WEBVTT

NOTE duration: "00:35:59.5520000"

NOTE language:en-us

NOTE Confidence: 0.97357494

 $00:00:06.130 \longrightarrow 00:00:08.734$ OK, so now that we have pneumothorax

NOTE Confidence: 0.97357494

 $00:00:08.734 \longrightarrow 00:00:10.968$ and pleural effusion under our belts,

NOTE Confidence: 0.97357494

 $00:00:10.970 \longrightarrow 00:00:13.578$ we will move on to lung pocus for

NOTE Confidence: 0.97357494

 $00{:}00{:}13.578 \dashrightarrow 00{:}00{:}15.421$ pediatric pneumonia and pearls and

NOTE Confidence: 0.97357494

 $00:00:15.421 \longrightarrow 00:00:17.671$ pitfalls necessary to be able to

NOTE Confidence: 0.97357494

 $00:00:17.671 \longrightarrow 00:00:19.728$ differentiate this entity from other

NOTE Confidence: 0.97357494

 $00:00:19.728 \longrightarrow 00:00:21.743$ causes of lower airway inflammation.

NOTE Confidence: 0.98510724

 $00:00:23.990 \longrightarrow 00:00:26.678$ So one of the challenges for us

NOTE Confidence: 0.98510724

 $00{:}00{:}26.678 \mathrel{--}{>} 00{:}00{:}28.320$ clinicians in diagnosing pediatric

NOTE Confidence: 0.98510724

 $00:00:28.320 \longrightarrow 00:00:30.410$ pneumonia is that the physical

NOTE Confidence: 0.98510724

 $00{:}00{:}30.410 \dashrightarrow 00{:}00{:}32.980$ exam has an inherent limitations.

NOTE Confidence: 0.98510724

 $00:00:32.980 \longrightarrow 00:00:35.422$ In order for us to accurately

NOTE Confidence: 0.98510724

00:00:35.422 --> 00:00:37.050 differentiate other causes of

NOTE Confidence: 0.98510724

 $00:00:37.122 \longrightarrow 00:00:39.397$ lower airway disease in children.

 $00:00:39.400 \longrightarrow 00:00:41.524$ And this is nicely described in

NOTE Confidence: 0.98510724

 $00:00:41.524 \longrightarrow 00:00:43.474$ the JAMA 2017 Rational clinical

NOTE Confidence: 0.98510724

 $00:00:43.474 \longrightarrow 00:00:45.334$ Examination Systematic Review series

NOTE Confidence: 0.98510724

 $00:00:45.334 \longrightarrow 00:00:48.390$ on the topic of pediatric pneumonia.

NOTE Confidence: 0.98510724

 $00:00:48.390 \longrightarrow 00:00:51.603$ And so using an infiltrate on chest X ray

NOTE Confidence: 0.98510724

 $00:00:51.603 \longrightarrow 00:00:55.300$ as a reference standard for this diagnosis.

NOTE Confidence: 0.98510724

 $00:00:55.300 \longrightarrow 00:00:57.868$ There was no single finding that

NOTE Confidence: 0.98510724

 $00:00:57.868 \longrightarrow 00:00:59.152$ could reliably differentiate

NOTE Confidence: 0.98510724

00:00:59.152 --> 00:01:01.409 pneumonia from other causes of

NOTE Confidence: 0.98510724

 $00:01:01.409 \longrightarrow 00:01:02.729$ childhood respiratory illness.

NOTE Confidence: 0.98510724

 $00{:}01{:}02.730 \dashrightarrow 00{:}01{:}05.454$ While two of the least important

NOTE Confidence: 0.98510724

 $00{:}01{:}05.454 \dashrightarrow 00{:}01{:}07.270$ predictors included tachypnoea and

NOTE Confidence: 0.98510724

 $00{:}01{:}07.345 \dashrightarrow 00{:}01{:}09.715$ lung findings on the physical exam.

NOTE Confidence: 0.9612918

 $00:01:12.270 \longrightarrow 00:01:15.084$ So this JAMA report is really eye

NOTE Confidence: 0.9612918

00:01:15.084 --> 00:01:17.623 opening because it really puts into

00:01:17.623 --> 00:01:20.125 question how much time we should

NOTE Confidence: 0.9612918

 $00{:}01{:}20.125 \dashrightarrow 00{:}01{:}22.902$ even be spending on a lung exam

NOTE Confidence: 0.9612918

 $00:01:22.902 \longrightarrow 00:01:25.214$ using a stethoscope as opposed to

NOTE Confidence: 0.9612918

 $00:01:25.214 \longrightarrow 00:01:27.199$ harnessing our skills to perform

NOTE Confidence: 0.9612918

00:01:27.199 --> 00:01:29.716 high quality lung pocus exams with

NOTE Confidence: 0.9612918

 $00:01:29.716 \longrightarrow 00:01:31.801$ a general awareness of potential

NOTE Confidence: 0.9612918

 $00:01:31.801 \longrightarrow 00:01:34.137$ limitations of this modality as well.

