## WEBVTT

NOTE duration: "00:15:41.2480000"

NOTE language:en-us

NOTE Confidence: 0.9727888

 $00:00:02.980 \longrightarrow 00:00:05.470$  In this lecture we will review

NOTE Confidence: 0.9727888

 $00:00:05.470 \longrightarrow 00:00:07.960$  pediatric point of care lung ultrasound.

NOTE Confidence: 0.98859406

 $00:00:15.480 \longrightarrow 00:00:17.474$  In general, the approach to your

NOTE Confidence: 0.98859406

 $00{:}00{:}17.474 \dashrightarrow 00{:}00{:}19.139$  patients will differ depending on

NOTE Confidence: 0.98859406

 $00:00:19.140 \longrightarrow 00:00:21.196$  the clinical picture and

NOTE Confidence: 0.98859406

 $00:00:21.196 \longrightarrow 00:00:22.738$  the presenting symptoms.

NOTE Confidence: 0.98859406

 $00{:}00{:}22.740 \longrightarrow 00{:}00{:}24.263$  Most common pathology you'll

NOTE Confidence: 0.98859406

 $00:00:24.263 \longrightarrow 00:00:26.550$  be looking for is the presence

NOTE Confidence: 0.98859406

 $00:00:26.550 \longrightarrow 00:00:28.452$  or absence of animal thorax.

NOTE Confidence: 0.98859406

 $00:00:28.452 \longrightarrow 00:00:30.357$  The presence or absence of

NOTE Confidence: 0.97305846

 $00:00:30.360 \longrightarrow 00:00:33.030$  a pleural effusion in the presence or

NOTE Confidence: 0.97305846

 $00:00:33.030 \longrightarrow 00:00:34.930$  absence of lung tissue consolidation

NOTE Confidence: 0.97305846

 $00:00:34.930 \longrightarrow 00:00:36.840$  or fluid filled alveolar spaces.

NOTE Confidence: 0.98690933

 $00:00:40.630 \longrightarrow 00:00:42.820$  So one common thread in pediatric

 $00:00:42.820 \longrightarrow 00:00:45.403$  patients is that they may not be

NOTE Confidence: 0.98690933

 $00:00:45.403 \longrightarrow 00:00:47.148$  too cooperative with your exam.

NOTE Confidence: 0.98690933

00:00:47.150 --> 00:00:49.376 They may be overly tired, fussy,

NOTE Confidence: 0.98690933

00:00:49.376 --> 00:00:51.456 irritable, arching their backs and

NOTE Confidence: 0.98690933

 $00{:}00{:}51.456 \dashrightarrow 00{:}00{:}54.067$  bringing the scapula together so as to

NOTE Confidence: 0.98690933

00:00:54.067 --> 00:00:55.825 not expose the posterior lung field,

NOTE Confidence: 0.98690933

00:00:55.830 --> 00:00:58.726 or just simply trying to run a wing.

NOTE Confidence: 0.98690933

 $00:00:58.730 \longrightarrow 00:01:01.558$  Some potential tricks of the trade include

NOTE Confidence: 0.98690933

 $00{:}01{:}01{:}558 \dashrightarrow 00{:}01{:}04{:}305$  engaging a caregiver so that the child

NOTE Confidence: 0.98690933

 $00:01:04.305 \longrightarrow 00:01:06.501$  feels more comfortable having an infant

NOTE Confidence: 0.98690933

 $00{:}01{:}06.567 \dashrightarrow 00{:}01{:}08.877$  or toddler give their parents a hug.

NOTE Confidence: 0.98690933

 $00{:}01{:}08.880 \dashrightarrow 00{:}01{:}11.130$  This will provide both a sense

NOTE Confidence: 0.98690933

 $00{:}01{:}11.130 \dashrightarrow 00{:}01{:}13.515$  of comfort and expose their back

NOTE Confidence: 0.98690933

 $00:01:13.515 \longrightarrow 00:01:15.525$  for a good long examination.

NOTE Confidence: 0.98690933

00:01:15.530 --> 00:01:16.312 And finally,

 $00:01:16.312 \longrightarrow 00:01:17.876$  I would encourage distraction

NOTE Confidence: 0.98690933

00:01:17.876 --> 00:01:19.440 in whatever means possible.

NOTE Confidence: 0.98690933

00:01:19.440 --> 00:01:22.079 And yes, screen time is OK during

NOTE Confidence: 0.98690933

 $00:01:22.079 \longrightarrow 00:01:23.740$  a pediatric lung pocus.

NOTE Confidence: 0.98133993

 $00:01:29.080 \longrightarrow 00:01:31.508$  So to improve your patient cooperation and

NOTE Confidence: 0.98133993

00:01:31.508 --> 00:01:33.509 optimize your time performing lung focus,

NOTE Confidence: 0.98133993

 $00:01:33.510 \longrightarrow 00:01:35.897$  you may consider getting some warm gel.

NOTE Confidence: 0.98133993

 $00:01:35.900 \longrightarrow 00:01:38.290$  This can be done with some relatively

NOTE Confidence: 0.98133993

 $00:01:38.290 \longrightarrow 00:01:39.310$  in expensive commercially available

NOTE Confidence: 0.98133993

00:01:39.310 --> 00:01:41.750 products if you're using typical gel tubes.

NOTE Confidence: 0.98133993

 $00{:}01{:}41.750 \dashrightarrow 00{:}01{:}44.080$  If for some reason you happen to

NOTE Confidence: 0.98133993

00:01:44.080 --> 00:01:45.448 be using gel packets,

NOTE Confidence: 0.98133993

 $00:01:45.450 \longrightarrow 00:01:46.470$  a hack that

NOTE Confidence: 0.98133993

 $00:01:46.470 \longrightarrow 00:01:49.360$  I like to use is to put one or two

NOTE Confidence: 0.98133993

00:01:49.453 --> 00:01:52.453 in my pocket at the beginning of a

NOTE Confidence: 0.98133993

 $00:01:52.453 \longrightarrow 00:01:55.414$  shift and then have them at the ready.

 $00:01:55.414 \longrightarrow 00:01:57.676$  When the timing is right now

NOTE Confidence: 0.98133993

 $00:01:57.676 \longrightarrow 00:01:59.346$  in terms of the transducer,

NOTE Confidence: 0.98133993

00:01:59.346 --> 00:02:01.065 your probe selection is going

NOTE Confidence: 0.98133993

 $00:02:01.065 \longrightarrow 00:02:03.410$  to depend a lot on the question

NOTE Confidence: 0.98133993

 $00{:}02{:}03.482 \dashrightarrow 00{:}02{:}05.396$  that you're trying to answer.

