

LUNG

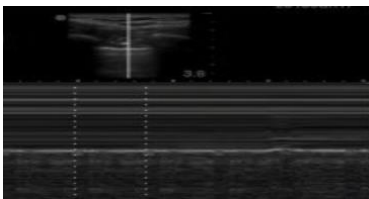
Patient in any position for all images. Start with a superficial view, between ribs, with probe exactly perpendicular to Pleural line. Assess Pleura, then increase depth and gain to assess Lung Fields.



Pleura Assessment with A-Line
(Reverberation artefact in normal aerated lung)

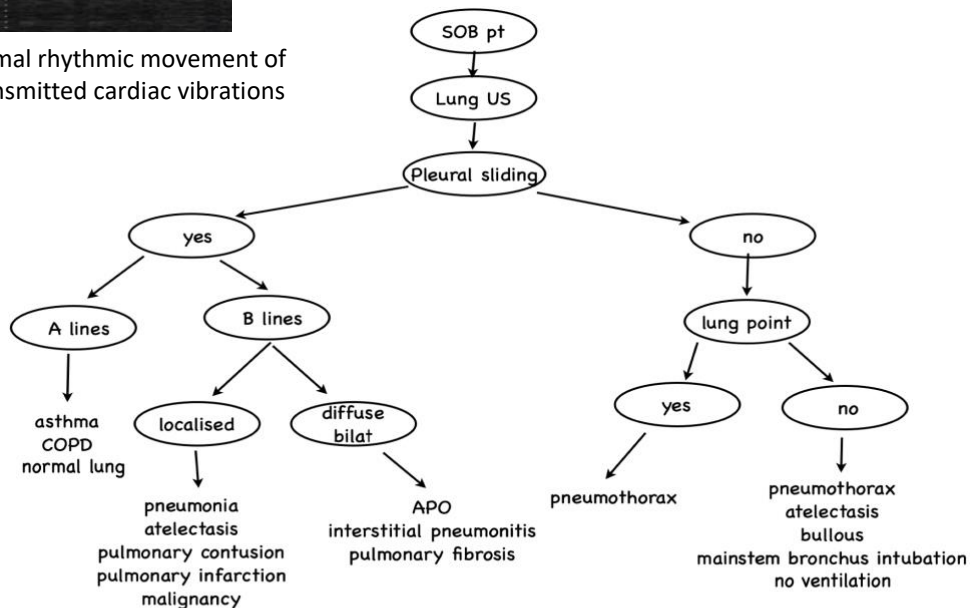


Lung Field Assessment with B-Line
(Reflection artefact, <3 B-Lines is normal)



Lung Pulse- normal rhythmic movement of Pleura from transmitted cardiac vibrations

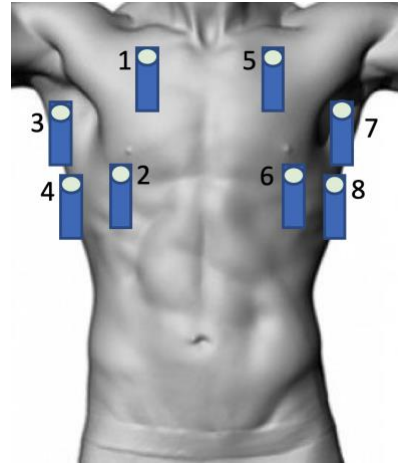
1. **Rt Anterior Superior Chest**
 - Labelled **RIGHT ANT SUP**
 - Longitudinal view
 - Demonstration of pleural sliding
 - Demonstration of lung field
(most sensitive for pneumothorax assessment)
2. **Rt Anterior Inferior Chest**
 - Labelled **RIGHT ANT INF**
3. **Rt Lateral Superior Chest**
 - Labelled **RIGHT LAT SUP**
4. **Rt Lateral Inferior Chest**
 - Labelled **RIGHT LAT INF**
 - + assess lung-diaphragm interface
(more sensitive for dependent lung pathology)
5. **To 8. Same as Above on Left Chest *LEFT**



Pneumonia- Thickened irregular pleura, Shred Sign, Hepatisation, Air Bronchograms, Pleural Effusion.
 Pneumothorax- No pleural sliding. Barcode Sign on M-Mode. Lung Point. Static A-Lines. Absent B Lines.
 APO- Diffuse bilateral or confluent B-Lines. Pleural Effusions.
 Pleural Effusion- Hypoechoic space deep to pleural line. Often associated with collapsed/ consolidated floating lung
 Pleural Abnormalities- Consider benign/ malignant tumours, inflammatory or local infective pathology

Image Sets

Minimum 10 Video Loops
 (8x Lung Field- 4 each side,
 2x Pleural Assessment – 1 each side)
 10-14 Video Loops +/- 2 Images
 Optional extra views including:
 Posterior Inferior and Superior Views
 Focussed views to highlight Pathology



Machine Settings

CURVILINEAR Probe
 LUNG setting for all images

Documentation – Pocus LUNG

Views: Adequate/ Inadequate
 Findings: NAD / Abnormal
 Pleura- NAD/ Abnormal (no pleural sliding/ lung point/ barcode sign on M-Mode/ thickened/ irregular)
 Lung Fields- NAD/ Abnormal (B-Lines / Effusion/ Hepatisation/ Shred Sign/ Other- and describe)

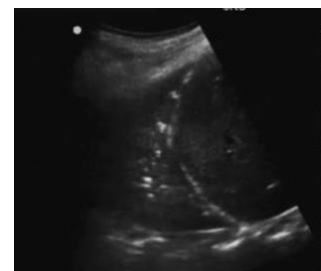
Positive Findings (always consider clinical context)



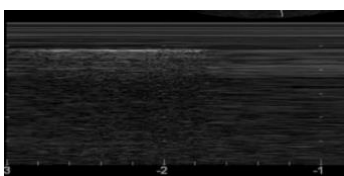
Shred sign + thickened pleura



Diffuse B-Lines in APO



Hepatisation



Lung Point in PTx on M-Mode



Large Pleural Effusion with collapsed lung



Thickened irregular pleura with pleural fluid and B-lines