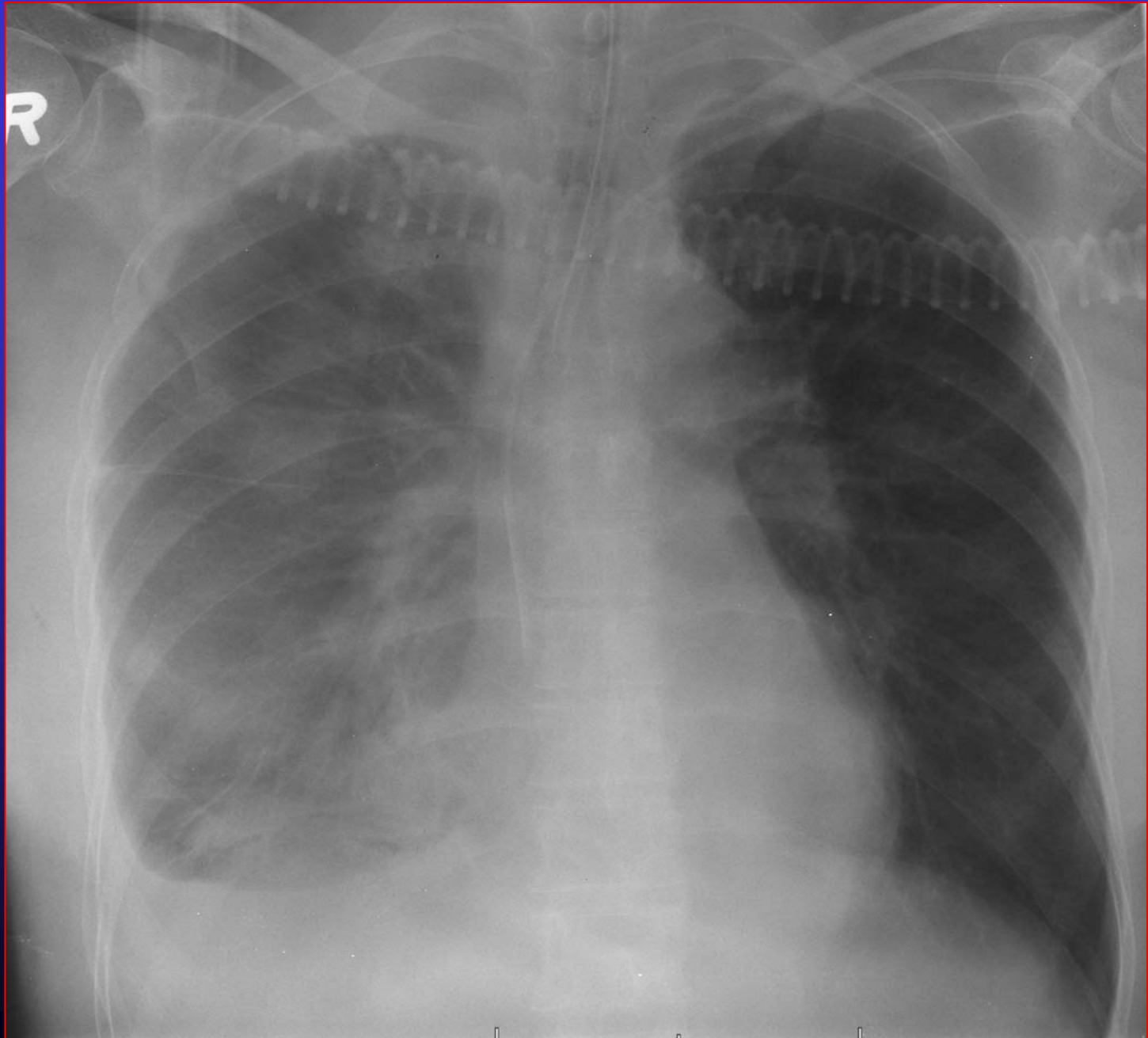


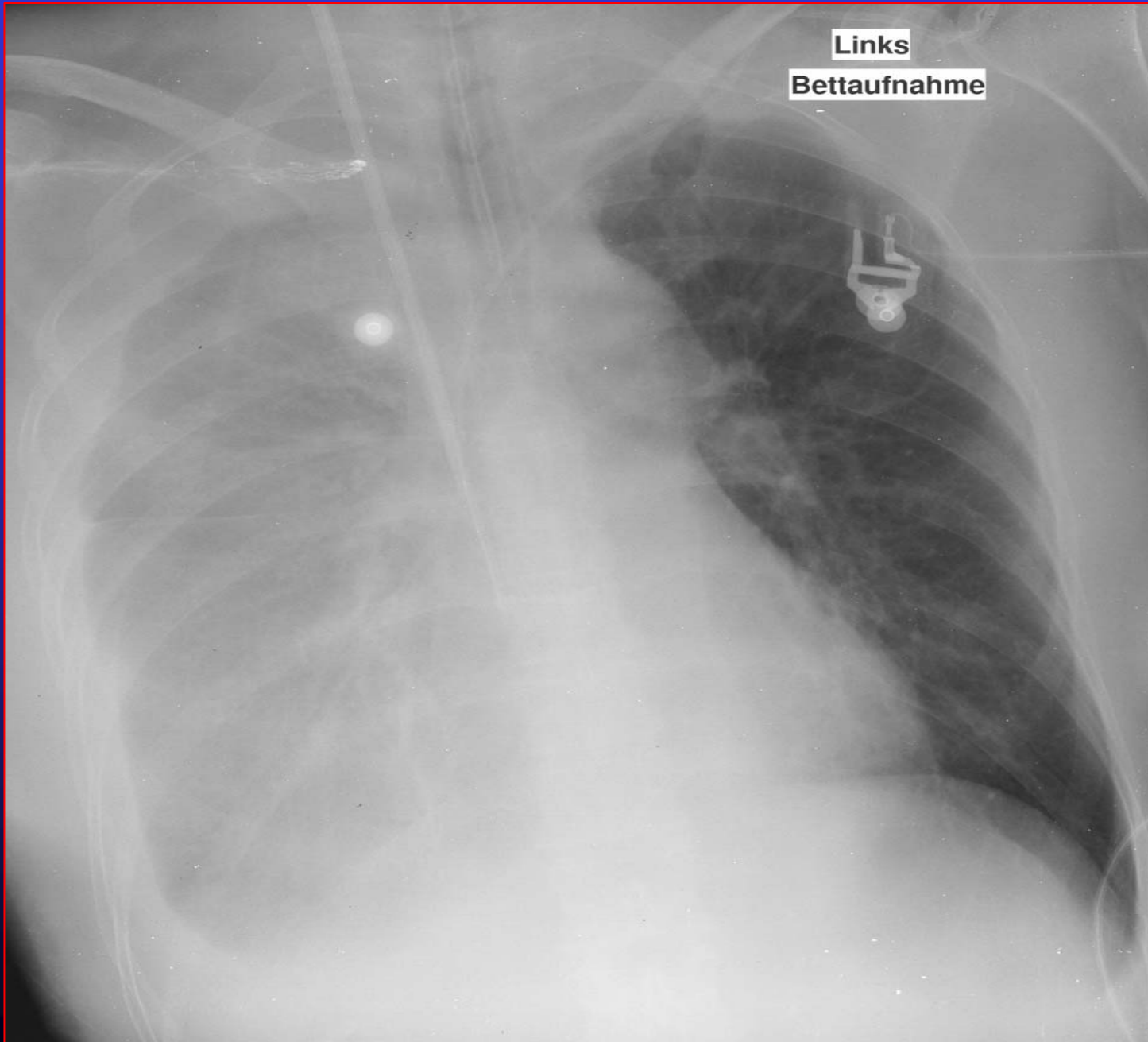
Subpulmonary Pneumothorax











Links