NOTE Confidence: 0.9795054

00:01:37.640 --> 00:01:40.784 So if you look at what's been published

NOTE Confidence: 0.9795054

 $00{:}01{:}40.784 \dashrightarrow 00{:}01{:}44.384$ in terms of lung ultrasound for the

NOTE Confidence: 0.9795054

00:01:44.384 --> 00:01:46.568 diagnosis of childhood pneumonia,

NOTE Confidence: 0.9795054

 $00{:}01{:}46.570 \dashrightarrow 00{:}01{:}49.860$ the findings to date are very encouraging.

NOTE Confidence: 0.9795054

 $00:01:49.860 \longrightarrow 00:01:52.464$ We have meta analysis data published

NOTE Confidence: 0.9795054

 $00:01:52.464 \longrightarrow 00:01:55.785$ from 2015 and the Journal of Pediatrics

NOTE Confidence: 0.9795054

00:01:55.785 --> 00:01:58.785 in which they evaluated 8 studies,

NOTE Confidence: 0.9795054

 $00:01:58.790 \longrightarrow 00:02:01.592$ of which five used highly skilled

NOTE Confidence: 0.9795054

 $00:02:01.592 \longrightarrow 00:02:03.460$ operators with experience in

00:02:03.538 --> 00:02:05.948 long ultrasound in 765 children.

NOTE Confidence: 0.9795054

 $00:02:05.950 \longrightarrow 00:02:07.662$ Lung point of care.

NOTE Confidence: 0.9795054

00:02:07.662 --> 00:02:09.374 Ultrasound had a sensitivity

NOTE Confidence: 0.9795054

 $00{:}02{:}09.374 \dashrightarrow 00{:}02{:}11.938$ of 96% and specificity of 93%

NOTE Confidence: 0.9795054

 $00{:}02{:}11.938 \dashrightarrow 00{:}02{:}13.646$ to detect pediatric pneumonia.

NOTE Confidence: 0.9795054

 $00:02:13.650 \longrightarrow 00:02:14.934$ All studies incorporated

NOTE Confidence: 0.9795054

 $00:02:14.934 \longrightarrow 00:02:17.502$ the use of the linear probe.

NOTE Confidence: 0.9795054

00:02:17.510 --> 00:02:19.390 However, the reference standard

NOTE Confidence: 0.9795054

 $00{:}02{:}19.390 \dashrightarrow 00{:}02{:}21.740$ did have some heterogeneity as

NOTE Confidence: 0.9795054

 $00:02:21.740 \longrightarrow 00:02:24.381$ some studies used at chest X ray

NOTE Confidence: 0.9795054

 $00:02:24.381 \longrightarrow 00:02:26.490$ alone as the criterion standard,

NOTE Confidence: 0.9795054

 $00{:}02{:}26.490 \dashrightarrow 00{:}02{:}28.555$ while others incorporated both clinical

NOTE Confidence: 0.9795054

 $00:02:28.555 \longrightarrow 00:02:31.200$ findings with chest X ray results.

NOTE Confidence: 0.97423625

 $00:02:33.760 \longrightarrow 00:02:36.294$ So with the linear probe you will

NOTE Confidence: 0.97423625

 $00:02:36.294 \longrightarrow 00:02:38.405$ perform a rapid assessment to

 $00:02:38.405 \longrightarrow 00:02:40.780$ interrogate all six lung zones.

NOTE Confidence: 0.97423625

 $00:02:40.780 \longrightarrow 00:02:43.108$ He would start with the probe

NOTE Confidence: 0.97423625

00:02:43.108 --> 00:02:45.137 and the Midclavicular line and

NOTE Confidence: 0.97423625

00:02:45.137 --> 00:02:47.549 the anterior lung field with the

NOTE Confidence: 0.97423625

00:02:47.549 --> 00:02:49.869 indicator towards the patient's head,

NOTE Confidence: 0.97423625

 $00:02:49.870 \longrightarrow 00:02:51.518$ and slide the transducer

NOTE Confidence: 0.97423625

00:02:51.518 --> 00:02:53.166 down towards the diaphragm,

NOTE Confidence: 0.97423625

00:02:53.170 --> 00:02:56.158 and you're going to repeat these

NOTE Confidence: 0.97423625

 $00{:}02{:}56.158 \dashrightarrow 00{:}02{:}58.150$ motions in the midaxillary

NOTE Confidence: 0.97423625

 $00:02:58.238 \longrightarrow 00:03:01.311$ line as shown and again to the

NOTE Confidence: 0.97423625

00:03:01.311 --> 00:03:03.390 posterior lung fields like so.

NOTE Confidence: 0.97423625

 $00:03:03.390 \longrightarrow 00:03:04.820$ And you would repeat on

NOTE Confidence: 0.97423625

 $00:03:04.820 \longrightarrow 00:03:05.678$ the contralateral side.

