

Univer
Ult
Self

For a complete exam all regions should be evaluated. You can get away with anterior and lateral in most instances though.

Name:

In order to evaluate the pleural line, sometimes it is easier to use the high frequency linear array, but you can also minimize the depth on the low frequency probe and evaluate lung sliding or pleural abnormalities

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In a study done looking at thousands of CT scans at Mayo clinic, it was found that pleural fluid and consolidation touched the chest wall in the posterior region in 93% of cases. Pleural fluid is also best evaluated in the dependent portion for quantification

A lines are the first bright echogenic horizontal line you see BELOW the pleural line. The A line is an artifact from reverberation of the pleural line and the first REAL A line is equidistant from the pleural line as to the distance from the chest wall to the pleural line

1. What zones of the chest wall are evaluated when performing a complete lung ultrasound?

- A. Anterior
- B. Lateral or Axillary
- C. Posterior
- D. All of the above

2. What probe must you use to evaluate the lung?

- A. High frequency linear array
- B. Low frequency phased array
- C. A and B are ok, depending on what part of lung you are interested in

3. Which zone is best to evaluate in search for pleural fluid or consolidation?

- A. Anterior wall
- B. Lateral or Axillary
- C. Posterior

4. Horizontal lines visualized due to the pleural line artifact (equidistant from the chest wall to the pleural line and then after the pleural line) are called:

- A. H lines
- B. B lines
- C. A lines
- D. Lung lines

5. Largest organ surface area of your body that ultrasound can evaluate is:

- A. Liver
- B. Lung
- C. Heart
- D. GI tract

Over 30% of the body surface area the lung can be evaluated by ultrasound (counting all of the thoracic region and some even with windows through the liver and abdomen)