

Chest X-ray Taking Procedures Training for X-ray technicians/ Radiographer

"Anatomy of the Chest"

Ms. KHIN YADANAR MOE

Consultant (TB CXR Training), IDDS Project/ Myanmar

Content



Topographic Positioning Landmarks



Lungs

Parts of the Lungs

Anatomy of The Chest

Thorough knowledge of the anatomy of the chest helps radiographer in producing quality CXR images.

Bony Thorax

• Provides a protective framework for the parts of the chest involved with breathing and blood circulation

Anteriorly	Superiorly	Posteriorly
 Superior portion is the manubrium Large center portion is the body Smaller inferior portion is the xiphoid process 	 Two clavicles (collarbones) that connect the sternum to the 2 scapulae (shoulder blades) The I2 pairs of ribs 	• 12 thoracic vertebrae

Bony Thorax – Cont.



Topographic Positioning Landmarks

Vertebra prominence	An important landmark for determining the central ray (CR) location on (PA) chest projection
(7 th cervical vertebra)	Can be palpated readily on most patients by applying light pressure with the fingertips at the base of the neck
	First prominent process felt as you gently but firmly palpate down the back of the neck with the head
Jugular notch	An important landmark for determining the CR placement on (AP) chest projections
(manubrial or suprasternal potch)	This is palpated easily as a deep notch or depression on the superior portion of the sternum below the thyroid cartilage dropped forward
	Anatomy for Disgnostic Inaging 2nd Edition by Stanbaris Dyen Michalle McNichalas Stanbar Eveters

Topographic Positioning Landmarks – Cont.



Topographic landmarks



- Located on each side of the thoracic cavity
- Right lung is made up of three lobes the superior (upper),
 middle, and inferior (lower) lobes divided by two deep fissures
- Inferior fissure, which separates the inferior and middle lobes, is called the oblique fissure

- Horizontal fissure separates the superior and middle lobes
- Left lung has only two lobes the superior (upper) and inferior (lower)
- Separated by a single deep oblique fissure
- Composed of a light, spongy, highly elastic substance called parenchyma, allows for the breathing mechanism responsible for expansion and contraction of the lungs

• Each lung is contained in a delicate double-walled sac, or membrane, called the pleura

• Outer layer of this pleural sac lines the inner surface of the chest wall and diaphragm and is called the parietal pleura

 Inner layer that covers the surface of the lungs, also dipping into the fissures between the lobes, is called the pulmonary or visceral pleura

• Potential space between the double-walled pleura, called the pleural cavity, contains a lubricating fluid that allows movement of one or the other during breathing

• When a lung collapses, or when air or fluid collects between these two layers, this space may be visualized radiographically

 Air or gas present in this pleural cavity results in a condition called a pneumothorax, air or gas pressure in the pleural cavity may cause the lung to collapse

• Accumulation of fluid in the pleural cavity (pleural effusion) creates a condition called a haemothorax





• Costophrenic angle (F) refers to the extreme outermost lower corner of each lung, where the diaphragm meets the ribs

 Relative locations of the uppermost and lowermost parts of the lungs - the apices and the costophrenic angles, respectively should be included on every chest radiograph

• Pathology, such as a small amount of fluid collection, would be evident at these costophrenic angles in the erect position

• Hilum (G), also known as the root region, is the central area of each lung, where the bronchi, blood vessels, lymph vessels, and nerves enter and leave the lungs





PA chest radiograph





Lateral Chest View

THANKYOU!