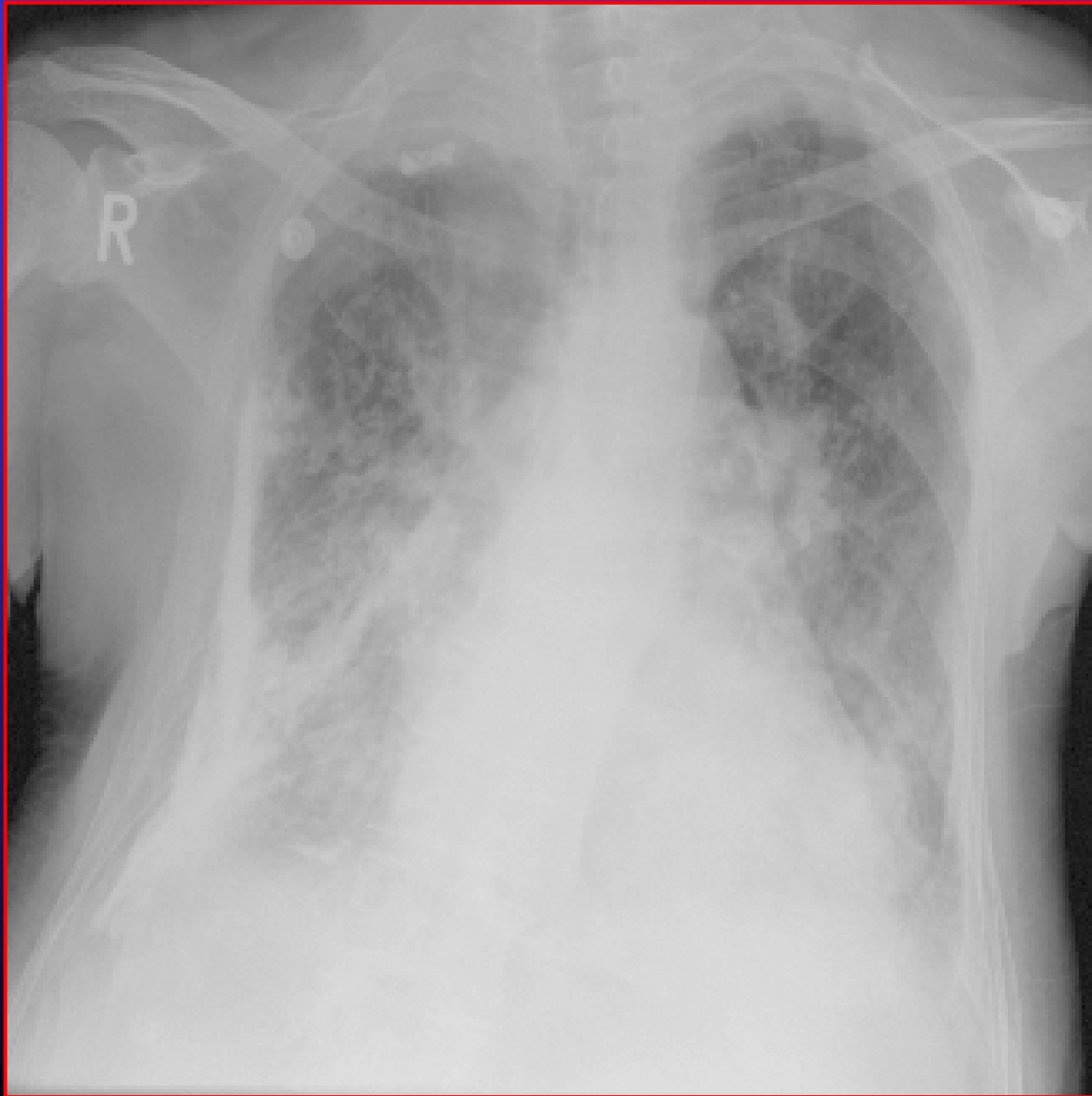
Bettaufnahme



Loculated Pleural Effusion

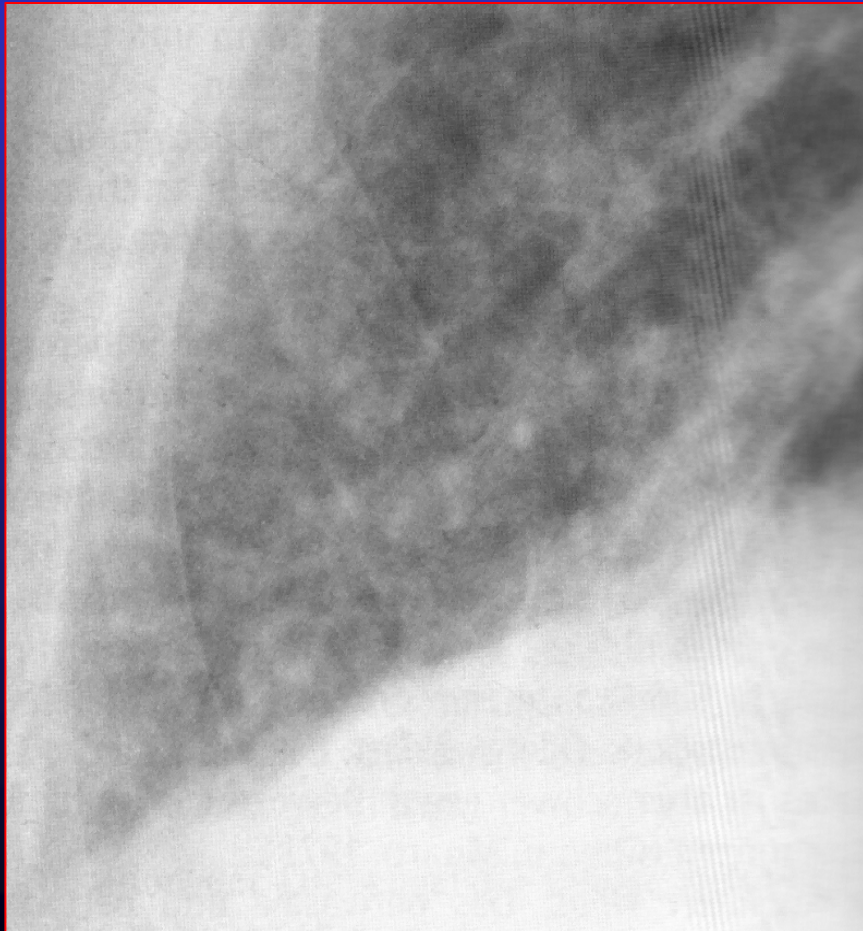