NOTE Confidence: 0.97971135

 $00:03:08.360 \longrightarrow 00:03:09.850$ Now for the most part,

NOTE Confidence: 0.97971135

 $00:03:09.850 \longrightarrow 00:03:11.674$ if everything looks normal on the

NOTE Confidence: 0.97971135

 $00{:}03{:}11.674 \dashrightarrow 00{:}03{:}13.791$ monitor and you're seeing good at a

 $00:03:13.791 \longrightarrow 00:03:15.206$ lines with this agile orientation,

NOTE Confidence: 0.97971135

 $00{:}03{:}15.210 \dashrightarrow 00{:}03{:}17.594$ you can move on to the next zone.

NOTE Confidence: 0.97971135

 $00:03:17.600 \longrightarrow 00:03:18.965$ That said, when something jumps

NOTE Confidence: 0.97971135

 $00:03:18.965 \longrightarrow 00:03:20.880$ out at me as being abnormal,

NOTE Confidence: 0.97971135

 $00:03:20.880 \longrightarrow 00:03:23.256$ such as a break in the pleural line,

NOTE Confidence: 0.97971135

 $00:03:23.260 \longrightarrow 00:03:24.448$ or perhaps there's the

NOTE Confidence: 0.97971135

 $00:03:24.448 \longrightarrow 00:03:25.636$ start of some beelines,

NOTE Confidence: 0.97971135

 $00{:}03{:}25.640 --> 00{:}03{:}27.565$ I will at this point rotate the

NOTE Confidence: 0.97971135

 $00{:}03{:}27.565 \dashrightarrow 00{:}03{:}29.705$ probe on that same spot to change

NOTE Confidence: 0.97971135

00:03:29.705 --> 00:03:31.577 the angle of insulation and try

NOTE Confidence: 0.97971135

00:03:31.641 --> 00:03:33.692 to get a good overall picture as

NOTE Confidence: 0.97971135

 $00{:}03{:}33.692 \dashrightarrow 00{:}03{:}35.672$ to what's going on in this area

NOTE Confidence: 0.97971135

 $00:03:35.672 \longrightarrow 00:03:38.020$ of the lung that has an abnormal.

NOTE Confidence: 0.97971135

 $00:03:38.020 \longrightarrow 00:03:42.498$ Finding so let's start by taking a look

NOTE Confidence: 0.97971135

 $00:03:42.498 \longrightarrow 00:03:45.260$ at what normal lung ultrasound looks like.

 $00:03:45.260 \longrightarrow 00:03:46.656$ Air, as you know,

NOTE Confidence: 0.97971135

NOTE Confidence: 0.97971135

 $00:03:48.750 \longrightarrow 00:03:50.495$ so we're not really seeing

NOTE Confidence: 0.97971135

 $00:03:50.495 \longrightarrow 00:03:52.240$ lung tissue on the screen,

NOTE Confidence: 0.97971135

 $00{:}03{:}52.240 \dashrightarrow 00{:}03{:}54.316$ but rather the artifacts that are

NOTE Confidence: 0.97971135

 $00:03:54.316 \longrightarrow 00:03:56.799$ created by the interface of the pleura

NOTE Confidence: 0.97971135

 $00:03:56.799 \longrightarrow 00:03:58.869$ with airfield alviola right behind it.

NOTE Confidence: 0.97971135

 $00:03:58.870 \longrightarrow 00:04:01.454$ So in this example you have a ping

NOTE Confidence: 0.97971135

 $00{:}04{:}01.454 \dashrightarrow 00{:}04{:}03.352$ pong effect from the ultrasound

NOTE Confidence: 0.97971135

 $00:04:03.352 \longrightarrow 00:04:05.710$ beam as it directs that first

NOTE Confidence: 0.97971135

 $00{:}04{:}05.710 \dashrightarrow 00{:}04{:}08.074$ bright line in the center of the

NOTE Confidence: 0.97971135

 $00:04:08.074 \longrightarrow 00:04:09.824$ screen which is the pleura.

NOTE Confidence: 0.97971135

 $00:04:09.824 \longrightarrow 00:04:13.212$ And this ping pong effect will cause

NOTE Confidence: 0.97971135

 $00:04:13.212 \longrightarrow 00:04:15.499$ reverberation artifacts known as a

NOTE Confidence: 0.97971135

 $00:04:15.499 \longrightarrow 00:04:17.564$ lines that are essentially equidistant

NOTE Confidence: 0.97971135

 $00:04:17.564 \longrightarrow 00:04:20.462$ from the distance between the probe on

 $00{:}04{:}20.462 \dashrightarrow 00{:}04{:}23.218$ the patient's chest to the plural line.

NOTE Confidence: 0.97971135

 $00:04:23.218 \longrightarrow 00:04:25.492$ And the reason for these equidistant

NOTE Confidence: 0.97971135

 $00:04:25.492 \longrightarrow 00:04:28.508$ lines is really the well known formula

NOTE Confidence: 0.97971135

 $00:04:28.508 \longrightarrow 00:04:30.698$ distance equals velocity times times.

