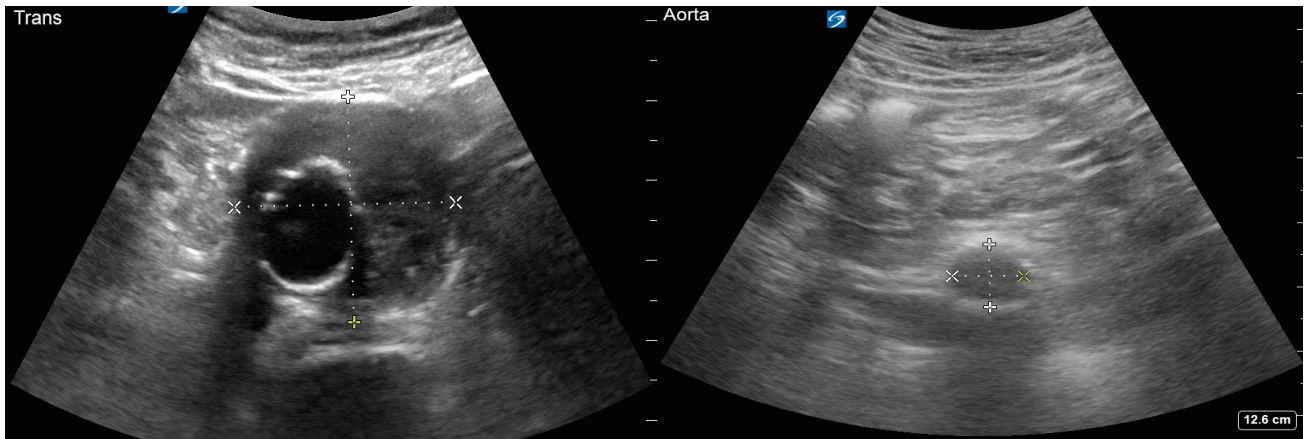


# SONIC BOOM

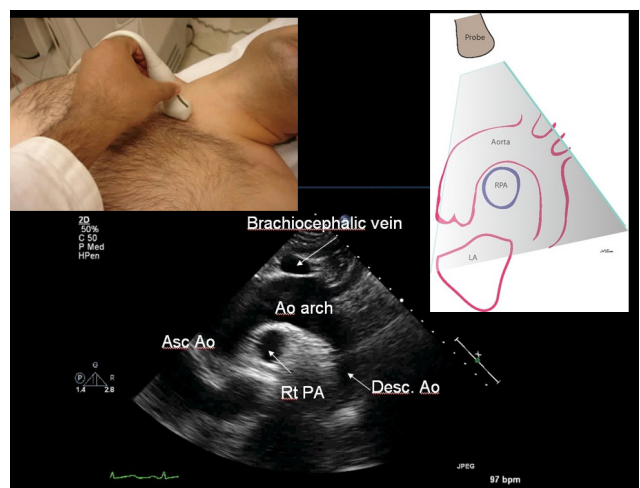
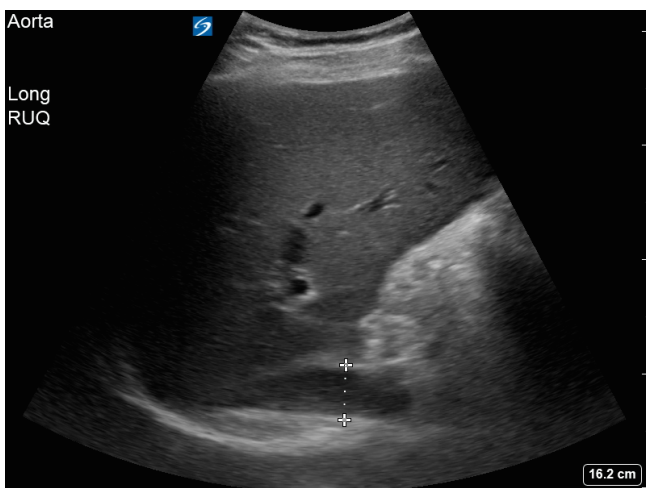
## Newsletter no 3



