

CONVENTIONAL RADIOGRAPHY

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Introduction

The Conventional Radiography is the most widely used , easily available and cost effective common radiological examination. However, and regrettably, sometimes mostly misused examination for lack of knowledge about the radiology and radiation hazards. While advising X-Ray examination following guidelines may be followed.

Introduction

- ✓ X-Rays are radiations harmful to the radiographic staffs, patients & the by-standers or patient attendants.
- ✓ Repeated X-Ray examinations may be avoided as per as possible.
- ✓ Minimal X-Ray examination / exposure may be advised for paediatric patient.
- ✓ X-Ray examinations are contra-indicated in pregnant women.
- ✓ Few unnecessary & unfruitful examinations can be avoided like – Nasal bone, coccyx, bone scan.
- ✓ In trauma cases skeletal survey may be avoided & specific areas of body may be asked for

Recommended X Ray Views

1. Head and Neck

<i>Part to be examined</i>	<i>Common views to be advised</i>
a) Skull	A.P and lateral view
b) P.N.S	O –M view
c) Orbit	Orbital views / Skull A.P. view

1. Head and Neck

d) Mastoid	Mastoid view / lateral skull view
e) Nasopharynx	Lateral view
f) S.T.N Neck	Lateral view
g) T-M Joint	Lateral / oblique view open & closed mouth (2 views for each joint)
h) Mandible	A.P & Lateral oblique (LO) views

2. Chest and Abdomen

a) Chest

P.A view (95% of cases)

- Lateral view
(unclear/doubtful findings in P.A view)
- Oblique view for rib fracture.

2. Chest and Abdomen.....

b) Abdomen

Plain X-Ray abdomen

- KUB (Urolithiasis) ,etc.
- Erect (bowel loop obstruction/perforation)

3. Upper limb

i. Shoulder joint	A.P View & Oblique or Axial view (shoulder jt should be at 90 degree)
ii. Hand	A.P and Oblique views
iii. Wrist joint	A.P & lateral views
iv. Fore arm	A.P & Oblique views
v. Elbow joint	A.P & lateral views

4. Lower Limb

i. Hip Joint	A.P and Oblique views
ii. Femur	A.P and lateral views
iii. Knee Joint	A.P and lateral views
iv. Patella	Lateral and axial view
v. Tibia & Fibula	A.P and lateral / Oblique views

4. Lower Limb.....

vi. Ankle Joint	A.P and Lateral views
vii. Foot	A.P and Oblique views
viii. Calcaneum	Lateral & Axial views

5. Spines

i. Cervical Spines	A.P and Lateral views
ii. Lumbo-Sacral spine	A.P and Lateral views

6. Others

i. In Trauma cases	A.P and lateral / Oblique views.
ii. Free air under diaphragms	Chest X-Ray P.A. view / Erect Abdomen.
iii. Appendicular Pathology or I/c junction	Spot barium X-Ray of I/c junction.

Special X-Ray investigations

- ✓ Intravenous Urography (IVU) for KUB anatomy study.
- ✓ Barium X-Rays for G.I.T. System.
- ✓ Micturiting Cystourethrogram (MCU) for evaluation of Vesico-ureteric reflux etc.
- ✓ T-Tube cholangiogram in post-operative biliary system anatomy study.
- ✓ Mammography for breast study.
- ✓ Retrograde Urethrogram (RGU) for anatomy of urethra.
- ✓ HSG

Latest developments in Radiology investigation

- i. PET - CT Scan for anatomy and physiological study.
- ii. Endoscopic Ultrasonography in GIT study.
- iii. Computerized Radiography (CR)
- iv. Digital Radiography (DR)
- v. Multiple slice CT Scanners

Thank You