

You are a junior medical officer working at a tertiary acute medical unit when Mrs X, an 86F, is admitted to your ward with worsening shortness of breath over the past few days. Mrs X's past medical history is remarkable for what she describes as a "heart attack a number of years ago".

Her oxygen saturations at the time of review are 91% and her blood pressure is 95/55 mmHg.

You order some baseline investigations including a chest x-ray.

Tasks:

1. Using a systematic approach, describe and interpret Mrs X's chest x-ray.
2. With this limited information and findings on chest x-ray, suggest a working differential for your ongoing management.



Details and demographics

RIPE/Quality

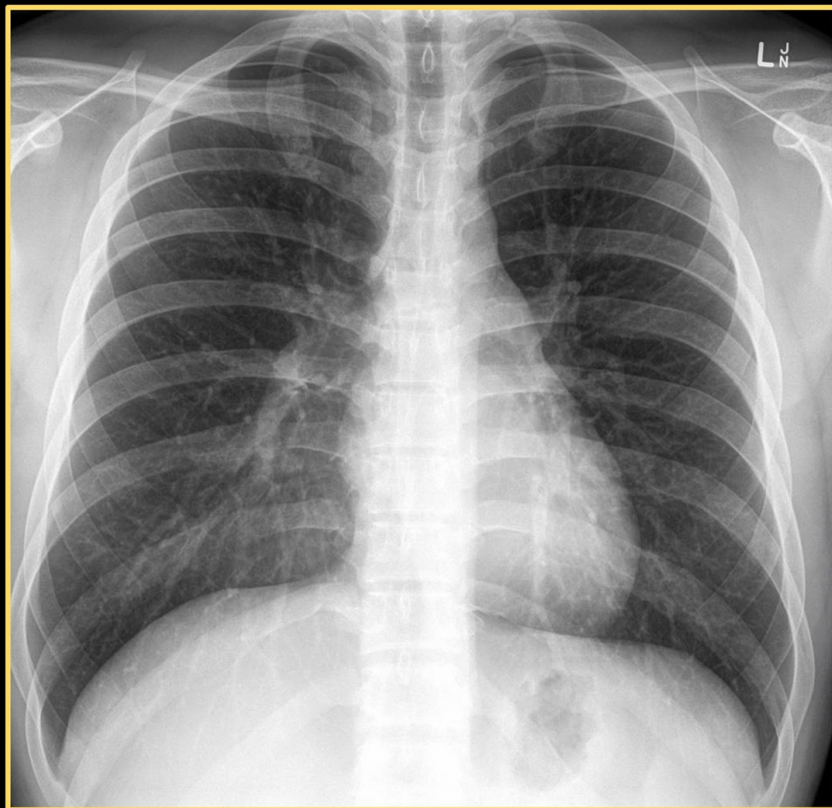
Airways and lung fields

Bones and soft-tissues

Cardio-mediastinum

Diaphragm

Everything else obvious



Details & demographics	Anterior-posterior (AP) chest X-ray of 86yo Mrs X taken today at 0X00 hrs.
RIPE/Quality	Rotation: no obvious rotation (clavicles approximately equidistant from midline)
	Inspiration: adequate
	Projection: AP
	Exposure: appropriate
Airways & lung fields	Trachea: Midline
	Lung fields: <ul style="list-style-type: none"> - Upper lobe diversions - Effusion in both pleural spaces and horizontal fissures - Prominent Kerley B lines
Bones & soft tissues	No obvious pathology
Cardio-mediastinum	As this is an AP CXR, it is not technically possible to comment on cardiothoracic ratio (AP overestimates). However, in the context of other clinical and radiologic findings, cardiomegaly is likely.
Diaphragm	Left diaphragm is obscured suggested lower lobe collapse or pleural effusion.
Everything else obvious	Cardiac monitoring leads present.
Interpretation	Features suggesting acute pulmonary oedema likely secondary to congestive heart failure .