NOTE Confidence: 0.97971135

 $00:04:30.700 \longrightarrow 00:04:32.755$ So the ultrasound beam velocity

NOTE Confidence: 0.97971135

 $00:04:32.755 \longrightarrow 00:04:33.988$ is a constant,

NOTE Confidence: 0.97971135

 $00:04:33.990 \longrightarrow 00:04:36.510$ so it changes is how long it

NOTE Confidence: 0.97971135

 $00:04:36.510 \longrightarrow 00:04:38.734$ takes for the ultrasound beam

NOTE Confidence: 0.97971135

 $00:04:38.734 \longrightarrow 00:04:41.369$ to travel to get reflected.

NOTE Confidence: 0.97971135

 $00:04:41.370 \longrightarrow 00:04:42.405$ Of the pleura.

NOTE Confidence: 0.97971135

 $00{:}04{:}42.405 \dashrightarrow 00{:}04{:}44.820$ Depending on the size of the chest

NOTE Confidence: 0.97971135

 $00:04:44.898 \longrightarrow 00:04:47.068$ wall and the age of the patient

NOTE Confidence: 0.97971135

 $00{:}04{:}47.068 \to 00{:}04{:}49.480$ and so these a lines that are

NOTE Confidence: 0.97971135

 $00{:}04{:}49.480 \dashrightarrow 00{:}04{:}51.592$ created behind the pleura are the

NOTE Confidence: 0.97971135

 $00:04:51.600 \longrightarrow 00:04:53.310$ same distance from one another.

 $00:04:53.310 \longrightarrow 00:04:55.838$ So the important point here is that a

NOTE Confidence: 0.97971135

 $00:04:55.838 \longrightarrow 00:04:58.760$ lines are good and normal and reflect well.

NOTE Confidence: 0.97971135

 $00{:}04{:}58.760 \dashrightarrow 00{:}05{:}00.686$ Aerated healthy lung tissue and the

NOTE Confidence: 0.97971135

 $00:05:00.686 \longrightarrow 00:05:03.110$ absence of a lines tends to signal

NOTE Confidence: 0.97971135

 $00:05:03.110 \longrightarrow 00:05:04.895$ some pathology within the lungs.

NOTE Confidence: 0.93803996

00:05:07.260 --> 00:05:09.772 So in contrast, B lines are bad and

NOTE Confidence: 0.93803996

 $00:05:09.772 \longrightarrow 00:05:12.967$ they are actually created by a different

NOTE Confidence: 0.93803996

 $00:05:12.967 \longrightarrow 00:05:14.963$ type of reverberation artifact.

NOTE Confidence: 0.93803996

 $00:05:14.970 \longrightarrow 00:05:17.406$ But the lines are a reverberation

NOTE Confidence: 0.93803996

00:05:17.406 --> 00:05:18.218 artifact nonetheless.

NOTE Confidence: 0.93803996

 $00:05:18.220 \longrightarrow 00:05:20.410$ So what tends to happen here

NOTE Confidence: 0.93803996

 $00:05:20.410 \longrightarrow 00:05:23.294$ is that when you have wet lung

NOTE Confidence: 0.93803996

 $00:05:23.294 \longrightarrow 00:05:25.524$ or fluid filled alveolar sacs,

NOTE Confidence: 0.93803996

 $00:05:25.530 \longrightarrow 00:05:28.152$ the ultrasound beam gets trapped within

NOTE Confidence: 0.93803996

 $00{:}05{:}28.152 \dashrightarrow 00{:}05{:}30.737$ these fluid filled bubbles and the

NOTE Confidence: 0.93803996

 $00:05:30.737 \longrightarrow 00:05:33.041$ ping pong effect rather than occurring

00:05:33.041 --> 00:05:35.267 between the probe and the pleura,

NOTE Confidence: 0.93803996

00:05:35.270 --> 00:05:36.521 actually happens within.

NOTE Confidence: 0.93803996

 $00:05:36.521 \longrightarrow 00:05:38.606$ The inflamed and fluid filled

NOTE Confidence: 0.93803996

 $00:05:38.606 \longrightarrow 00:05:39.440$ alveoli instead,

NOTE Confidence: 0.93803996

 $00:05:39.440 \longrightarrow 00:05:42.500$ and so the images that is created is a

NOTE Confidence: 0.93803996

 $00{:}05{:}42.500 \dashrightarrow 00{:}05{:}45.556$ series of tightly packed horizontal lines,

NOTE Confidence: 0.93803996

 $00:05:45.560 \longrightarrow 00:05:49.360$ one on top of the other that dive all the

NOTE Confidence: 0.93803996

 $00:05:49.462 \longrightarrow 00:05:52.894$ way down to the bottom of the screen,

NOTE Confidence: 0.93803996

 $00:05:52.900 \longrightarrow 00:05:55.258$ and as beelines become more diffuse

NOTE Confidence: 0.93803996

 $00:05:55.258 \longrightarrow 00:05:57.799$ and more prominent on your monitor,

NOTE Confidence: 0.93803996

 $00{:}05{:}57.800 \dashrightarrow 00{:}06{:}00.328$ this is going to be linked with a

NOTE Confidence: 0.93803996

 $00:06:00.328 \longrightarrow 00:06:02.764$ more severe process of interstitial

NOTE Confidence: 0.93803996

00:06:02.764 --> 00:06:03.916 alveolar disease.

