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University of Flori
Ultrasound Curri

Self Learning Test

Name:

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Effusion is anechoic, atelectasis shows hepatization, pneumothorax with absence of lung sliding, and B lines with pulmonary edema

Must ID the diaphragm in order to determine where the fluid is, common mistake if do not may cause harm with procedures

Start with high depth and then can adjust depending on identification of structures

The index marker always goes towards the head or towards the right of the patient in non-cardiac ultrasound

This is important because other bright echogenic lines are present and can confuse the novice, make sure and locate your rib shadows with the bat sign

1. The use of ultrasound for assessment of the pleural space and lung allows for rapid bedside diagnosis of which of the following condition

A. Pleural effusion
B. Atelectasis and consolidation
C. Pneumothorax
D. Pulmonary edema and interstitial syndromes
E. All of the above

2. The best initial step in image orientation when performing a thoracic ultrasound is:

A. Assess for free fluid
B. Determine the A-a gradient from the ABG
C. Turn the depth to a shallow setting
D. Identify the diaphragm

3. What depth should be set to first evaluate the pleural space?

A. A high depth to see the posterior chest wall
B. A moderate depth to see the pleural line and part of the effusion
C. Minimal settings to eliminate the posterior wall and visualize the pleural line

4. When imaging the thoracic space, orientation of the probe's index mark should be:

A. Towards the patient's head
B. Towards the patient's torso
C. Towards the patient's back
D. Towards the patient's feet

5. The pleural line:

A. Corresponds to the wings on the bat sign
B. Is found 0.5 cm under the rib cage line
C. Is a bright line approximately 0.5 cm in thickness
D. Is found 0.5 cm above the rib cage line