NOTE Confidence: 0.98133993

 $00{:}02{:}05.396 \dashrightarrow 00{:}02{:}07.766$  In general, for younger patients in whom

NOTE Confidence: 0.98133993

00:02:07.766 --> 00:02:09.670 you're concerned mostly about pneumonia,

NOTE Confidence: 0.98133993

00:02:09.670 --> 00:02:11.650 a high frequency linear transducer is

NOTE Confidence: 0.98133993

 $00{:}02{:}11.650 \dashrightarrow 00{:}02{:}13.590$  going to provide excellent resolution.

NOTE Confidence: 0.98133993

 $00:02:13.590 \longrightarrow 00:02:15.746$  The linear transducer would be my choice

NOTE Confidence: 0.98133993

 $00:02:15.746 \longrightarrow 00:02:18.208$  as well for pneumo thorax evaluation.

NOTE Confidence: 0.98133993

 $00:02:18.210 \longrightarrow 00:02:20.345$  That said, there are many instances

NOTE Confidence: 0.98133993

 $00{:}02{:}20.345 \dashrightarrow 00{:}02{:}21.765$  where low frequency curvilinear

NOTE Confidence: 0.98133993

 $00:02:21.770 \longrightarrow 00:02:23.938$  transducer will be an adequate choice,

NOTE Confidence: 0.98133993

 $00:02:23.938 \longrightarrow 00:02:26.500$  and I certainly would use this probe.

 $00:02:26.500 \longrightarrow 00:02:28.475$  In my initial assessment for

NOTE Confidence: 0.98133993

 $00{:}02{:}28.475 --> 00{:}02{:}29.265 \ \mathrm{pleural\ effusion}.$ 

NOTE Confidence: 0.98240566

 $00:02:32.790 \longrightarrow 00:02:35.160$  So when clinical concern exists for

NOTE Confidence: 0.98240566

00:02:35.160 --> 00:02:36.736 either pneumothorax or pneumonia,

NOTE Confidence: 0.98240566

 $00:02:36.740 \longrightarrow 00:02:39.924$  your probe of choice will be the high

NOTE Confidence: 0.98240566

 $00:02:39.924 \longrightarrow 00:02:41.944$  frequency linear transducer and you

NOTE Confidence: 0.98240566

 $00:02:41.944 \longrightarrow 00:02:45.090$  will start by looking at the apex of

NOTE Confidence: 0.98240566

 $00:02:45.090 \longrightarrow 00:02:47.799$  the lung over the anterior lung fields.

NOTE Confidence: 0.98240566

 $00:02:47.800 \longrightarrow 00:02:50.172$  If clinical concerns exist for a

NOTE Confidence: 0.98240566

 $00:02:50.172 \longrightarrow 00:02:52.145$  pleural effusion, like would be

NOTE Confidence: 0.98240566

 $00:02:52.145 \longrightarrow 00:02:54.910$  the case in the context of trauma,

NOTE Confidence: 0.98240566

 $00{:}02{:}54.910 \dashrightarrow 00{:}02{:}57.141$  then using a curvilinear probe to

NOTE Confidence: 0.98240566

 $00:02:57.141 \longrightarrow 00:02:58.876$  interrogate the lung basis would

NOTE Confidence: 0.98240566

 $00:02:58.876 \longrightarrow 00:03:01.228$  be my preferred initial approach.

NOTE Confidence: 0.98159397

 $00:03:04.420 \longrightarrow 00:03:06.242$  In pneumothorax occurs when air

NOTE Confidence: 0.98159397

 $00:03:06.242 \longrightarrow 00:03:08.366$  accumulates in the pleural space between

 $00{:}03{:}08.366 \dashrightarrow 00{:}03{:}10.498$  the visceral and parietal pleura.

NOTE Confidence: 0.98159397

 $00{:}03{:}10.500 \dashrightarrow 00{:}03{:}12.780$  The air build up in this space,

NOTE Confidence: 0.98159397

 $00:03:12.780 \longrightarrow 00:03:15.440$  even when it is in small quantities,

NOTE Confidence: 0.98159397

 $00:03:15.440 \longrightarrow 00:03:17.340$  create visual changes on your

NOTE Confidence: 0.98159397

 $00:03:17.340 \longrightarrow 00:03:18.860$  ultrasound screen which will

NOTE Confidence: 0.98159397

 $00:03:18.860 \longrightarrow 00:03:20.760$  help you make this diagnosis.

NOTE Confidence: 0.9807303

 $00:03:23.550 \longrightarrow 00:03:25.330$  For the evaluation of pneumothorax,

NOTE Confidence: 0.9807303

 $00:03:25.330 \longrightarrow 00:03:27.466$  the following steps should be followed.

NOTE Confidence: 0.9807303

 $00:03:27.470 \longrightarrow 00:03:29.408$  First, it is important to position

NOTE Confidence: 0.9807303

 $00:03:29.408 \longrightarrow 00:03:31.740$  the patient in the supine position.

NOTE Confidence: 0.9807303

 $00:03:31.740 \longrightarrow 00:03:33.876$  This will increase your overall sensitivity

NOTE Confidence: 0.9807303

 $00:03:33.876 \longrightarrow 00:03:35.300$  for small pneumothorax detection,

NOTE Confidence: 0.9807303

 $00{:}03{:}35.300 \dashrightarrow 00{:}03{:}37.636$  as air will rise to the top and

NOTE Confidence: 0.9807303

 $00:03:37.636 \longrightarrow 00:03:39.543$  therefore in a supine position

NOTE Confidence: 0.9807303

 $00:03:39.543 \longrightarrow 00:03:41.633$  that pneumothorax will be present

 $00:03:41.633 \longrightarrow 00:03:44.200$  between the probe and the chest wall.

NOTE Confidence: 0.9807303

 $00{:}03{:}44.200 \dashrightarrow 00{:}03{:}46.258$  Evaluation of the apex with a

NOTE Confidence: 0.9807303

 $00{:}03{:}46.258 \dashrightarrow 00{:}03{:}48.074$  linear probes over the midclavicular

NOTE Confidence: 0.9807303

 $00:03:48.074 \longrightarrow 00:03:50.294$  line with the indicator to the

NOTE Confidence: 0.9807303

 $00:03:50.294 \longrightarrow 00:03:52.858$  head is the ideal starting point.

NOTE Confidence: 0.9807303

00:03:52.860 --> 00:03:54.750 You look for signs of lung sliding.