NOTE Confidence: 0.96507794

 $00:06:06.400 \longrightarrow 00:06:08.976$ OK, so here we have some examples

NOTE Confidence: 0.96507794

 $00:06:08.976 \longrightarrow 00:06:10.804$ of abnormal findings by lung

 $00:06:10.804 \longrightarrow 00:06:13.093$ ultrasound in the clip on the left

NOTE Confidence: 0.96507794

 $00{:}06{:}13.093 \dashrightarrow 00{:}06{:}15.399$ using high frequency linear probe,

NOTE Confidence: 0.96507794

 $00:06:15.400 \longrightarrow 00:06:18.064$ you're able to see a series of the

NOTE Confidence: 0.96507794

 $00:06:18.064 \longrightarrow 00:06:20.540$ lines that are all diving down to

NOTE Confidence: 0.96507794

 $00:06:20.540 \longrightarrow 00:06:23.215$ the bottom of the screen which are

NOTE Confidence: 0.96507794

 $00:06:23.215 \longrightarrow 00:06:25.789$ starting from one area of confluence

NOTE Confidence: 0.96507794

 $00:06:25.789 \longrightarrow 00:06:28.074$ between two rib spaces on the

NOTE Confidence: 0.96507794

 $00:06:28.074 \longrightarrow 00:06:30.678$ pleura and on the right sided video

NOTE Confidence: 0.96507794

 $00{:}06{:}30.678 \dashrightarrow 00{:}06{:}33.380$ clip you can see beelines as would

NOTE Confidence: 0.96507794

 $00:06:33.380 \longrightarrow 00:06:35.829$ be created using a phased array.

NOTE Confidence: 0.96507794

00:06:35.830 --> 00:06:36.704 Transducer again,

NOTE Confidence: 0.96507794

00:06:36.704 --> 00:06:38.452 these tightly packed horizontal

NOTE Confidence: 0.96507794

 $00{:}06{:}38.452 \dashrightarrow 00{:}06{:}40.200$ reverberation artifacts can be

NOTE Confidence: 0.96507794

 $00:06:40.262 \longrightarrow 00:06:41.907$ seen to dive all the way down

NOTE Confidence: 0.96507794

 $00:06:41.907 \longrightarrow 00:06:43.785$ to the bottom of the screen and

NOTE Confidence: 0.96507794

 $00{:}06{:}43.785 \dashrightarrow 00{:}06{:}45.459$ there are no clear lines visible,

 $00:06:45.460 \longrightarrow 00:06:47.539$ so this pattern would always be abnormal

NOTE Confidence: 0.96507794

 $00{:}06{:}47.539 \dashrightarrow 00{:}06{:}49.309$ when performing a lung ultrasound.

NOTE Confidence: 0.9344359

 $00:06:51.960 \longrightarrow 00:06:54.298$ So when we think about diagnosing lung

NOTE Confidence: 0.9344359

00:06:54.298 --> 00:06:56.560 alter sound by pony culture sound,

NOTE Confidence: 0.9344359

 $00:06:56.560 \longrightarrow 00:06:58.690$ there is a spectrum of findings.

NOTE Confidence: 0.9344359

00:06:58.690 --> 00:07:00.640 Some of the earlier findings would

NOTE Confidence: 0.9344359

 $00:07:00.640 \longrightarrow 00:07:02.930$ be the presence of Beelines alone,

NOTE Confidence: 0.9344359

 $00:07:02.930 \longrightarrow 00:07:04.902$ and these can be.

NOTE Confidence: 0.9344359

00:07:04.902 --> 00:07:07.367 Differentiated into isolated versus conflict,

NOTE Confidence: 0.9344359

 $00:07:07.370 \longrightarrow 00:07:10.256$ with confluent being a more concerning

NOTE Confidence: 0.9344359

 $00{:}07{:}10.256 \dashrightarrow 00{:}07{:}13.441$ finding and you want to just train

NOTE Confidence: 0.9344359

 $00:07:13.441 \longrightarrow 00:07:15.787$ yourself to be a good detective

NOTE Confidence: 0.9344359

 $00{:}07{:}15.787 \dashrightarrow 00{:}07{:}18.837$ of pleural changes so you will