DD Pleural Callosity



Signs of Congestion

Kerley-B-Lines

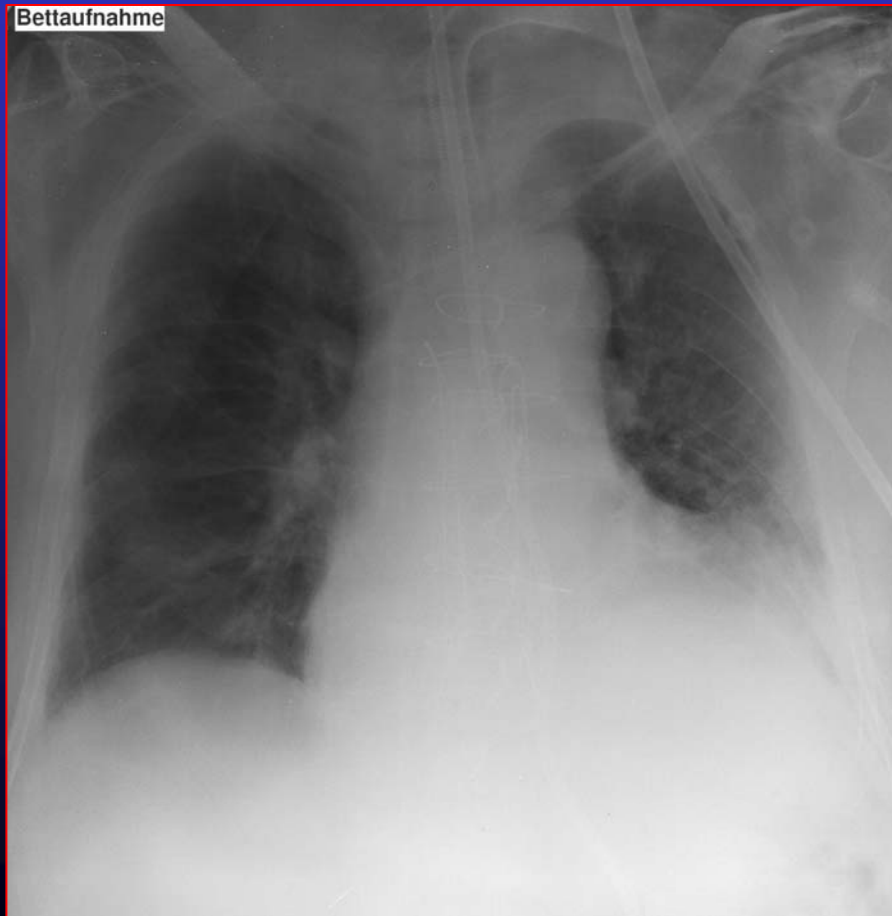


Bronchus cuff or peribronchial thickening