NOTE Confidence: 0.9807303

 $00:03:54.750 \longrightarrow 00:03:56.640$  If lungs lighting happens to be absent,

NOTE Confidence: 0.9807303

 $00:03:56.640 \longrightarrow 00:03:58.488$  then you will want to slide the

NOTE Confidence: 0.9807303

 $00{:}03{:}58.488 \dashrightarrow 00{:}04{:}00.611$  probe down the chest wall to get a

NOTE Confidence: 0.9807303

00:04:00.611 --> 00:04:02.780 general sense of how big of a pneumo

NOTE Confidence: 0.9807303

 $00:04:02.780 \longrightarrow 00:04:04.466$  thorax you will be dealing with.

NOTE Confidence: 0.9783894

00:04:07.290 --> 00:04:09.802 So let's start by looking at the appearance

NOTE Confidence: 0.9783894

 $00:04:09.802 \longrightarrow 00:04:12.509$  of normal lung tissue as seen by ultrasound.

NOTE Confidence: 0.9783894

00:04:12.510 --> 00:04:14.580 As discussed, you will place the

NOTE Confidence: 0.9783894

 $00:04:14.580 \longrightarrow 00:04:16.739$  linear probe we indicated to the head.

NOTE Confidence: 0.9783894

 $00:04:16.740 \longrightarrow 00:04:19.674$  If you look at the screenshot on the left,

 $00:04:19.680 \longrightarrow 00:04:21.955$  that indicator is represented by the P.

NOTE Confidence: 0.9783894

 $00:04:21.960 \longrightarrow 00:04:24.576$  The ribs can be seen in cross section

NOTE Confidence: 0.9783894

 $00{:}04{:}24.576 \dashrightarrow 00{:}04{:}26.001$  with posterior acoustic enhancement

NOTE Confidence: 0.9783894

 $00:04:26.001 \longrightarrow 00:04:28.817$  and the goal here is for the pleura

NOTE Confidence: 0.9783894

 $00:04:28.886 \longrightarrow 00:04:31.086$  to be at the center of your screen.

NOTE Confidence: 0.9783894

 $00:04:31.090 \longrightarrow 00:04:32.710$  Note that the ultrasound machine

NOTE Confidence: 0.9783894

 $00:04:32.710 \longrightarrow 00:04:34.736$  is set on lung window setting

NOTE Confidence: 0.9783894

 $00:04:34.736 \longrightarrow 00:04:36.436$  and this makes the pleura.

NOTE Confidence: 0.9783894

 $00{:}04{:}36.440 \dashrightarrow 00{:}04{:}38.670$  Bright or echogenic right above

NOTE Confidence: 0.9783894

 $00:04:38.670 \longrightarrow 00:04:41.370$  the pleura and between the ribs.

NOTE Confidence: 0.9783894

00:04:41.370 --> 00:04:43.680 You will find your intercostal muscle

NOTE Confidence: 0.9783894

 $00:04:43.680 \longrightarrow 00:04:46.375$  and again the first echogenic line

NOTE Confidence: 0.9783894

 $00{:}04{:}46.375 \dashrightarrow 00{:}04{:}48.539$  represents the pleural interface.

NOTE Confidence: 0.9783894

 $00:04:48.540 \longrightarrow 00:04:51.700$  Now on the video on the right you can see

NOTE Confidence: 0.9783894

 $00:04:51.784 \longrightarrow 00:04:54.562$  that there is motion movement shimmering

 $00:04:54.562 \longrightarrow 00:04:57.592$  of the pleura which represents normal

NOTE Confidence: 0.9783894

 $00{:}04{:}57.592 \dashrightarrow 00{:}05{:}00.880$  sliding of the visceral and parietal

NOTE Confidence: 0.9783894

 $00:05:00.880 \longrightarrow 00:05:02.876$  component during typical respirations.

NOTE Confidence: 0.9783894

 $00:05:02.876 \longrightarrow 00:05:05.564$  In addition you will see additional

NOTE Confidence: 0.9783894

 $00:05:05.564 \longrightarrow 00:05:07.440$  horizontal lines also echogenic.

NOTE Confidence: 0.9783894

 $00:05:07.440 \longrightarrow 00:05:09.736$  Which we refer to as a lines.

NOTE Confidence: 0.9783894

 $00:05:09.740 \longrightarrow 00:05:11.594$  This is a normal reverberation artifact

NOTE Confidence: 0.9783894

 $00:05:11.594 \longrightarrow 00:05:14.019$  that is seen in healthy lung tissue.

NOTE Confidence: 0.9783894

 $00:05:14.020 \longrightarrow 00:05:16.576$  We will come back to these a lines at

NOTE Confidence: 0.9783894

 $00:05:16.576 \longrightarrow 00:05:18.629$  another point in this presentation.

NOTE Confidence: 0.973092

 $00{:}05{:}21.480 \dashrightarrow 00{:}05{:}23.650$  So when air collects between

NOTE Confidence: 0.973092

00:05:23.650 --> 00:05:25.386 the visceral parietal pleura,

NOTE Confidence: 0.973092

 $00:05:25.390 \longrightarrow 00:05:28.092$  the lack of lung sliding that results

NOTE Confidence: 0.973092

00:05:28.092 --> 00:05:29.837 will cause physiologic changes

NOTE Confidence: 0.973092

 $00:05:29.837 \longrightarrow 00:05:31.897$  easily detectable by ultrasound.

NOTE Confidence: 0.98409706

 $00:05:35.350 \longrightarrow 00:05:38.207$  Your first assessment is going to be a

 $00:05:38.207 \longrightarrow 00:05:40.349$  careful visual assessment of the pleura.

NOTE Confidence: 0.98409706

 $00{:}05{:}40.350 \dashrightarrow 00{:}05{:}41.746$  These images represent lung

NOTE Confidence: 0.98409706

00:05:41.746 --> 00:05:43.491 ultrasound findings of a patient

NOTE Confidence: 0.98409706

 $00:05:43.491 \longrightarrow 00:05:45.350$  with a right sided pneumothorax.

NOTE Confidence: 0.98409706

 $00:05:45.350 \longrightarrow 00:05:47.849$  Note the normal clip on the left.

NOTE Confidence: 0.98409706

 $00:05:47.850 \longrightarrow 00:05:49.680$  You can see normal lung sliding

NOTE Confidence: 0.98409706

 $00:05:49.680 \longrightarrow 00:05:51.627$  with the appearance of shimmering or

NOTE Confidence: 0.98409706

 $00:05:51.627 \longrightarrow 00:05:53.292$  sometimes described as ants marching

NOTE Confidence: 0.98409706

 $00:05:53.292 \longrightarrow 00:05:56.062$  on a log which represents normal motion

NOTE Confidence: 0.98409706

 $00:05:56.062 \longrightarrow 00:05:58.197$  between the visceral parietal pleura.