NOTE Confidence: 0.9344359

 $00:07:18.837 \longrightarrow 00:07:21.407$ become accustomed to disruptions of

NOTE Confidence: 0.9344359

 $00:07:21.410 \longrightarrow 00:07:24.014$ the pleural line being a possible

00:07:24.014 --> 00:07:26.285 early end concerning finding to

NOTE Confidence: 0.9344359

 $00{:}07{:}26.285 \dashrightarrow 00{:}07{:}28.133$ suggest underlying pneumonia and

NOTE Confidence: 0.9344359

 $00:07:28.133 \longrightarrow 00:07:30.443$ finally with these plural line

NOTE Confidence: 0.9344359

 $00{:}07{:}30.517 \dashrightarrow 00{:}07{:}33.547$ disruptions you can have small sub

NOTE Confidence: 0.9344359

 $00:07:33.547 \longrightarrow 00:07:35.062$ centimeter subpleural lesions.

NOTE Confidence: 0.9344359

 $00:07:35.070 \longrightarrow 00:07:37.715$ Or collections which are unfortunately

NOTE Confidence: 0.9344359

00:07:37.715 --> 00:07:39.831 nonspecific and could reflect

NOTE Confidence: 0.9344359

 $00{:}07{:}39.831 \dashrightarrow 00{:}07{:}42.228$ either at electasis or the start

NOTE Confidence: 0.9344359

 $00:07:42.228 \longrightarrow 00:07:44.024$ of a infiltrative process.

NOTE Confidence: 0.9464293

 $00:07:46.440 \longrightarrow 00:07:49.030$ So here we have a 2 year old boy with

NOTE Confidence: 0.9464293

 $00{:}07{:}49.100 \dashrightarrow 00{:}07{:}52.040$ bronchiolitis and reactive airway disease.

NOTE Confidence: 0.9464293

 $00:07:52.040 \longrightarrow 00:07:54.721$ You can see over the center of

NOTE Confidence: 0.9464293

 $00:07:54.721 \longrightarrow 00:07:57.323$ the screen there is a small divot

NOTE Confidence: 0.9464293

 $00{:}07{:}57.323 \dashrightarrow 00{:}07{:}59.870$ and a dip in that pleural line,

NOTE Confidence: 0.9464293

00:07:59.870 --> 00:08:01.880 so although this would potentially

NOTE Confidence: 0.9464293

 $00:08:01.880 \longrightarrow 00:08:04.576$ some lower airway process we should not

 $00:08:04.576 \longrightarrow 00:08:06.725$ be using this finding alone to make

NOTE Confidence: 0.9464293

 $00{:}08{:}06.725 \dashrightarrow 00{:}08{:}08.680$ a diagnosis of pediatric pneumonia

NOTE Confidence: 0.9464293

 $00:08:08.680 \longrightarrow 00:08:11.432$ by long ultrasound as this is a

NOTE Confidence: 0.9464293

00:08:11.432 --> 00:08:13.664 very mild and non specific finding.

NOTE Confidence: 0.9250729

 $00:08:16.800 \longrightarrow 00:08:19.260$ These following clips show and additional.

NOTE Confidence: 0.9250729

00:08:19.260 --> 00:08:21.310 I would say progression of

NOTE Confidence: 0.9250729

 $00:08:21.310 \longrightarrow 00:08:22.950$ the spectrum of findings.

NOTE Confidence: 0.9250729

 $00:08:22.950 \longrightarrow 00:08:26.420$ So on the 1st clip on the left hand side

NOTE Confidence: 0.9250729

 $00:08:26.511 \longrightarrow 00:08:30.021$ there is a linear probe and you can see

NOTE Confidence: 0.9250729

 $00:08:30.021 \longrightarrow 00:08:33.197$ again disruption of the pleural line.

NOTE Confidence: 0.9250729

 $00:08:33.200 \longrightarrow 00:08:36.712$ We would call this an isolated beeline focus

NOTE Confidence: 0.9250729

 $00:08:36.712 \longrightarrow 00:08:39.755$ emanating from the same spot in the pleura.

NOTE Confidence: 0.9250729

 $00:08:39.760 \longrightarrow 00:08:43.120$ These are tough because they could reflect

NOTE Confidence: 0.9250729

 $00:08:43.120 \longrightarrow 00:08:45.520$ early pneumonia versus at electasis.

NOTE Confidence: 0.9250729

00:08:45.520 --> 00:08:49.462 On the clip on the right hand side you

 $00:08:49.462 \longrightarrow 00:08:53.968$ can see a greater confluence of the lines,

NOTE Confidence: 0.9250729

 $00{:}08{:}53.970 \dashrightarrow 00{:}08{:}56.450$ which again are arising from

NOTE Confidence: 0.9250729

 $00{:}08{:}56.450 \dashrightarrow 00{:}08{:}58.434$ a single subpleural focus.