## 50 shades of Aorta

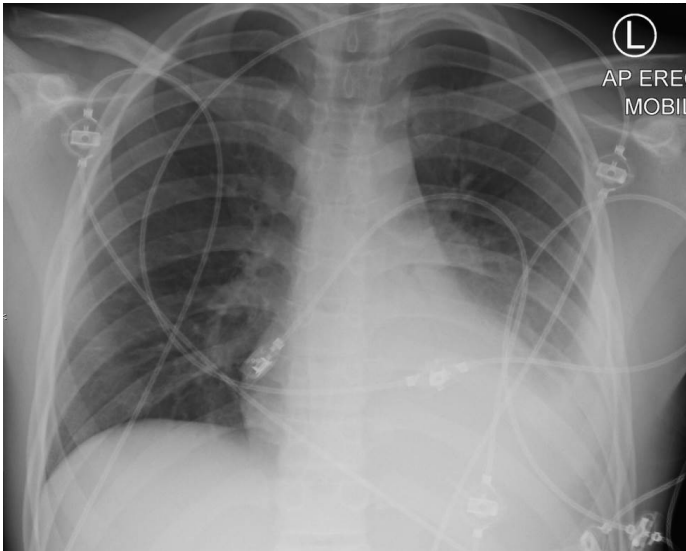
Ok, so maybe it's not 50 shades, but the aorta is different in all of us. Above left is a AAA that I scanned in Fast Track (not cause of complaint before you get too excited). Notice how close to the skin surface it lies and how beautifully it is captured. Above right is a normal Aorta in an obese patient also scanned by me. Notice the difference in depth and this is after running the machine close to it's limits in image optimisation.

I was also unable to follow the aorta in the long plane closer to the epigastrium. In such circumstances, the liver is your friend from the right side. You can image the proximal aorta from the right axillary view as you would in a FAST scan. This requires delicate angling / tilting of the probe. Feeling even more kinky....i mean funky? Look at the Ascending Aorta in a suprasternal notch view - believe me, this one is easy!

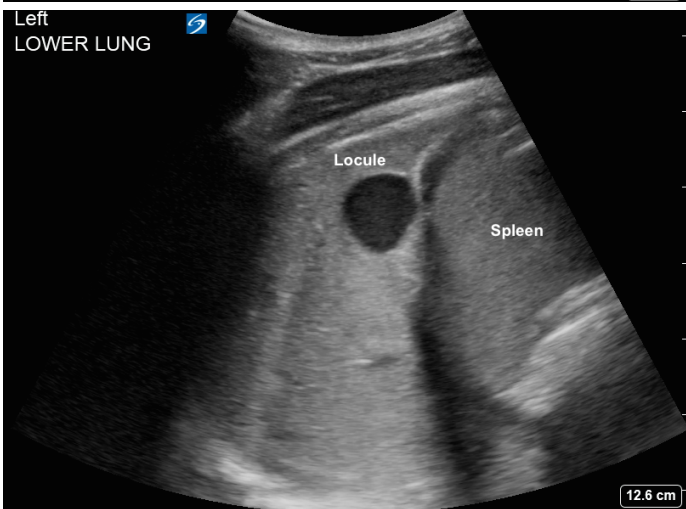
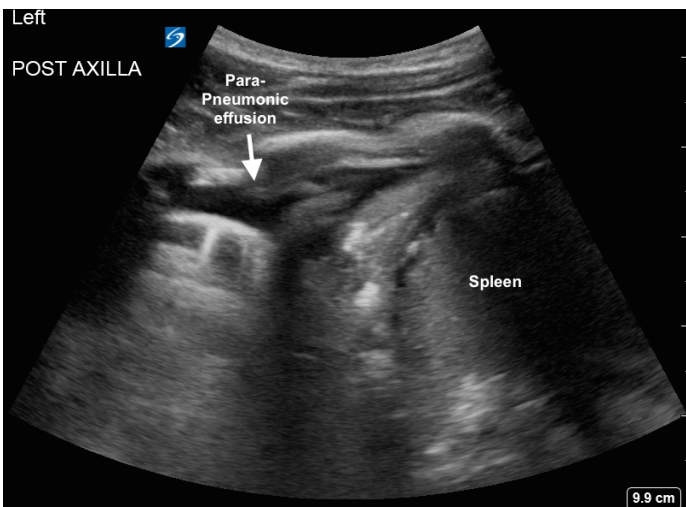


## All that is blunted, is not effusion.....

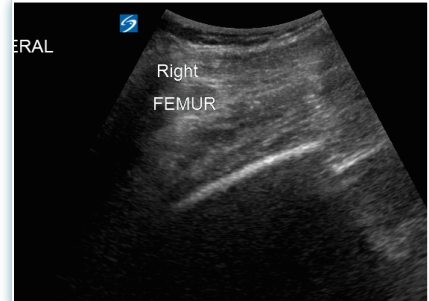
What do you do if Paediatrics want you to drain a parapneumonic effusion? Assess with Ultrasound first. Perfect example here of not getting too excited with estimates of fluid volume based on a chest x-ray. See Xray below.



Subsequent Ultrasound, which clearly shows small loculations not amenable to drainage in the emergency department.



## Other notable scans



Right femur lateral view - notice the step in the hyper echoic line which is the cortex which signifies the fracture.



This turned out to be an infected haematoma in a patient with recent lumpectomy. Physical examination not suggestive but the US did not lie.