NOTE Confidence: 0.98409706

 $00{:}05{:}58.200 \dashrightarrow 00{:}06{:}00.960$  In contrast on the abnormal side you can

NOTE Confidence: 0.98409706

 $00:06:00.960 \longrightarrow 00:06:04.049$  see that that plural looks stuck together.

NOTE Confidence: 0.98409706

 $00:06:04.050 \longrightarrow 00:06:05.770$  There is no discrete motion

NOTE Confidence: 0.98409706

 $00:06:05.770 \longrightarrow 00:06:08.299$  that can be seen in this case.

NOTE Confidence: 0.98409706

 $00:06:08.300 \longrightarrow 00:06:10.424$  The probe was placed in the

00:06:10.424 --> 00:06:11.840 Midaxillary line around T4,

NOTE Confidence: 0.98409706

 $00:06:11.840 \longrightarrow 00:06:14.374$  precisely where a chest tube or pigtail

NOTE Confidence: 0.98409706

 $00:06:14.374 \longrightarrow 00:06:16.089$  catheter would typically be placed.

NOTE Confidence: 0.9750419

00:06:18.890 --> 00:06:22.364 So to quantify the size of new more thorax,

NOTE Confidence: 0.9750419

 $00:06:22.370 \longrightarrow 00:06:25.079$  you want to identify its transition zone,

NOTE Confidence: 0.9750419

 $00:06:25.080 \longrightarrow 00:06:27.402$  which many will refer to as

NOTE Confidence: 0.9750419

 $00:06:27.402 \longrightarrow 00:06:28.955$  long points during expiration.

NOTE Confidence: 0.9750419

 $00:06:28.955 \longrightarrow 00:06:30.501$  Air tracking into the

NOTE Confidence: 0.9750419

 $00{:}06{:}30.501 \dashrightarrow 00{:}06{:}32.049$  pleural space will expand,

NOTE Confidence: 0.9750419

 $00:06:32.050 \longrightarrow 00:06:33.985$  while inspiration leads to air

NOTE Confidence: 0.9750419

 $00{:}06{:}33.985 \to 00{:}06{:}35.920$  accumulation within the lungs themselves.

NOTE Confidence: 0.9750419

00:06:35.920 --> 00:06:38.629 Depending on the size of the pneumothorax,

NOTE Confidence: 0.9750419

 $00:06:38.630 \longrightarrow 00:06:41.142$  you will be able to determine at what

NOTE Confidence: 0.9750419

 $00:06:41.142 \longrightarrow 00:06:43.922$  point in the thorax a pneumothorax meets

NOTE Confidence: 0.9750419

 $00:06:43.922 \longrightarrow 00:06:46.625$  and opposes aerated lung with preserved

NOTE Confidence: 0.9750419

 $00:06:46.625 \longrightarrow 00:06:49.355$  visceral and parietal pleural sliding.

 $00:06:49.360 \longrightarrow 00:06:51.616$  Lung Point is the most specific

NOTE Confidence: 0.9750419

 $00:06:51.616 \longrightarrow 00:06:53.120$  ultrasound finding for pneumothorax

NOTE Confidence: 0.9750419

 $00:06:53.180 \longrightarrow 00:06:54.896$  and can be used to distinguish

NOTE Confidence: 0.9750419

 $00:06:54.896 \longrightarrow 00:06:56.494$  from other causes of abnormal

NOTE Confidence: 0.9750419

 $00{:}06{:}56.494 \dashrightarrow 00{:}06{:}58.459$  lung sliding such as pleurodesis.

NOTE Confidence: 0.98268485

 $00:07:01.500 \longrightarrow 00:07:03.565$  In this video clip you can see

NOTE Confidence: 0.98268485

00:07:03.565 --> 00:07:05.320 lung points being demonstrated.

NOTE Confidence: 0.98268485

 $00:07:05.320 \longrightarrow 00:07:07.390$  Diplura again is the Echogenic line

NOTE Confidence: 0.98268485

00:07:07.390 --> 00:07:09.870 seen here between the ribs on the left

NOTE Confidence: 0.98268485

 $00:07:09.870 \longrightarrow 00:07:12.339$  side of the screen you can see motion

NOTE Confidence: 0.98268485

 $00:07:12.339 \longrightarrow 00:07:14.031$  which represents movement between

NOTE Confidence: 0.98268485

 $00{:}07{:}14.031 \dashrightarrow 00{:}07{:}16.029$  the visceral and parietal pleura.

NOTE Confidence: 0.98268485

 $00{:}07{:}16.029 \dashrightarrow 00{:}07{:}18.122$  While on the right side of the

NOTE Confidence: 0.98268485

 $00{:}07{:}18.122 \dashrightarrow 00{:}07{:}20.377$  screen the plural line is still

NOTE Confidence: 0.98268485

 $00:07:20.377 \longrightarrow 00:07:21.965$  consistent with a pneumothorax.

00:07:25.520 --> 00:07:28.075 Now finally you can use M mode,

NOTE Confidence: 0.9789907

 $00:07:28.080 \longrightarrow 00:07:30.318$  which stands for motion mode to

NOTE Confidence: 0.9789907

 $00:07:30.318 \longrightarrow 00:07:32.572$  confirm your suspicion for the presence

NOTE Confidence: 0.9789907

 $00:07:32.572 \longrightarrow 00:07:34.648$  or absence of a normal thorax.

NOTE Confidence: 0.9789907

 $00:07:34.650 \longrightarrow 00:07:37.602$  So here you drop the motion line over

NOTE Confidence: 0.9789907

 $00:07:37.602 \longrightarrow 00:07:40.120$  the center of the pleura and this

NOTE Confidence: 0.9789907

 $00{:}07{:}40.120 \dashrightarrow 00{:}07{:}42.675$  will split the screen and the bottom

NOTE Confidence: 0.9789907

00:07:42.675 --> 00:07:44.500 half will detect motion overtime.

NOTE Confidence: 0.9789907

 $00{:}07{:}44.500 \dashrightarrow 00{:}07{:}46.486$  So the same concept applies when

NOTE Confidence: 0.9789907

 $00:07:46.486 \longrightarrow 00:07:48.208$  there is opposition and normal

NOTE Confidence: 0.9789907

 $00{:}07{:}48.208 \dashrightarrow 00{:}07{:}49.893$  sliding between the visceral pleura

NOTE Confidence: 0.9789907

00:07:49.893 --> 00:07:52.227 you will see a distinct transition

NOTE Confidence: 0.9789907

 $00{:}07{:}52.227 \dashrightarrow 00{:}07{:}54.079$  as your ultrasound devices.