NOTE Confidence: 0.9250729

 $00:08:58.440 \longrightarrow 00:09:01.646$ What I would typically do here is

NOTE Confidence: 0.9250729

 $00:09:01.646 \longrightarrow 00:09:05.239$ rotate the probe 360 degrees to see

NOTE Confidence: 0.9250729

00:09:05.239 --> 00:09:07.889 if there are additional findings,

NOTE Confidence: 0.9250729

 $00{:}09{:}07.890 \dashrightarrow 00{:}09{:}10.452$ such as air bronchograms or other

NOTE Confidence: 0.9250729

00:09:10.452 --> 00:09:13.350 signs of nearby lung consolidation.

NOTE Confidence: 0.97704875

 $00{:}09{:}15.880 \dashrightarrow 00{:}09{:}17.605$ So here's a good example

NOTE Confidence: 0.97704875

00:09:17.605 --> 00:09:19.330 of what I'm talking about.

NOTE Confidence: 0.97704875

 $00{:}09{:}19.330 \dashrightarrow 00{:}09{:}22.074$ This is a 5 year old with right

NOTE Confidence: 0.97704875

00:09:22.074 --> 00:09:24.375 upper lobe pneumonia as diagnosed

NOTE Confidence: 0.97704875

 $00:09:24.375 \longrightarrow 00:09:27.429$ by lung point of care ultrasound.

NOTE Confidence: 0.97704875

 $00:09:27.430 \longrightarrow 00:09:28.738$ With an essentially

NOTE Confidence: 0.97704875

00:09:28.738 --> 00:09:30.918 unremarkable X-ray at the time,

NOTE Confidence: 0.97704875

 $00{:}09{:}30.920 \dashrightarrow 00{:}09{:}33.517$ you can see where the arrow is

00:09:33.517 --> 00:09:36.150 placed on the ultrasound image.

NOTE Confidence: 0.97704875

 $00:09:36.150 \longrightarrow 00:09:38.652$ There is a confluence of the

NOTE Confidence: 0.97704875

00:09:38.652 --> 00:09:40.950 lines emanating from the pleura.

NOTE Confidence: 0.97704875

 $00:09:40.950 \longrightarrow 00:09:43.694$ As this image is obtained over the

NOTE Confidence: 0.97704875

 $00:09:43.694 \longrightarrow 00:09:45.950$ posterior upper lung zone and here

NOTE Confidence: 0.97704875

 $00:09:45.950 \longrightarrow 00:09:48.295$ there is a lesion which is bigger

NOTE Confidence: 0.97704875

 $00:09:48.370 \longrightarrow 00:09:51.355$ than one centimeter that represents

NOTE Confidence: 0.97704875

 $00:09:51.355 \longrightarrow 00:09:53.146$ potential aspiration pneumonia.

NOTE Confidence: 0.97704875

00:09:53.150 --> 00:09:55.190 That clinically was patient

NOTE Confidence: 0.97704875

00:09:55.190 --> 00:09:58.250 had some risk factors for so.

NOTE Confidence: 0.97704875

00:09:58.250 --> 00:10:00.308 Although the X ray was unremarkable,

NOTE Confidence: 0.97704875

 $00{:}10{:}00.310 \dashrightarrow 00{:}10{:}02.620$ we did initiate a course of augment in

NOTE Confidence: 0.97704875

 $00{:}10{:}02.620 \mathrel{--}{>} 00{:}10{:}05.126$ and I happened to call the mom the next

NOTE Confidence: 0.97704875

 $00{:}10{:}05.126 \dashrightarrow 00{:}10{:}07.563$ day or so who reported improved fever

NOTE Confidence: 0.97704875

 $00:10:07.563 \longrightarrow 00:10:09.903$ and also improved worker breathing.

00:10:09.910 --> 00:10:12.003 So we were pretty happy with this

NOTE Confidence: 0.97704875

 $00:10:12.003 \longrightarrow 00:10:14.333$ outcome that we were able to use

NOTE Confidence: 0.97704875

 $00:10:14.333 \longrightarrow 00:10:16.385$ ultrasound to augment our physical exam

NOTE Confidence: 0.97704875

 $00:10:16.447 \longrightarrow 00:10:18.829$ to provide the best possible treatment.

NOTE Confidence: 0.97704875

 $00:10:18.830 \longrightarrow 00:10:20.198$ Recommendations for this family.

NOTE Confidence: 0.9551262

 $00:10:23.070 \longrightarrow 00:10:25.374$ And so here in this patient it was

NOTE Confidence: 0.9551262

 $00{:}10{:}25.374 \dashrightarrow 00{:}10{:}28.422$ a five week old with the left upper

NOTE Confidence: 0.9551262

 $00:10:28.422 \longrightarrow 00:10:30.730$ lobe infiltrate as diagnosed by X-ray.

NOTE Confidence: 0.9551262

 $00{:}10{:}30.730 \longrightarrow 00{:}10{:}32.818$ And you can see on ultrasound

NOTE Confidence: 0.9551262

 $00:10:32.818 \longrightarrow 00:10:34.210$ with the linear probe.

