

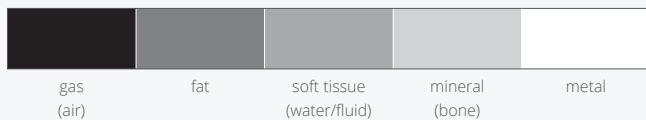
## 1. KEY POINTS

### Evaluation of an x-ray

1. Systematic approach
2. Determine if an abnormality exists
3. Describe the abnormality according to its **roentgen signs**:
  - (**size**) variation in organ size
  - (**shape**) variation in structure shape
  - (**location**) alteration from normal position by itself or by something else
  - (**number**) variation in structure/organ number
  - (**margin**) alteration in margin clarity
  - (**opacity**) alteration in structure/organ opacity
4. Consider the list of differentials for the described abnormality

### Opacity

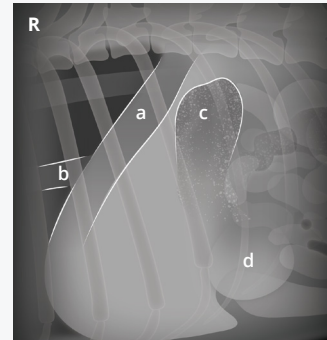
- determined by the physical density, anatomic number & thickness of the tissue



## 2. DETERMINING WHICH LATERAL

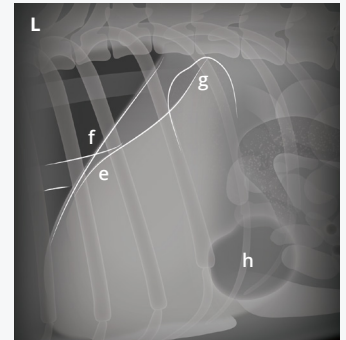
### Right lateral

- crura of the diaphragm run in parallel (a)
- caudal vena cava appears to merge out of the crura (b)
- stomach not superimposed with the crura (c)
- soft tissue/fluid opacity in the pylorus (d)



### Left lateral

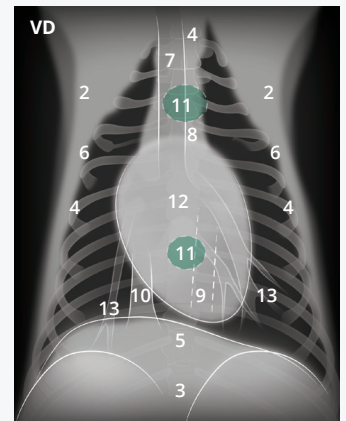
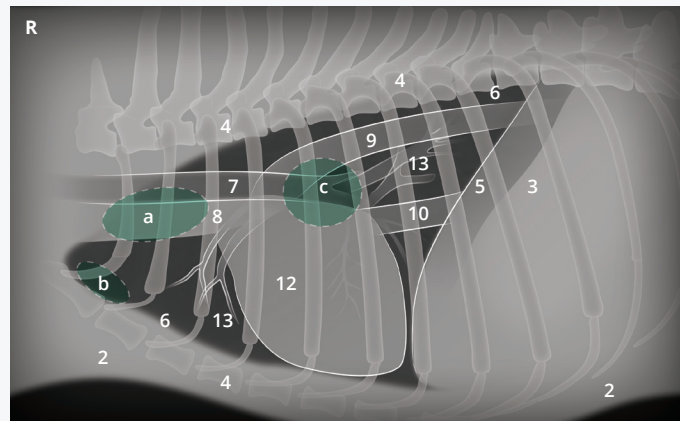
- crura of the diaphragm merge at the level of caudal vena cava (e)
- caudal vena cava appears to go past the crura (f)
- stomach can be superimposed with the crura (g)
- gas opacity in the pylorus (h)



## 3. INTERPRETATION PARADIGM – THORACIC ANATOMY

### Systematic review of structures

1. Positioning / coning / exposure
2. Subcutaneous structures
3. Abdominal structures
4. Skeletal structures
5. Diaphragm
6. Pleural space
7. Trachea
8. Cranial mediastinum
9. Aorta
10. Caudal vena cava
11. Lymph nodes (cranial mediastinal [a], sternal [b], tracheobronchial [c])
12. Heart
13. Pulmonary vasculature



## 4. INTERPRETATION PARADIGM – ABDOMINAL ANATOMY

### Systematic review of structures

1. Positioning / coning / exposure
2. Subcutaneous structures
3. Thoracic structures
4. Skeletal structures
5. Serosal detail
6. Liver
7. Kidneys
8. Spleen
9. Bladder
10. Prostate
11. Stomach
12. Large intestine
13. Duodenum
14. Small intestine
15. Sublumbar lymph nodes