NOTE Confidence: 0.9789907

 $00:07:54.080 \longrightarrow 00:07:55.260$  Picking up this movement,

NOTE Confidence: 0.9789907

 $00:07:55.260 \longrightarrow 00:07:57.969$  this is often referred to as a seashore sign,

NOTE Confidence: 0.9789907

 $00:07:57.970 \longrightarrow 00:08:00.056$  which is a good thing because most

 $00{:}08{:}00.060 \dashrightarrow 00{:}08{:}02.455$  of us would rather be at the beach

NOTE Confidence: 0.9789907

 $00{:}08{:}02.455 \dashrightarrow 00{:}08{:}03.950$  than listening to this lecture.

NOTE Confidence: 0.98180366

 $00:08:06.650 \longrightarrow 00:08:08.490$  In contrast, when a new

NOTE Confidence: 0.98180366

 $00:08:08.490 \longrightarrow 00:08:09.962$  more thorax is present,

NOTE Confidence: 0.98180366

 $00:08:09.970 \longrightarrow 00:08:11.442$  your ultrasound cannot detect

NOTE Confidence: 0.98180366

 $00:08:11.442 \longrightarrow 00:08:12.914$  motion between the pleura.

NOTE Confidence: 0.98180366

 $00:08:12.920 \longrightarrow 00:08:14.392$  Therefore, the appearance of

NOTE Confidence: 0.98180366

 $00:08:14.392 \longrightarrow 00:08:16.232$  a barcode will be present,

NOTE Confidence: 0.98180366

 $00:08:16.240 \longrightarrow 00:08:18.718$  which is only fitting because the next

NOTE Confidence: 0.98180366

 $00:08:18.718 \longrightarrow 00:08:20.984$  steps are likely to add additional

NOTE Confidence: 0.98180366

 $00{:}08{:}20.984 \dashrightarrow 00{:}08{:}23.258$  expenses to the health care system.

NOTE Confidence: 0.98284274

 $00:08:26.170 \longrightarrow 00:08:28.520$  So here we have a case of a 14 year

NOTE Confidence: 0.98284274

 $00{:}08{:}28.587 \dashrightarrow 00{:}08{:}30.632$  old with a spontaneous pneumothor ax

NOTE Confidence: 0.98284274

 $00:08:30.632 \longrightarrow 00:08:33.503$  who was woken up suddenly with some

NOTE Confidence: 0.98284274

 $00:08:33.503 \longrightarrow 00:08:35.765$  shortness of breath and chest pain.

 $00:08:35.770 \longrightarrow 00:08:38.269$  Ultrasound images of the apex are significant

NOTE Confidence: 0.98284274

 $00{:}08{:}38.269 \dashrightarrow 00{:}08{:}40.918$  for absent lung sliding on the video clip.

NOTE Confidence: 0.98284274

00:08:40.920 --> 00:08:43.314 In addition, when M mode was applied,

NOTE Confidence: 0.98284274

 $00:08:43.320 \longrightarrow 00:08:45.861$  there was a positive barcode sign with

NOTE Confidence: 0.98284274

 $00:08:45.861 \longrightarrow 00:08:47.990$  a straight horizontal lines above and

NOTE Confidence: 0.98284274

 $00:08:47.990 \longrightarrow 00:08:50.272$  below the plural as no transition zone

NOTE Confidence: 0.98284274

00:08:50.341 --> 00:08:52.574 or lung point was seen by ultrasound,

NOTE Confidence: 0.98284274

 $00:08:52.580 \longrightarrow 00:08:54.370$  this patient was triaged into

NOTE Confidence: 0.98284274

00:08:54.370 --> 00:08:55.444 the major treatment.

NOTE Confidence: 0.98284274

00:08:55.450 --> 00:08:58.978 Area where chest X ray is 30 minutes later,

NOTE Confidence: 0.98284274

 $00{:}08{:}58.980 \dashrightarrow 00{:}09{:}02.298$  confirmed the presence of a large

NOTE Confidence: 0.98284274

 $00:09:02.298 \longrightarrow 00:09:04.420$  right sided pneumothorax. Let

NOTE Confidence: 0.97984374

 $00:09:04.420 \longrightarrow 00:09:07.615$  us now shift gears and look at

NOTE Confidence: 0.97984374

00:09:07.615 --> 00:09:09.897 ultrasound for the detection of

NOTE Confidence: 0.97984374

00:09:09.897 --> 00:09:12.638 pleural effusion. Be it simple, fluid,

NOTE Confidence: 0.97984374

00:09:12.640 --> 00:09:14.468 complex, fluid or hemothorax.

 $00:09:17.810 \longrightarrow 00:09:19.856$  So for assessment of pleural effusion,

NOTE Confidence: 0.97789717

00:09:19.860 --> 00:09:21.988 you will want a curvilinear probe which

NOTE Confidence: 0.97789717

 $00:09:21.988 \longrightarrow 00:09:23.950$  allows for greater tissue penetration,

NOTE Confidence: 0.97789717

 $00:09:23.950 \longrightarrow 00:09:26.197$  and you can do this in the

NOTE Confidence: 0.97789717

 $00{:}09{:}26.197 \dashrightarrow 00{:}09{:}27.948$  supplying position again with the

NOTE Confidence: 0.97789717

 $00{:}09{:}27.948 \dashrightarrow 00{:}09{:}29.748$  indicator to the patients head.

NOTE Confidence: 0.97789717

 $00:09:29.750 \longrightarrow 00:09:32.297$  Now here you want to evaluate at the level

NOTE Confidence: 0.97789717

 $00{:}09{:}32.297 \dashrightarrow 00{:}09{:}34.839$  of the diaphragm with a starting point

NOTE Confidence: 0.97789717

00:09:34.839 --> 00:09:37.250 roughly around the mid axillary line,

NOTE Confidence: 0.97789717

00:09:37.250 --> 00:09:39.483 you'll have to obtain views in both

NOTE Confidence: 0.97789717

 $00{:}09{:}39.483 \to 00{:}09{:}41.928$  the right upper quadrant and the left

NOTE Confidence: 0.97789717

 $00:09:41.928 \longrightarrow 00:09:44.064$  upper quadrant for a complete exam.

NOTE Confidence: 0.97789717

 $00{:}09{:}44.070 \dashrightarrow 00{:}09{:}46.901$  As an example, let's take a look at.

NOTE Confidence: 0.97789717

 $00:09:46.901 \longrightarrow 00:09:49.607$  The image is created in the

NOTE Confidence: 0.97789717

00:09:49.607 --> 00:09:50.960 left upper Quadrant.

