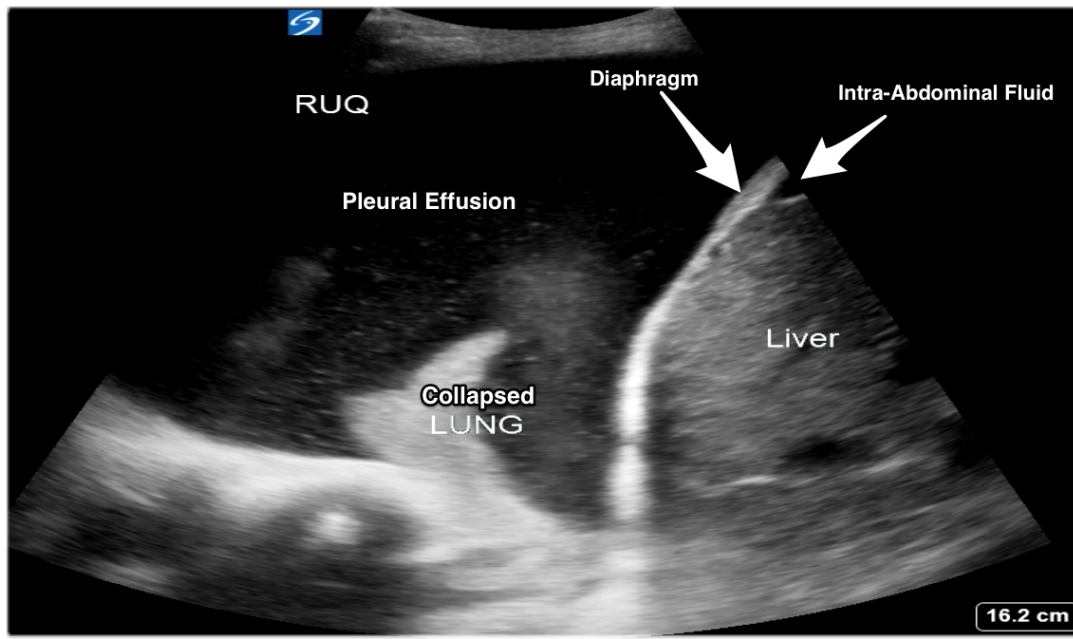


Sonic Boom

Newsletter from Ultrasound Special skills Rotation



Ultrasound Image of the Week

A beautiful image of Pleural Effusion with a lot of pathology in a tachypnoeic hypoxic patient

Notice the typical bird beak sliver of atelectatic lung tissue which freely flutters about in the fluid. The adjacent fluid has a snow-globe appearance of particulate matter moving with each breath. This could mean exudative, haemorrhagic, neoplastic, infective aetiology with debris. Notice the sliver of peritoneal fluid in the top right corner of image - this patient also had large amount of ascites. And yes, we tapped that pleural effusion bigtime!!

1

RIGHT PATIENT

Will a scan add value to your patient's journey?

2

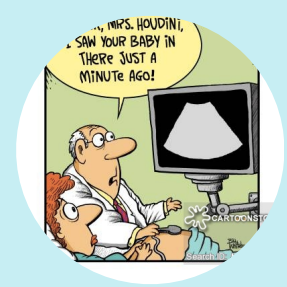
RIGHT STUDY

What is your clinical question?

3

RIGHT PROBE

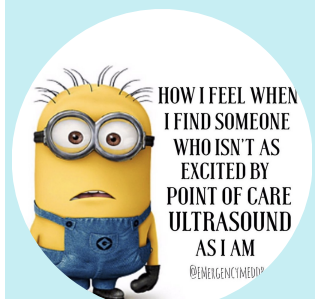
Choose the correct probe



"I swear Mrs.Houdini, I saw your baby just a minute ago!!"



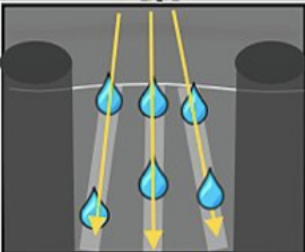
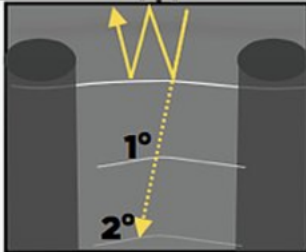
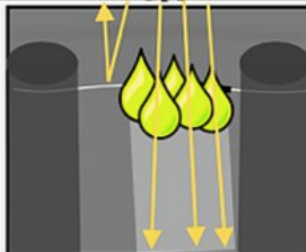
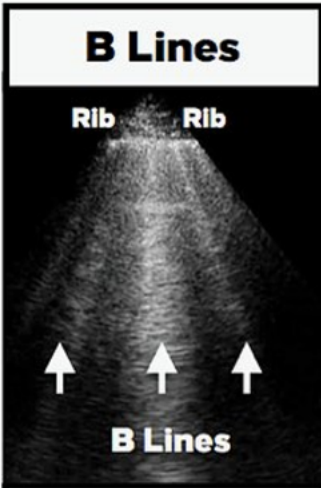
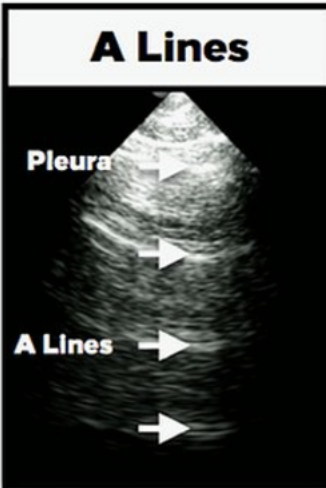
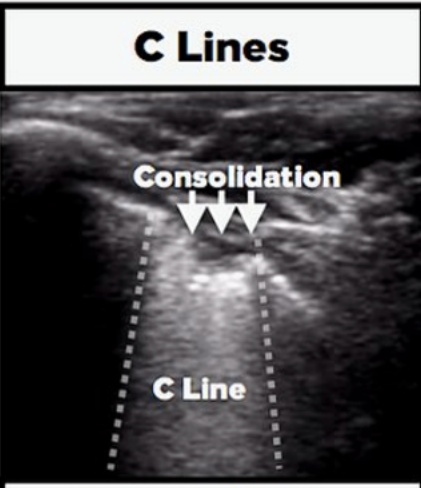
"But first check out the lamb sandwich I had for lunch"



"How I feel when I find someone who isn't as excited by POCUS as I am."

Lung Ultrasound

“In lines, we trust.”

		
B Lines	A Lines	C Lines
		
Edema	Dry Lungs	Consolidation (Pneumonia)

A THICK, IRREGULAR PLEURAL LINE COMBINED WITH A THICK, VERTICAL HYPER-ECHOIC STRIPE IS A C LINE. "AIR BRONCHOGRAMS" FURTHER CONFIRM THE DIAGNOSIS OF PNEUMONIA.

GROSS INTRA-HEPATIC DUCT DILATATION

Anytime you put the probe on the liver and the intra-hepatic ducts are immediately visible, that's badness. Size > 2mm is abnormal. CBD > 6mm (+ 1mm for ever decade above 60yrs and > 10mm post-cholecystectomy) is abnormal.

I found this patient in ESSU, who had presented with confusion and abdominal pain. To complete the picture, he had a gall bladder full of sludge and calculi to go with deranged LFTs (Bili 55).