Cardiac Decompression

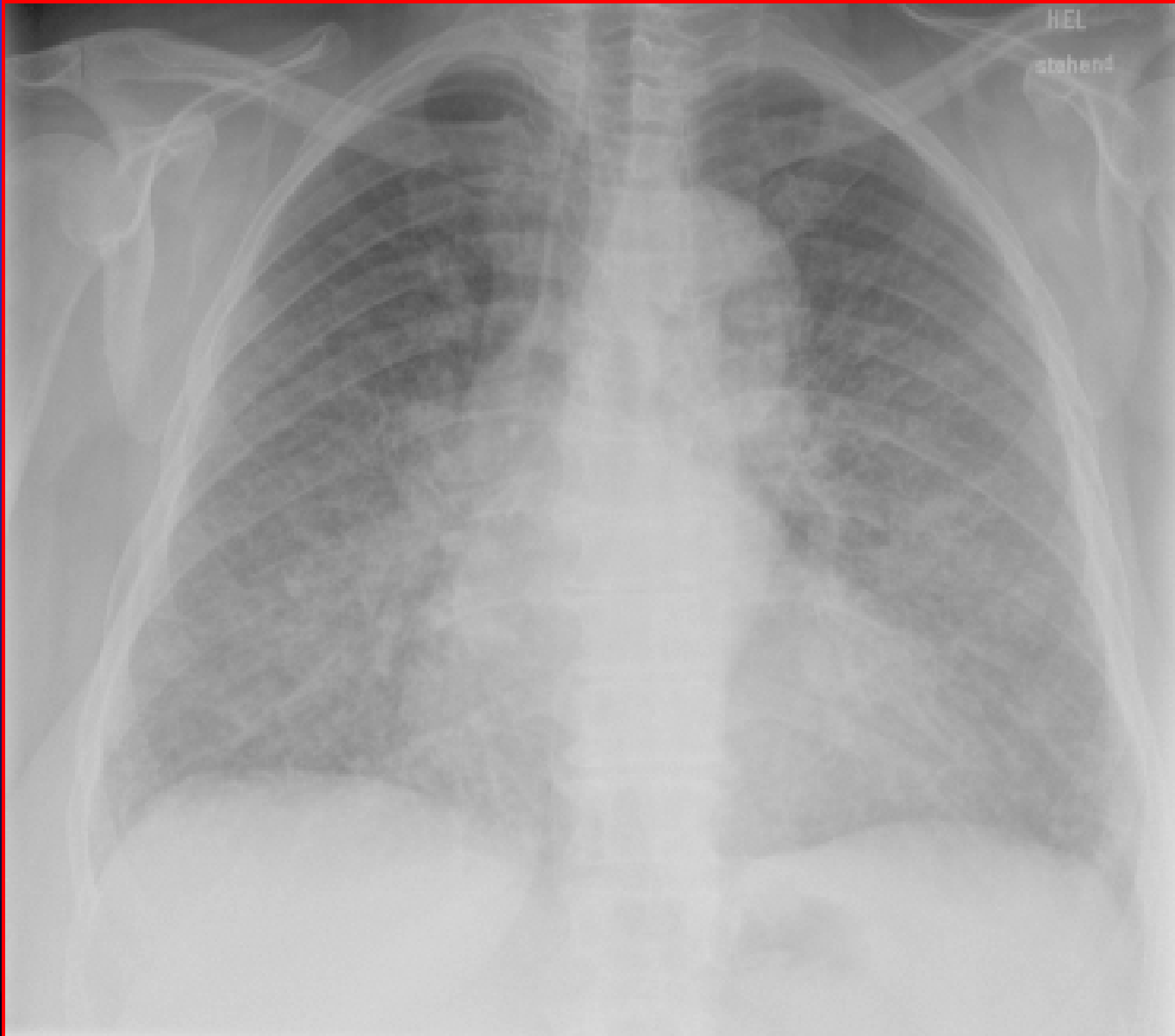
before decompression



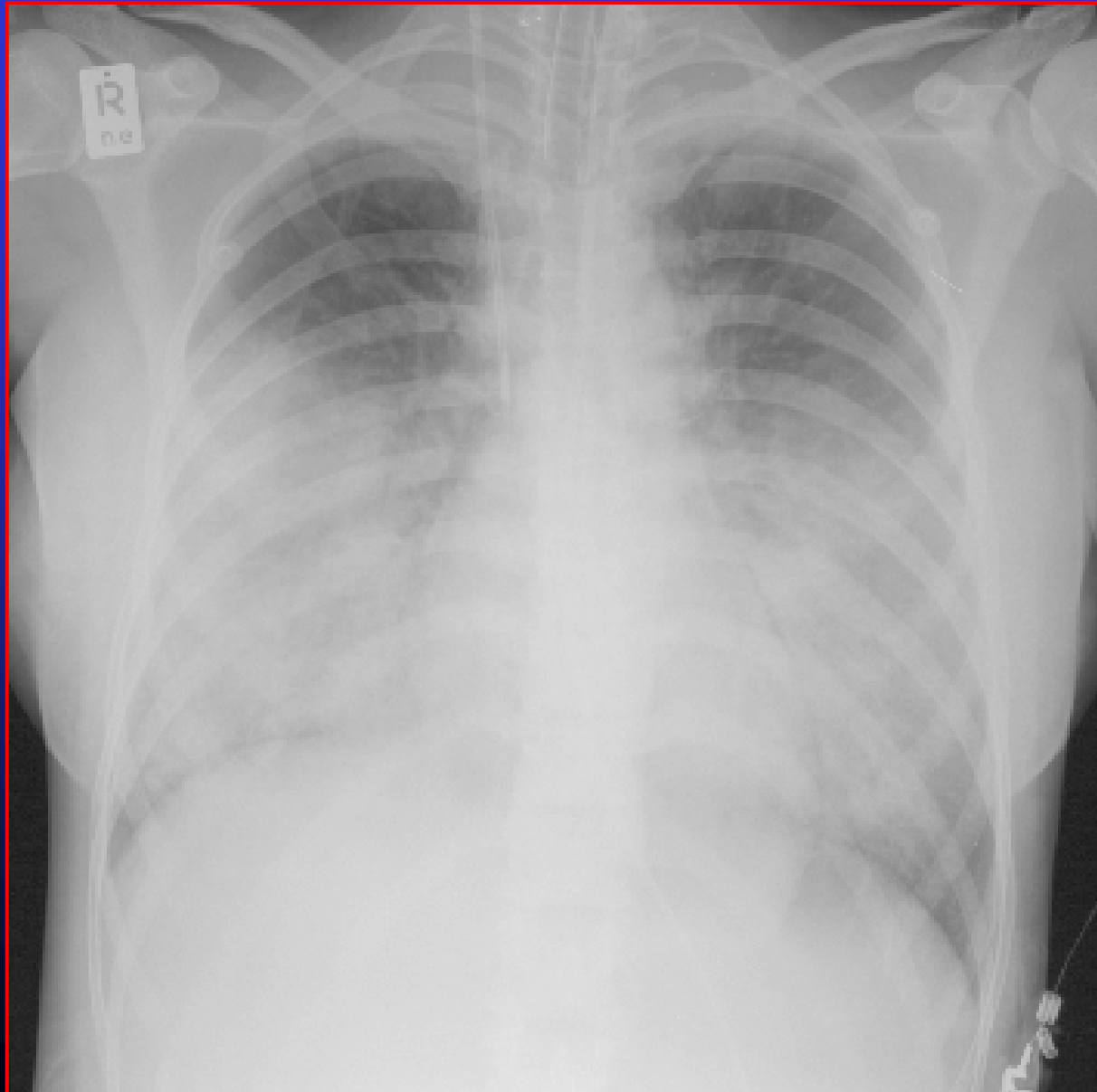
