

### Components of an x-ray report

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

### ABCs

A	Alignment
B	Bone
C	Cartilage
S	Soft Tissue

### Impression

### Alignment

<b>Lateral View</b>	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

<b>A POM and APLC, AP Tx, AP Lx</b>	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

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

### Cartilage

<b>Things to consider:</b>	<b>Cx:</b> Discs, uncovertebral joints (unicinates), facet joints, ALL, PLL, C1-2 joints
<b>Tx:</b> Discs, facet joints, costovertebral joints	<b>Lx:</b> 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



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