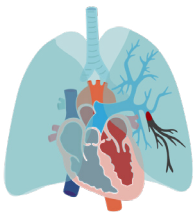


## Lung ultrasound

# EVALUATING FOR OTHER LUNG PATHOLOGIES

Lung ultrasound can allow you to identify other lung pathologies, such as:



Pulmonary embolism



Acute respiratory distress syndrome (ARDS)



Pulmonary contusion



Influenza

### Pulmonary embolism

Normal lung appearance is the most common finding associated with pulmonary embolism. Seeing the appearance of normal lung on ultrasound, in a patient with dyspnea or hypoxia, raises the concern for pulmonary embolus. Consider integrating the lung ultrasound with an echocardiogram and a deep vein thrombosis (DVT) study.

Subpleural consolidations can be seen in patients with pulmonary embolus. This likely reflects a small lung infarct. Pay particular attention to points of pleuritic pain.

### Acute respiratory distress syndrome (ARDS)

Patients with ARDS typically have diffuse sonographic B lines. The presence of other findings helps differentiate ARDS from cardiogenic pulmonary edema. The following table outlines the likelihood of seeing each finding in ARDS versus pulmonary edema.

	ARDS (%)	Pulmonary edema (%)
B lines	100	100
Irregular pleura	100	25
Reduced lung sliding	100	0
Spared areas	100	0
Consolidations	83	0
Pleural effusion	66	95

## *Pulmonary contusion*

Chest trauma resulting in a pulmonary contusion produces focal B lines. There may also be an associated pleural effusion or a thickened pleura.

## *Influenza*

Lung ultrasound findings in influenza may range from normal lung to a diffuse B line profile with subpleural consolidations. The latter has potential for overlap with ARDS; as always, consider the lung ultrasound findings in light of the clinical presentation.