Decompensation



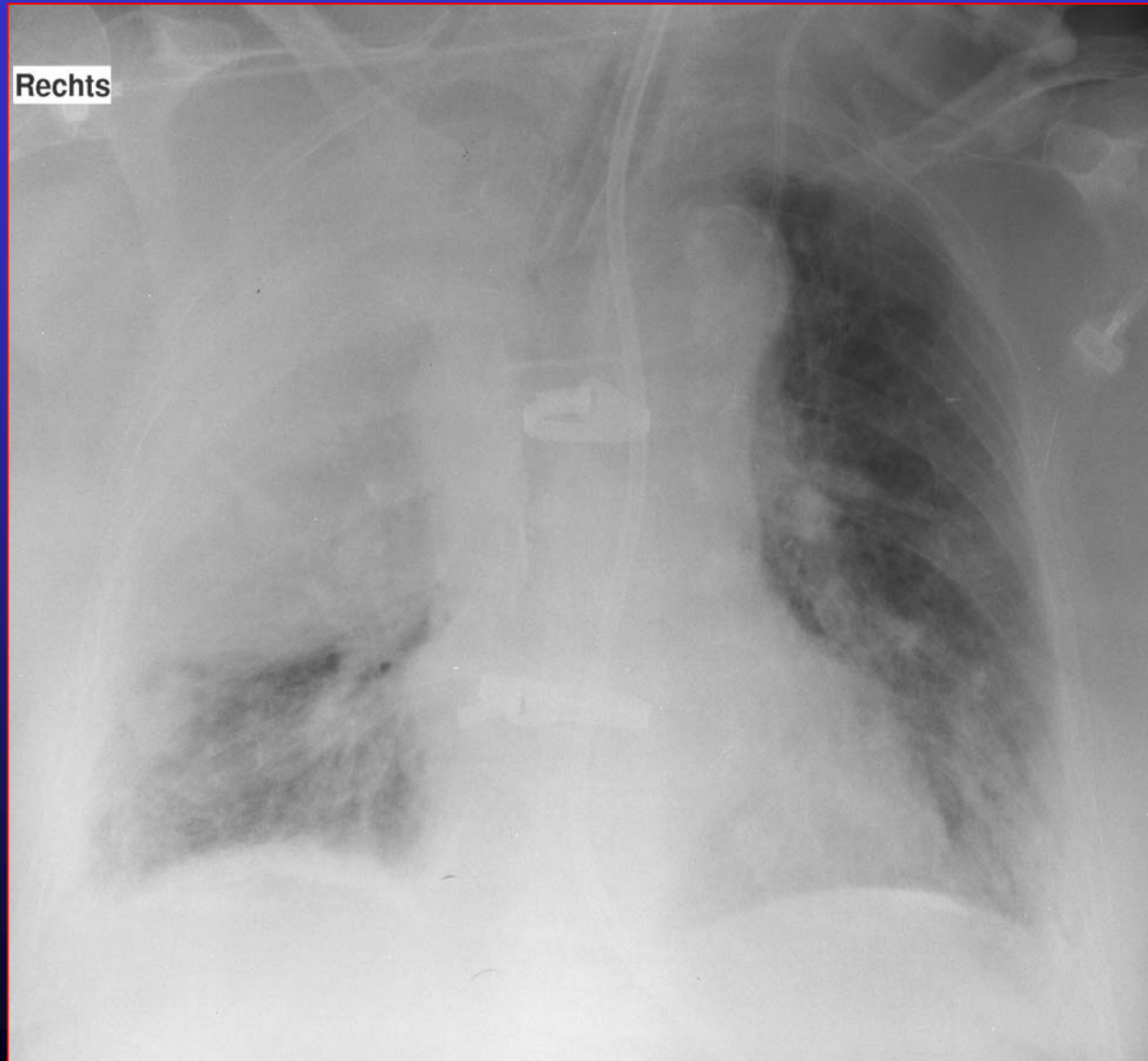
Interstitial Pulmonary Edema



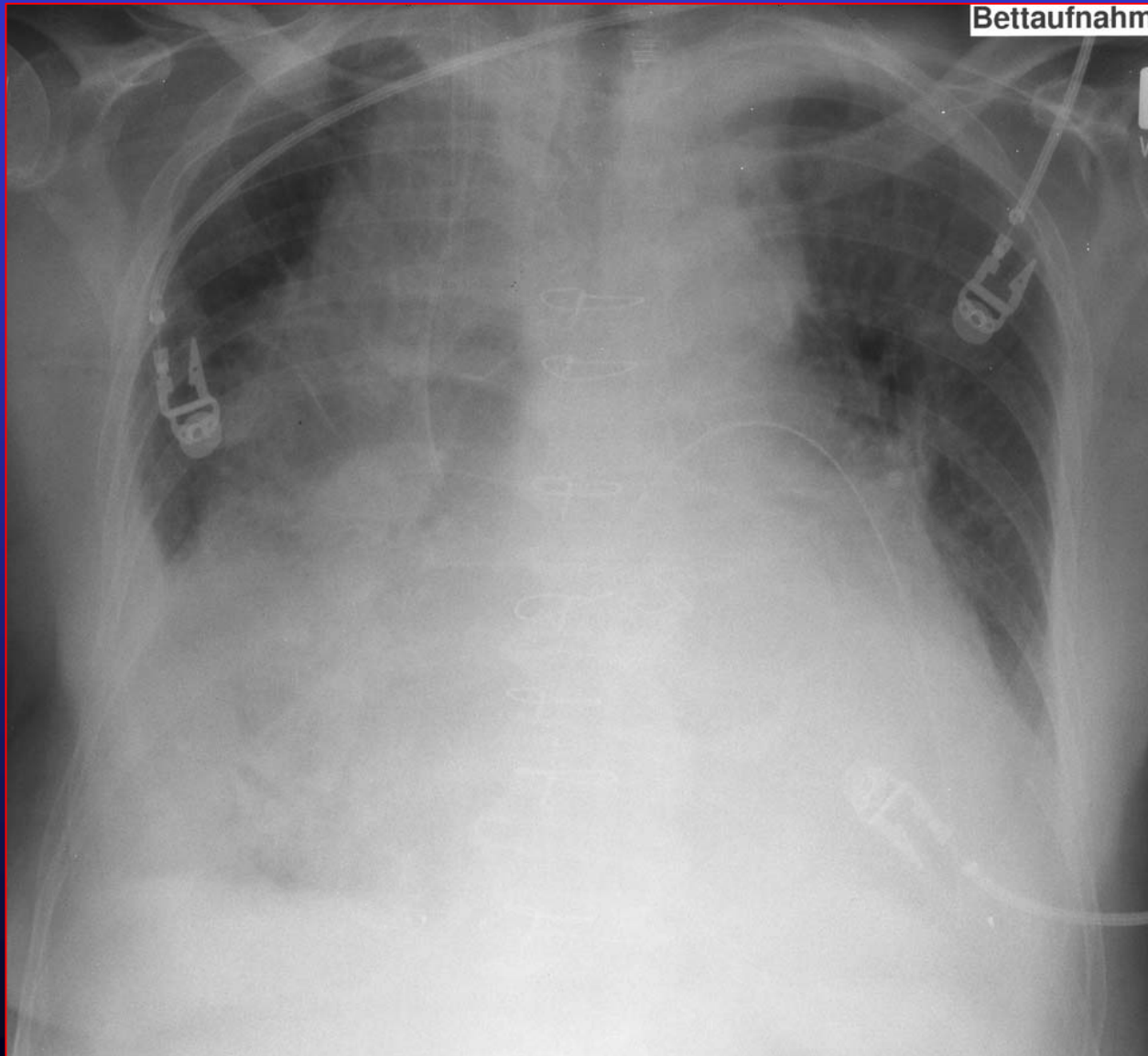
