

Lung ultrasound

AVOIDING POTENTIAL PITFALLS WITH LUNG ULTRASOUND

There are several important potential pitfalls to consider when using lung ultrasound.

Not considering the context

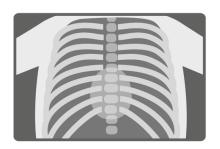
Lung ultrasound findings can be nonspecific; the same findings can occur in different diseases. Interpret findings in light of the patient's overall condition and your clinical impression.



Not obtaining more imaging

Chest x-ray and computed tomography (CT) are important complementary tests to lung ultrasound. Don't hesitate to obtain more imaging if you haven't answered your questions with ultrasound.







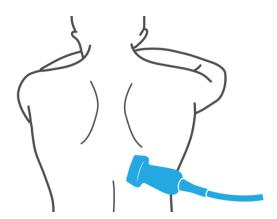
Overdiagnosing the image

As you perform more lung ultrasounds, you will recognize structures or appearances that seem abnormal. Be wary of making overly specific diagnoses if you are unsure of what you are seeing or its significance, or before you have completed your study.



Not examining all of the chest

Some lung ultrasound findings can be subtle or localized to a small region of the chest. Complete a thorough study of both lungs before deciding the ultrasound is negative for any findings.



Stopping the search

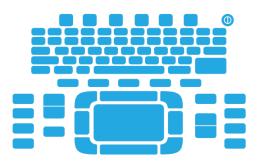
Interpreting lung ultrasound accurately depends on an understanding of both the type and distribution of findings. If you find something – don't stop looking! Complete your examination of both lungs prior to making a diagnosis based on the scan.





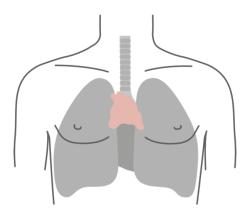
Not adjusting depth

You can lose important information by setting your depth too shallow or too deep. In particular, adjust depth (or change transducers) to examine a suspected pleural abnormality.



Forgetting the thymus

The thymus is a common source of false positive pneumonias in pediatric patients.



Not considering other clinicians

Your colleagues may not understand or be comfortable with point-of-care lung ultrasound. Share your findings (and teach them ultrasound!) but obtain other imaging to support them when needed.