 $00:09:50.960 \longrightarrow 00:09:53.240$  The image produced should contain

NOTE Confidence: 0.97789717

 $00:09:53.240 \longrightarrow 00:09:55.066$  the following anatomy, ribs,

NOTE Confidence: 0.97789717

 $00:09:55.066 \longrightarrow 00:09:58.714$  spleen towards the top left of the screen,

NOTE Confidence: 0.97789717

 $00:09:58.720 \longrightarrow 00:10:00.540$  kidney towards the bottom

NOTE Confidence: 0.97789717

 $00:10:00.540 \longrightarrow 00:10:02.360$  right of the screen.

NOTE Confidence: 0.97789717

 $00:10:02.360 \longrightarrow 00:10:03.250$  The diaphragm,

NOTE Confidence: 0.97789717

 $00:10:03.250 \longrightarrow 00:10:05.920$  which is a thin curved echogenic

NOTE Confidence: 0.97789717

 $00:10:05.920 \longrightarrow 00:10:08.270$  structure which marks the transition

NOTE Confidence: 0.97789717

 $00{:}10{:}08.270 \dashrightarrow 00{:}10{:}10.570$  zone between abdomen and lungs.

NOTE Confidence: 0.97789717

00:10:10.570 --> 00:10:14.091 In normal circumstances you will see mirror

NOTE Confidence: 0.97789717

 $00:10:14.091 \longrightarrow 00:10:17.307$  imaging or reflection of the spleen tissue.

NOTE Confidence: 0.97789717

00:10:17.310 --> 00:10:18.926 Slipped behind the diaphragm.

NOTE Confidence: 0.97789717

00:10:18.926 --> 00:10:19.330 However,

NOTE Confidence: 0.97789717

 $00:10:19.330 \longrightarrow 00:10:21.574$  when fluid collects at the costophrenic

NOTE Confidence: 0.97789717

00:10:21.574 --> 00:10:23.583 angle instead of spleen tissue

NOTE Confidence: 0.97789717

00:10:23.583 --> 00:10:25.387 reflected behind the diaphragm,

 $00{:}10{:}25.390 \dashrightarrow 00{:}10{:}27.814$  you will now be able to

NOTE Confidence: 0.97789717

00:10:27.814 --> 00:10:29.430 detect a fluid collection,

NOTE Confidence: 0.97789717

 $00:10:29.430 \longrightarrow 00:10:31.662$  which will also make the thoracic

NOTE Confidence: 0.97789717

 $00:10:31.662 \longrightarrow 00:10:33.870$  spine more easy to identify.

NOTE Confidence: 0.9829086

00:10:37.960 --> 00:10:39.168 In this video clip,

NOTE Confidence: 0.9829086

 $00:10:39.168 \longrightarrow 00:10:40.980$  we can see normal appearance of

NOTE Confidence: 0.9829086

 $00:10:41.045 \longrightarrow 00:10:43.175$  anatomy and the left upper quadrant.

NOTE Confidence: 0.9829086

 $00{:}10{:}43.180 \dashrightarrow 00{:}10{:}45.562$  The spleen is a relatively homogeneous

NOTE Confidence: 0.9829086

 $00{:}10{:}45.562 \dashrightarrow 00{:}10{:}47.483$  structure which appears in the

NOTE Confidence: 0.9829086

00:10:47.483 --> 00:10:49.366 middle of the screen to the right

NOTE Confidence: 0.9829086

 $00:10:49.366 \longrightarrow 00:10:51.460$  of the screen and below the spleen

NOTE Confidence: 0.9829086

 $00:10:51.460 \longrightarrow 00:10:53.273$  you will see the left kidney.

NOTE Confidence: 0.9829086

 $00{:}10{:}53.273 \dashrightarrow 00{:}10{:}55.777$  The lungs will be above and to the

NOTE Confidence: 0.9829086

 $00{:}10{:}55.777 \dashrightarrow 00{:}10{:}58.170$  left of the spleen and not visible.

NOTE Confidence: 0.9829086

 $00:10:58.170 \longrightarrow 00:10:59.148$  On these images,

 $00:10:59.148 \longrightarrow 00:11:00.452$  the most important structure

NOTE Confidence: 0.9829086

00:11:00.452 --> 00:11:02.082 to note is the diaphragm,

NOTE Confidence: 0.9829086

 $00{:}11{:}02.082 \dashrightarrow 00{:}11{:}03.715$  which will demarcate the area

NOTE Confidence: 0.9829086

 $00:11:03.715 \longrightarrow 00:11:05.340$  of the cost for Fennec.

NOTE Confidence: 0.9829086

00:11:05.340 --> 00:11:06.965 Angle where fluid would build

NOTE Confidence: 0.9829086

 $00:11:06.965 \longrightarrow 00:11:08.669$  up should it be present,

NOTE Confidence: 0.9829086

 $00:11:08.670 \longrightarrow 00:11:10.758$  but in this case we see we are

NOTE Confidence: 0.9829086

 $00:11:10.758 \longrightarrow 00:11:12.574$  imaging and reflection of the

NOTE Confidence: 0.9829086

00:11:12.574 --> 00:11:14.210 spleen behind the diaphragm,

NOTE Confidence: 0.9829086

00:11:14.210 --> 00:11:15.510 which you would expect

NOTE Confidence: 0.9829086

 $00:11:15.510 \longrightarrow 00:11:16.485$  in normal circumstances.

NOTE Confidence: 0.9854469

00:11:20.140 --> 00:11:21.396 In this video clip,

NOTE Confidence: 0.9854469

 $00{:}11{:}21.396 \dashrightarrow 00{:}11{:}23.785$ you can see a moderate size Pearl

NOTE Confidence: 0.9854469

00:11:23.785 --> 00:11:25.521 diffusion by ultrasound with

NOTE Confidence: 0.9854469

00:11:25.521 --> 00:11:27.691 its corresponding chest X ray.

NOTE Confidence: 0.9854469

00:11:27.700 --> 00:11:29.430 The fluid is accumulating above

 $00:11:29.430 \longrightarrow 00:11:31.860$  the liver and above the diaphragm,

NOTE Confidence: 0.9854469

 $00:11:31.860 \longrightarrow 00:11:33.834$  and in this instance you can

NOTE Confidence: 0.9854469

 $00:11:33.834 \longrightarrow 00:11:35.683$  also see disease lung tissue

NOTE Confidence: 0.9854469

 $00:11:35.683 \longrightarrow 00:11:37.527$  within the pleural effusion,

NOTE Confidence: 0.9854469

 $00:11:37.530 \longrightarrow 00:11:39.038$  and additional important finding

NOTE Confidence: 0.9854469

 $00:11:39.038 \longrightarrow 00:11:40.923$  is the thoracic spine sign,

NOTE Confidence: 0.9854469

 $00:11:40.930 \longrightarrow 00:11:43.108$  which can only be visualized when

NOTE Confidence: 0.9854469

00:11:43.108 --> 00:11:44.560 there's enough fluid presence

NOTE Confidence: 0.9854469

 $00:11:44.623 \longrightarrow 00:11:46.123$  between the ultrasound probe

NOTE Confidence: 0.9854469

 $00:11:46.123 \longrightarrow 00:11:47.998$  and the thoracic vertebral body

NOTE Confidence: 0.9854469

 $00:11:47.998 \longrightarrow 00:11:49.700$  that allows for sufficient.

