

CHECKLIST FOR PLAIN FILMS DONE FOR COUGH

Imaging Findings	Cause
Pulmonary Structures	
Ground glass opacity or consolidation and/or pleural effusion (a normal XR does <i>not</i> rule out pneumonia if the pre-test probability is high); unilateral relatively dense lobar consolidation is more likely CAP; bilateral less dense consolidation is typical of pneumocystis; apical consolidation is more typical of pneumonia from tuberculosis.	Pneumonia – community acquired, aspiration, pneumocystis, and tuberculosis
Hyperinflation, bullae, straightened pulmonary vasculature; associated pneumonia	COPD/Emphysema
Hyperinflation; increased peribronchial markings,	Asthma
Lung mass with possible “upstream” pneumonia with consolidation; additional pulmonary nodules/masses; effusions; lymphadenopathy; bone lesions from metastatic deposit.	Lung Cancer
Radiodense foreign body; CT: visualization of an isodense or radiolucent foreign body in the trachobronchial tree.	Foreign body
Dilated bronchi with tubular nontapering bronchi seen in profile and “signet ring” sign (bronchi larger than associated bronchial artery) in cross section; bronchi extending to within 3 cm of the pleural surface.	Bronchiectasis
Ground glass lung opacity; honeycombing; small nodules; air trapping.	Pneumoconiosis and other diffuse infiltrative lung disease
Peripheral wedge-shaped lung opacity (“Hampton’s hump”); pleural effusion..	Pulmonary infarction
Cardiovascular Structures	
Cardiomegaly with increased lung opacity in either a ground glass or consolidation pattern; septal lines; pleural effusions.	Congestive heart failure
Dilated, tortuous aorta distorting the trachea.	Thoracic aortic aneurysm
CT: filling defects in the arterial tree; VQ scan: ventilation perfusion mismatches.	Pulmonary embolism
Cardiomegaly with left atrial enlargement; increased lung opacity in either a ground glass or consolidation pattern; septal lines; pleural effusions.	Mitral valve stenosis
Other Structures	
No direct findings; XR, CT may show a hiatal hernia.	Gastroesophageal reflux disease
XR, CT, US: enlarged thyroid with extrinsic compression of the trachea.	Goiter with compression of the trachea
Enlarged lymph nodes.	Lymphadenopathy with compression of the trachea

DICTIONARY TEMPLATE WITH PROMPTS FOR CHEST RADIOGRAPH PERFORMED FOR COUGH

TWO VIEW CHEST PLAIN FILM EXAMINATION

INDICATION: Chest pain.

COMPARISON: [Check priors to see if following a known lesion.]

TECHNIQUE: PA and lateral chest plain film examination.

Pulmonary structures: [Ground glass opacity or consolidation with or without pleural effusion (pneumonia). Lung mass (lung cancer). Hyperinflation (emphysema, asthma). Bullae (bullous emphysema). Foreign body. Dilated bronchi (bronchiectasis). Honeycombing (pneumoconiosis). Peripheral wedge-shaped opacity (Hampton's hump from pulmonary embolism).]

Cardiovascular structures: [Cardiomegaly and pulmonary venous distension with increased lung opacity (congestive heart failure, mitral valve stenosis). Dilated, tortuous aorta causing tracheal distortion (thoracic aortic aneurysm).]

Other visualized structures: [Hiatal hernia (associated with gastro-esophageal reflux disease). Distortion of trachea (goiter, thoracic aortic aneurysm, lymphadenopathy).]

IMPRESSION: []

DICTIONARY TEMPLATE WITH PROMPTS FOR CHEST CT PERFORMED FOR COUGH

CT CHEST WITH CONTRAST

INDICATION: Chest pain.

COMPARISON: [Check priors to see if following a known lesion.]

TECHNIQUE: []

Pulmonary structures:

Lungs: [Ground glass opacity or consolidation with or without pleural effusion (pneumonia). Lung mass (lung cancer). Hyperinflation (emphysema, asthma). Bullae (bullous emphysema). Honeycombing (pneumoconiosis). Peripheral wedge-shaped opacity (Hampton's hump from pulmonary embolism).]

Tracheobronchial tree: [Foreign body. Dilated bronchi (bronchiectasis). Distorted trachea (thoracic aortic aneurysm, goiter, lymphadenopathy).]

Pleura and pleural space: [Pleural effusion (pneumonia, congestive heart failure, pulmonary embolism, lung cancer).]

Cardiovascular structures:

Heart: [Cardiomegaly and pulmonary venous distension with increased lung opacity (congestive heart failure, mitral valve stenosis). Dilated, tortuous aorta causing tracheal distortion (thoracic aortic aneurysm).]

Thoracic aorta and branches: [Prominent ascending aorta (aortic aneurysm).]

Pulmonary arteries: [Filling defects (pulmonary emboli).]

Other structures:

Mediastinal and hilar lymph nodes: [Enlarged lymph nodes compressing or distorting the trachea (lymphadenopathy).]

Musculoskeletal structures: []

Visualized neck and chest wall: [Enlarged thyroid compressing or distorting the trachea (goiter).]

Visualized abdomen and esophagus: [Hiatal hernia (associated with gastro-esophageal reflux disease).]

IMPRESSION: []