Akute Alveolar Pulmonary Edema



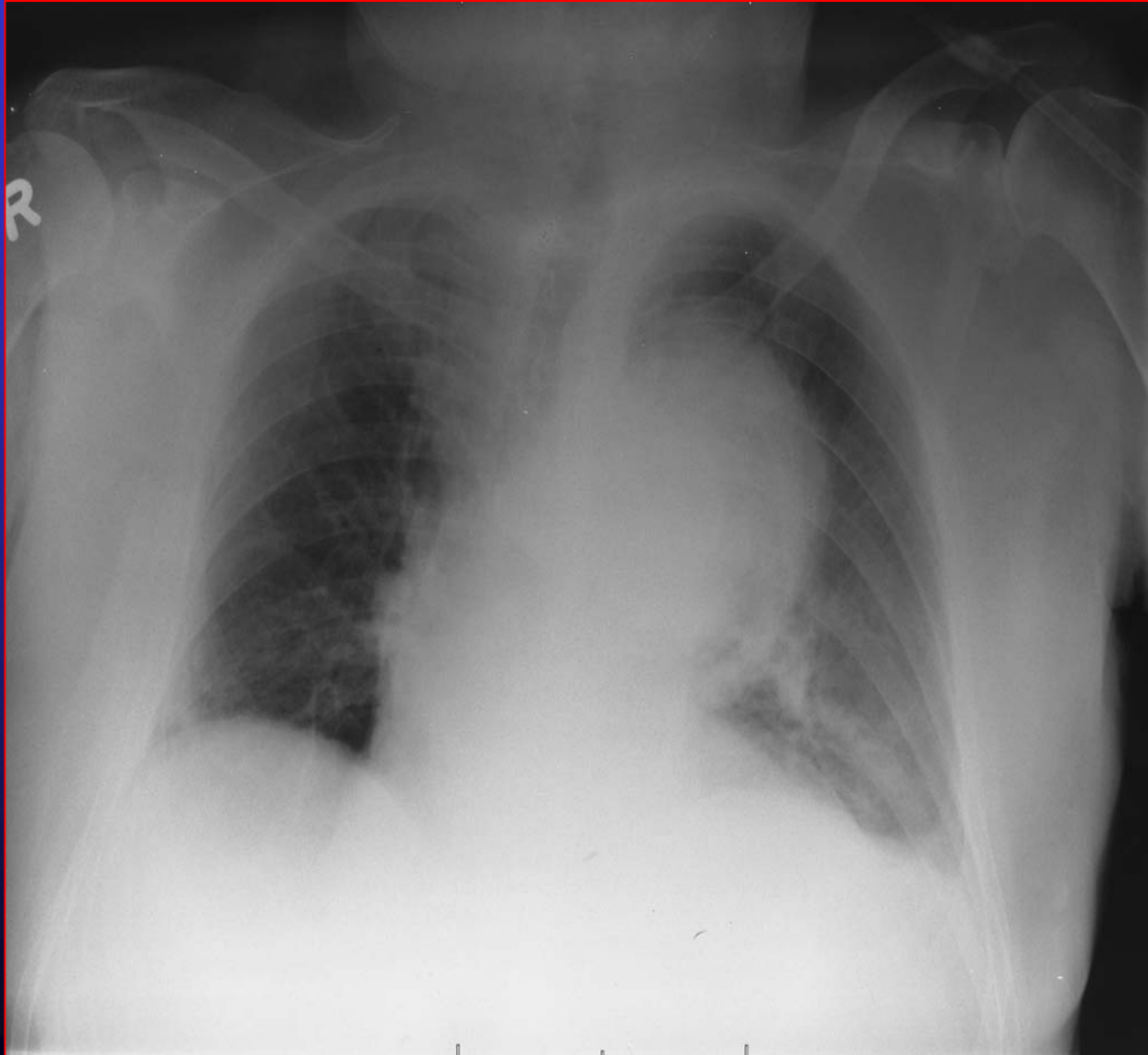
Haemorrhage After Central Venous Catheter Placement