NOTE Confidence: 0.9854469

 $00{:}11{:}49.700 \dashrightarrow 00{:}11{:}51.760$  Ultrasound transmission to reach and

NOTE Confidence: 0.9854469

 $00{:}11{:}51.760 \dashrightarrow 00{:}11{:}54.270$  be reflected by the thoracic spine.

NOTE Confidence: 0.9854469

 $00:11:54.270 \longrightarrow 00:11:57.150$  This is a key finding to look for

NOTE Confidence: 0.9854469

 $00:11:57.150 \longrightarrow 00:11:59.350$  when diagnosing pleural effusions or

 $00:11:59.350 \longrightarrow 00:12:02.146$  hemothorax in the setting of trauma.

NOTE Confidence: 0.97823024

 $00:12:05.590 \longrightarrow 00:12:06.998$  In this video clip,

NOTE Confidence: 0.97823024

 $00:12:06.998 \dashrightarrow 00:12:09.110$  we can see a large postoperative

NOTE Confidence: 0.97823024

 $00:12:09.180 \longrightarrow 00:12:11.724$  pleural effusion and a 3 year old who

NOTE Confidence: 0.97823024

 $00:12:11.724 \longrightarrow 00:12:14.258$  is status post liver transplantation.

NOTE Confidence: 0.97823024

 $00:12:14.260 \longrightarrow 00:12:16.514$  You can clearly make out a thoracic

NOTE Confidence: 0.97823024

 $00:12:16.514 \longrightarrow 00:12:19.270$  spine sign and see lung tissue movement

NOTE Confidence: 0.97823024

 $00:12:19.270 \longrightarrow 00:12:21.420$  within this large fluid collection.

NOTE Confidence: 0.96706915

 $00:12:25.220 \longrightarrow 00:12:28.036$  In this case, we can see a massive

NOTE Confidence: 0.96706915

00:12:28.036 --> 00:12:29.732 left sided parapneumonic effusion

NOTE Confidence: 0.96706915

 $00{:}12{:}29.732 \dashrightarrow 00{:}12{:}33.364$  in an 8 year old who was eventually

NOTE Confidence: 0.96706915

 $00:12:33.446 \longrightarrow 00:12:35.534$  diagnosed with pneumonia caused

NOTE Confidence: 0.96706915

00:12:35.534 --> 00:12:38.762 by Group A strep which grew out

NOTE Confidence: 0.96706915

 $00:12:38.762 \longrightarrow 00:12:40.950$  of her thoracic thesis fluid.

NOTE Confidence: 0.9795385

 $00:12:44.010 \longrightarrow 00:12:45.895$  In contrast, smaller pleural effusions

NOTE Confidence: 0.9795385

00:12:45.895 --> 00:12:48.349 may be more subtle to pick up,

 $00:12:48.350 \longrightarrow 00:12:49.798$  especially when a coexisting

NOTE Confidence: 0.9795385

00:12:49.798 --> 00:12:50.884 pneumonia is present.

NOTE Confidence: 0.9795385

 $00:12:50.890 \longrightarrow 00:12:52.882$  In this example, we have an

NOTE Confidence: 0.9795385

 $00:12:52.882 \longrightarrow 00:12:55.450$  11 year old with a right lower

NOTE Confidence: 0.9795385

 $00{:}12{:}55.450 \dashrightarrow 00{:}12{:}57.766$  lobe pneumonia as seen by X-ray.

NOTE Confidence: 0.9795385

00:12:57.770 --> 00:12:59.210 In this particular ultrasound,

NOTE Confidence: 0.9795385

 $00:12:59.210 \longrightarrow 00:13:01.389$  there's only a small area that

NOTE Confidence: 0.9795385

 $00:13:01.390 \longrightarrow 00:13:02.830$  appears hypoechoic with a

NOTE Confidence: 0.9795385

00:13:02.830 --> 00:13:04.278 visible spine sign just

NOTE Confidence: 0.9795385

 $00:13:04.278 \longrightarrow 00:13:05.726$  deep to this collection.

NOTE Confidence: 0.9795385

 $00{:}13{:}05.730 \dashrightarrow 00{:}13{:}07.402$  Lung Hepatization is present,

NOTE Confidence: 0.9795385

 $00:13:07.402 \longrightarrow 00:13:10.305$  so this ultrasound would be diagnostic for

NOTE Confidence: 0.9795385

 $00:13:10.305 \longrightarrow 00:13:12.615$  a pneumonia with a small non drainable.

NOTE Confidence: 0.9795385

 $00:13:12.620 \longrightarrow 00:13:14.400$  Fusion in this next example,

NOTE Confidence: 0.9795385

 $00:13:14.400 \longrightarrow 00:13:16.570$  we have a 12 year old with

00:13:16.570 --> 00:13:18.300 right lower lobe pneumonia.

NOTE Confidence: 0.9795385

 $00{:}13{:}18.300 \dashrightarrow 00{:}13{:}20.995$  The cost of frenic angle does have

NOTE Confidence: 0.9795385

00:13:20.995 --> 00:13:23.268 a blunted appearance on chest X ray,

NOTE Confidence: 0.9795385

 $00:13:23.270 \longrightarrow 00:13:25.400$  making a diagnosis of effusion difficult.

NOTE Confidence: 0.9795385

 $00:13:25.400 \longrightarrow 00:13:26.504$  However, ultrasound evaluation

NOTE Confidence: 0.9795385

00:13:26.504 --> 00:13:28.344 of this area reveals Hepatization

NOTE Confidence: 0.9795385

00:13:28.344 --> 00:13:29.776 and Bronchograms which are

NOTE Confidence: 0.9795385

00:13:29.776 --> 00:13:31.076 consistent with infiltrate alone,

NOTE Confidence: 0.9795385

00:13:31.080 --> 00:13:32.500 and there's no secondary

NOTE Confidence: 0.9795385

 $00:13:32.500 \longrightarrow 00:13:34.275$  pleural effusion to be seen.

