

Components of an x-ray report

Clinical information:	Age, gender, name, ID#, chief complaint, hx of trauma, medical history
Radiological findings	ABCs
Impressions	Summary of the issue
Recommendations	Management of what was found

ABCS

A	Alignment
B	Bone
C	Cartilage
S	Soft Tissue

Impression

Alignment

Lateral View	Craniocervical junction
	McGregor's line and Chamberlain's line
	ADI
	Cervical and lumbar lordosis
	Tx kyphosis
	George's line, anterior VB line, pillar line, spinolaminar line

A POM and APLC, AP Tx, AP Lx	Lateral offset @ C1 lateral masses - overhang
	Scoliosis
	Pelvic unleveling

McGregor's line: Posterior margin of hard palate to inferior surface of occipital bone

Normal Tip of Dens should not be over the line by >8mm males and >10mm females

Chamberlain's line: Posterior Margin of hard palate to opisthion (if this cannot be seen, use McGregor's) - should not be >3mm above this line

ADI: Posterior margin of C1 anterior tubercle to anterior surface of dens.

Normal: Adult: 1-3mm **Child:** 1-5mm

Bone

Things to consider:	Density - adequate? Decreased? Increased?
Number - congenital anomalies? Block vertebrae? Cx ribs? SBO? LS transitional segment	Integrity - Height loss - compression vs burst ## Lytic lesions? Blastic lesions? Pedicles

Cartilage

Things to consider:	Cx: Discs, uncovertebral joints (unicinates), facet joints, ALL, PLL, C1-2 joints
Tx: Discs, facet joints, costovertebral joints	Lx: Discs, facet joints, SI joints, femoro-acetabular joints



Soft Tissues

Trachea	Prevertebral soft tissues
Lung apices	Submandibular soft tissues
Lungs	Abdomen and pelvis

Retropharyngeal interspace - from anterior inferior body of C2 - Posterior air shadow of pharynx
Should be <6mm

Retrotracheal Interspace- from anterior inferior angle of C6 body - posterior air shadow of trachea
Should be <20mm

CATBITES

In impression section

C: Congenital -anomalies + normal variants
A: Arthritis - degenerative, inflammatory, metabolic
T: Trauma
B: Blood - haematological and vascular
I: Infection - suppurative and non-suppurative
T: Tumour - benign, malignant and tumour-like
E: Endocrine - metabolic, nutritional and endocrine
S: Soft tissues

Tips

Keep it short and sweet	Complete, narrative sentences
Split paragraphs into pathologic and normal findings	Present test for x-ray findings + past tense for what was done at the time
"There is" should not be used - get to the point	Listen to request - if there is a request to rule out/in a pathology, highlight whether or not there is signs
Most important findings first	Inductive logic - observations first and conclusions last
Only report incidental observations when they are relevant	Should be clear whether diagnosis/impression is definite - state degree of certainty
Use measurements in cms or degrees, when it cannot be use use - slight moderate or severe	Avoid using pure radiological terms - use descriptive terms