Mediastinal Haemorrhage After Thoracotomy

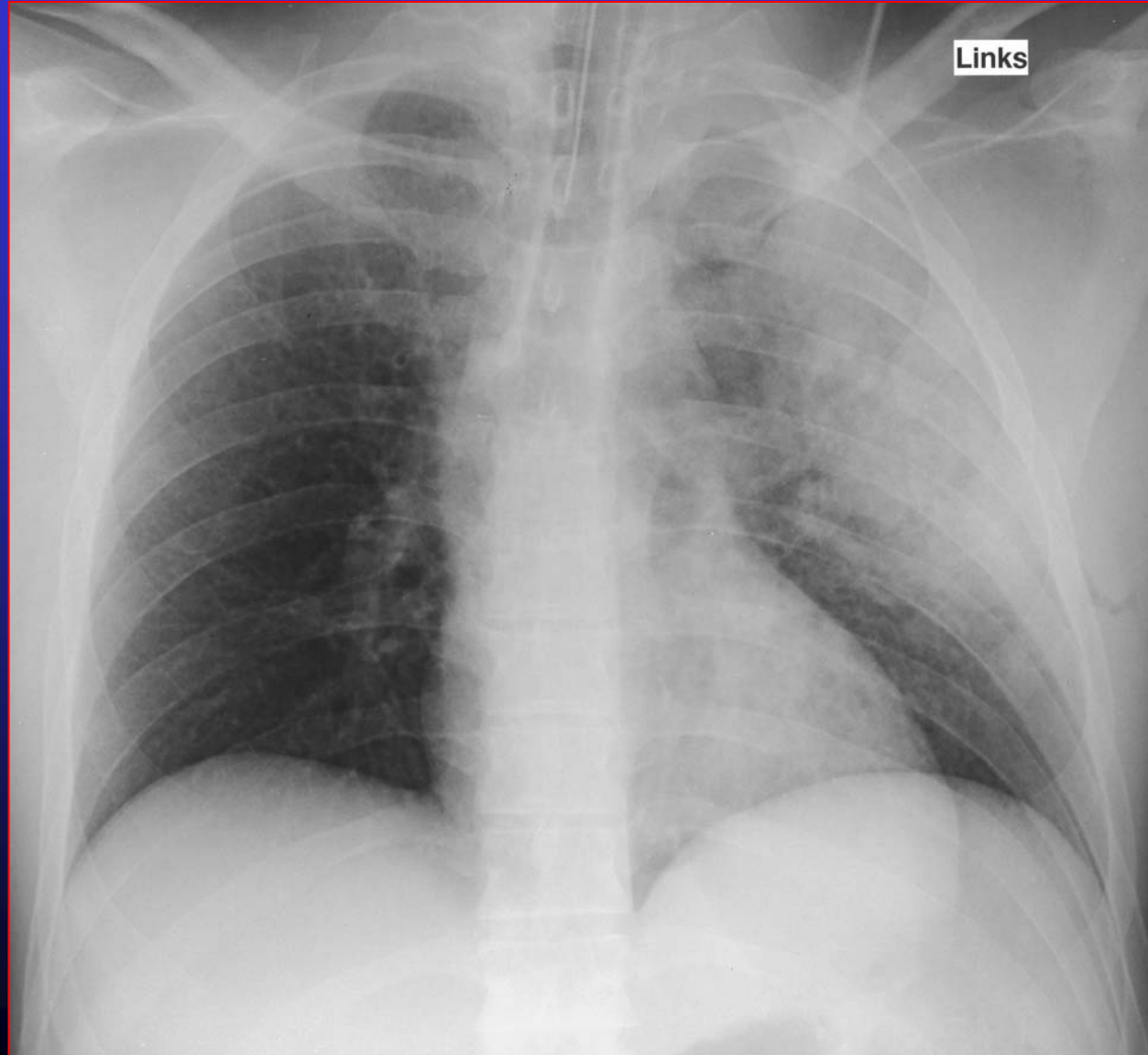


Aortic Rupture

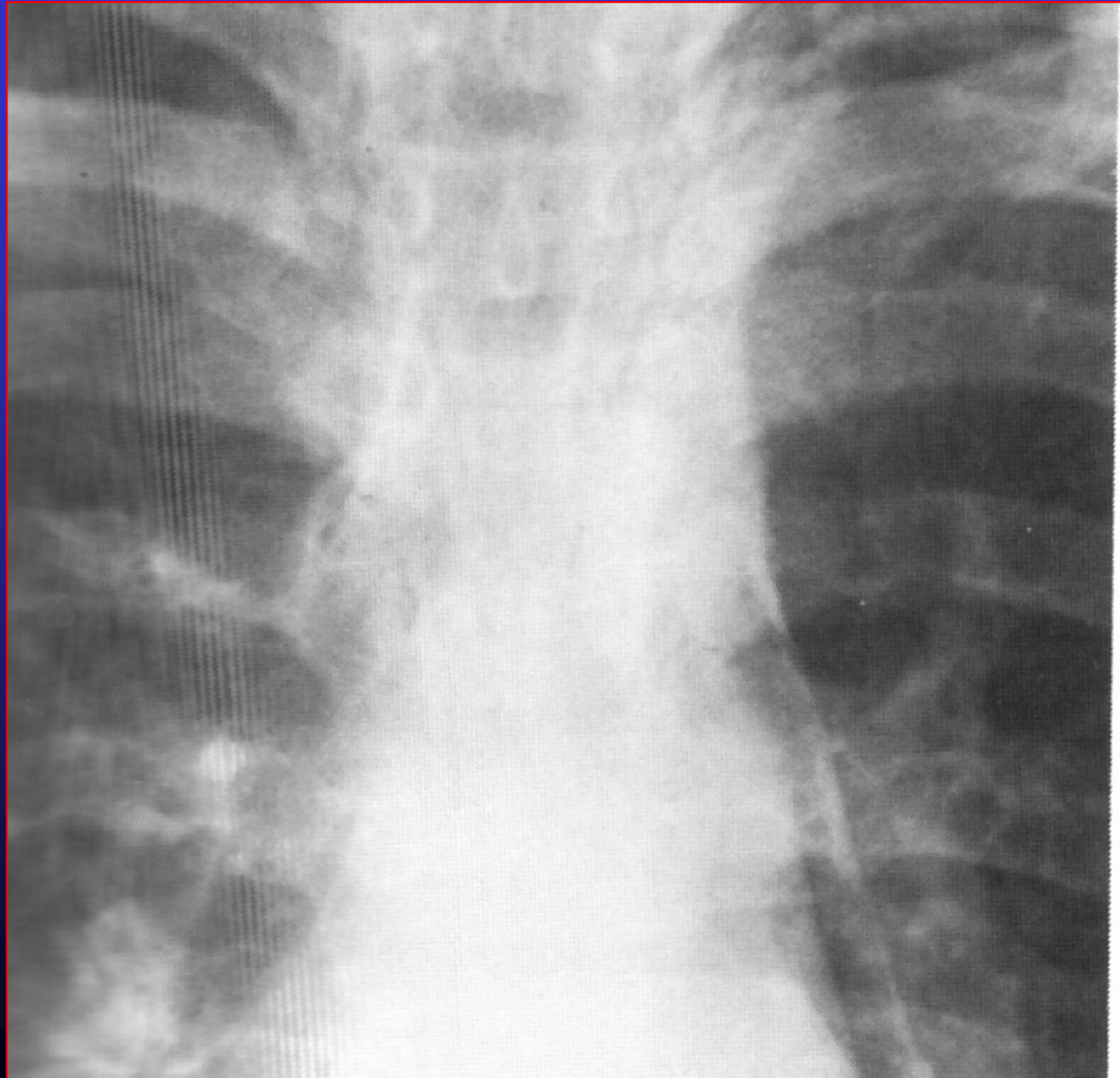


Lung Contusion

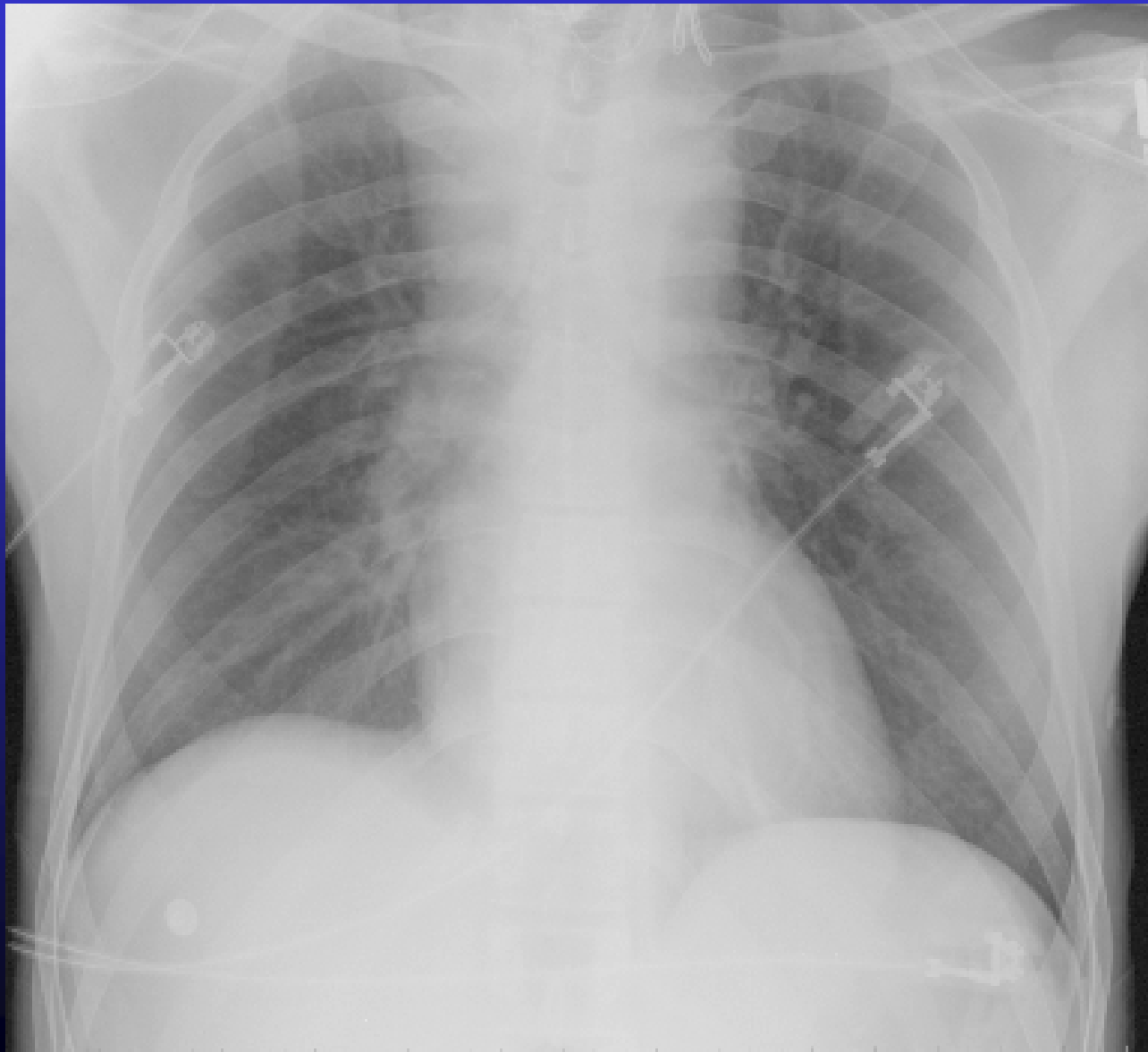
- Development of interstitial and intraalveolar haemorrhage and edema
- Blurry confluent shadowy areas
- Resorption within 2 - 4 days



Pneumomediastinum



Widened Upper Mediastinum



Pericardial Effusion