NOTE Confidence: 0.9795385

 $00{:}13{:}34.280 \dashrightarrow 00{:}13{:}36.695$  Let's take a moment to look at

NOTE Confidence: 0.9795385

 $00:13:36.695 \longrightarrow 00:13:38.546$  these two ultrasound clips side

NOTE Confidence: 0.9795385

 $00:13:38.546 \longrightarrow 00:13:41.150$  by side so you can appreciate the

NOTE Confidence: 0.9795385

00:13:41.150 --> 00:13:42.948 difference between no effusion.

NOTE Confidence: 0.9795385

 $00:13:42.950 \longrightarrow 00:13:44.118$  And a small effusion.

NOTE Confidence: 0.9746984

00:13:47.290 --> 00:13:50.685 Second, here you can see a rather

 $00:13:50.685 \longrightarrow 00:13:53.539$  complex pleural effusion with internal

NOTE Confidence: 0.9746984

 $00{:}13{:}53.539 \dashrightarrow 00{:}13{:}56.502$  septations and honeycomb, like appearance.

NOTE Confidence: 0.9746984

 $00:13:56.502 \longrightarrow 00:14:01.206$  Note at the bottom of the screen that the

NOTE Confidence: 0.9746984

 $00:14:01.206 \longrightarrow 00:14:04.788$  thoracic spine can be clearly visualized.

NOTE Confidence: 0.964332

 $00:14:08.360 \longrightarrow 00:14:11.048$  Now, if you happen to be using a

NOTE Confidence: 0.964332

00:14:11.048 --> 00:14:13.445 linear probe to assess for new motor

NOTE Confidence: 0.964332

00:14:13.445 --> 00:14:15.118 acts or a pediatric pneumonia,

NOTE Confidence: 0.964332

 $00:14:15.120 \longrightarrow 00:14:17.402$  you should be able to detect pleural

NOTE Confidence: 0.964332

 $00{:}14{:}17.402 \dashrightarrow 00{:}14{:}19.478$  effusion should it be present and

NOTE Confidence: 0.964332

 $00:14:19.478 \longrightarrow 00:14:21.198$  the appearance of fluid within

NOTE Confidence: 0.964332

00:14:21.198 --> 00:14:22.940 the visceral and parietal pleura

NOTE Confidence: 0.964332

 $00{:}14{:}22.940 \dashrightarrow 00{:}14{:}24.920$  will give you a much different

NOTE Confidence: 0.964332

 $00{:}14{:}24.920 \dashrightarrow 00{:}14{:}26.948$  image than if that potential space

NOTE Confidence: 0.964332

 $00:14:26.950 \longrightarrow 00:14:29.990$  was occupied by air.

NOTE Confidence: 0.964332

 $00:14:29.990 \longrightarrow 00:14:31.901$  So let's take a look at this

 $00:14:31.901 \longrightarrow 00:14:33.949$  clip with a pleural effusion,

NOTE Confidence: 0.964332

 $00:14:33.950 \longrightarrow 00:14:35.930$  as seen by a linear probe.

NOTE Confidence: 0.964332

00:14:35.930 --> 00:14:38.240 First will make note of the ribs,

NOTE Confidence: 0.964332

 $00:14:38.240 \longrightarrow 00:14:39.780$  which are superficial Bony structures

NOTE Confidence: 0.964332

00:14:39.780 --> 00:14:41.870 that should be bright or echogenic,

NOTE Confidence: 0.964332

 $00:14:41.870 \longrightarrow 00:14:43.520$  but also cast a shadow.

NOTE Confidence: 0.964332

 $00:14:43.520 \longrightarrow 00:14:45.170$  The pleural effusion will displace

NOTE Confidence: 0.964332

 $00:14:45.170 \longrightarrow 00:14:46.820$  the pleura posteriorly and in

NOTE Confidence: 0.964332

 $00:14:46.820 \longrightarrow 00:14:48.680$  this case we lose our normal

NOTE Confidence: 0.964332

00:14:48.680 --> 00:14:49.550 sonographic lung architecture

NOTE Confidence: 0.964332

 $00:14:49.550 \longrightarrow 00:14:51.440$  as there is no reverberation,

NOTE Confidence: 0.964332

 $00:14:51.440 \longrightarrow 00:14:53.420$  a line artifacts to be seen,

NOTE Confidence: 0.964332

 $00:14:53.420 \longrightarrow 00:14:55.365$  so the pleural effusion here can

NOTE Confidence: 0.964332

 $00:14:55.365 \longrightarrow 00:14:57.377$  be detected as an anechoic fluid

NOTE Confidence: 0.964332

 $00:14:57.377 \longrightarrow 00:14:59.658$  collection that is below the ribs, but.

NOTE Confidence: 0.964332

 $00:14:59.658 \longrightarrow 00:15:01.148$  In front of the lungs.

 $00:15:03.850 \longrightarrow 00:15:06.474$  And in this example we can see a

NOTE Confidence: 0.97843695

 $00:15:06.474 \longrightarrow 00:15:08.833$  pleural effusion filling in the left

NOTE Confidence: 0.97843695

 $00:15:08.833 \longrightarrow 00:15:11.281$  costophrenic angle with the linear probe.

NOTE Confidence: 0.97843695

00:15:11.290 --> 00:15:13.150 You can actually see tremendous

NOTE Confidence: 0.97843695

 $00:15:13.150 \longrightarrow 00:15:14.634$  resolution of the diaphragm,

NOTE Confidence: 0.97843695

 $00:15:14.634 \longrightarrow 00:15:17.610$  and note that it has a double line

NOTE Confidence: 0.97843695

 $00:15:17.610 \longrightarrow 00:15:19.848$  appearance as the muscle is found

NOTE Confidence: 0.97843695

 $00{:}15{:}19.850 \dashrightarrow 00{:}15{:}21.702$  between the parietal pleura and

NOTE Confidence: 0.97843695

 $00:15:21.702 \longrightarrow 00:15:23.563$  the lining of the peritoneum.

NOTE Confidence: 0.97843695

00:15:23.563 --> 00:15:25.429 Due to the poor penetration

NOTE Confidence: 0.97843695

 $00:15:25.430 \longrightarrow 00:15:27.290$  available with a linear probe,

NOTE Confidence: 0.97843695

 $00{:}15{:}27.290 \dashrightarrow 00{:}15{:}29.215$  we cannot reliably assess for

NOTE Confidence: 0.97843695

 $00{:}15{:}29.215 \dashrightarrow 00{:}15{:}31.551$  mirror imaging artifact nor for the

NOTE Confidence: 0.97843695

 $00:15:31.551 \longrightarrow 00:15:33.609$  presence of a thoracic spine sign.