

With *all* radiologic imaging, first check the specifics of the film! Confirm correct patient details. check the date of the film, determine whether film was AP/PA/supine/portable, look for previous imaging.

## **RIP-ABCDEF**

### **R - Rotation**

- Ensure spinous processes are midline, medial clavicles are equidistant from vertebrae

### **I - Inspiration**

- Ensure patient has inspired adequately (unless this is an expiratory film!). You should see ~9 ribs on each side. Poor inspiratory effort? Hyperinflation?

### **P - Penetration**

- Intervertebral discs should be lucent. Opaque? Underpenetration. Too well-defined? Overpenetration.

### **A - Airways**

- Ensure trachea is midline and you see two bronchi splitting at carina

### **B - Bones**

- Check bones for fractures/lytic lesions or other abnormalities. Systematically examine clavicles, shoulder, sternum, and ribs

### **C - Cardiac**

- Check for defined right and left heart borders (RA and LV, respectively). On PA film, heart size should be  $< \frac{1}{2}$  of the chest diameter. Note: AP film will show larger than expected cardiac silhouette!

### **D - Diaphragm**

- Make sure both hemidiaphragms are approximately equal in size and contour. Are costophrenic angles well-defined? Is there free air under the diaphragm?

### **E - Everything else** (except for the lung fields)

- Check for lines/tubes/drains/pacemakers.

### **F - Fields**

- Examine both lung fields for symmetry. Vascular markings should be present bilaterally. Are there any abnormal opacities? Consolidation/bullae/atelectasis/ pneumothorax?