NOTE Confidence: 0.9551262

 $00:10:34.210 \longrightarrow 00:10:36.220$ There are confluent be lines

NOTE Confidence: 0.9551262

 $00{:}10{:}36.220 \dashrightarrow 00{:}10{:}38.230$ which are spanning across multiple

NOTE Confidence: 0.9551262

00:10:38.297 --> 00:10:40.481 rib spaces so that it's not just

NOTE Confidence: 0.9551262

00:10:40.481 --> 00:10:42.426 emanating from a single focus or

NOTE Confidence: 0.9551262

 $00:10:42.426 \longrightarrow 00:10:44.298$ a single area of the pleura.

NOTE Confidence: 0.9551262

 $00:10:44.300 \longrightarrow 00:10:46.519$ And so this pattern where there is

00:10:46.519 --> 00:10:48.661 a larger area of lung involvement

NOTE Confidence: 0.9551262

 $00:10:48.661 \longrightarrow 00:10:50.905$ is of course a more concerning.

NOTE Confidence: 0.9551262

 $00:10:50.910 \longrightarrow 00:10:52.482$ Finding requires careful interpretation.

NOTE Confidence: 0.9551262

00:10:52.482 --> 00:10:54.054 And judicious next steps,

NOTE Confidence: 0.9551262

 $00:10:54.060 \longrightarrow 00:10:56.937$ especially in a patient that's so young.

NOTE Confidence: 0.9551262

 $00:10:56.940 \longrightarrow 00:10:59.358$ So if these findings are diffused

NOTE Confidence: 0.9551262

 $00:10:59.358 \longrightarrow 00:11:01.470$ and seen to all long,

NOTE Confidence: 0.9551262

 $00:11:01.470 \longrightarrow 00:11:04.564$ then I would interpret as bronchiolitis or

NOTE Confidence: 0.9551262

 $00:11:04.564 \longrightarrow 00:11:06.830$ diffuse multifocal pneumonia as opposed to.

NOTE Confidence: 0.9551262

 $00{:}11{:}06.830 \dashrightarrow 00{:}11{:}09.707$ In this case it was a symmetric.

NOTE Confidence: 0.9551262

 $00:11:09.710 \longrightarrow 00:11:12.657$ So this would suggest some more focal

NOTE Confidence: 0.9551262

 $00:11:12.657 \longrightarrow 00:11:15.669$ process of lung tissue consolidation.

NOTE Confidence: 0.9551262

 $00{:}11{:}15.670 \dashrightarrow 00{:}11{:}17.775$ Here is another example using

NOTE Confidence: 0.9551262

00:11:17.775 --> 00:11:19.038 a curvilinear probe.

NOTE Confidence: 0.9551262

 $00:11:19.040 \longrightarrow 00:11:21.326$ As this patient is having an

 $00:11:21.326 \longrightarrow 00:11:23.836$ assessment of the loan basis for

NOTE Confidence: 0.9551262

 $00:11:23.836 \longrightarrow 00:11:26.566$ likely for a pleural effusion X-ray

NOTE Confidence: 0.9551262

 $00{:}11{:}26.566 \dashrightarrow 00{:}11{:}29.204$ consistent with the right middle lobe

NOTE Confidence: 0.9551262

 $00:11:29.204 \longrightarrow 00:11:33.530$ infiltrate and you can once again see.

NOTE Confidence: 0.9551262

 $00:11:33.530 \longrightarrow 00:11:35.355$ Confluent felines spanning multiple rib

NOTE Confidence: 0.9551262

 $00{:}11{:}35.355 \dashrightarrow 00{:}11{:}37.780$ spaces in this patient with pneumonia.

NOTE Confidence: 0.9551262

 $00:11:37.780 \longrightarrow 00:11:40.090$ So the tradeoff here is penetration

NOTE Confidence: 0.9551262

 $00:11:40.090 \longrightarrow 00:11:40.860$ for resolution.

NOTE Confidence: 0.9551262

 $00{:}11{:}40.860 \dashrightarrow 00{:}11{:}43.219$ This is a cover linear probe eval

NOTE Confidence: 0.9551262

00:11:43.219 --> 00:11:45.499 probably for a pleural effusion,

NOTE Confidence: 0.9551262

 $00:11:45.500 \longrightarrow 00:11:46.968$ which is not present.

NOTE Confidence: 0.9551262

 $00:11:46.968 \longrightarrow 00:11:49.630$ So although we don't see the pleura

NOTE Confidence: 0.9551262

 $00:11:49.630 \longrightarrow 00:11:52.304$ as large and as crisply as we've

NOTE Confidence: 0.9551262

00:11:52.304 --> 00:11:54.759 been viewing with the linear probe,

NOTE Confidence: 0.9551262

 $00:11:54.760 \longrightarrow 00:11:57.462$ you can still get a sense that

NOTE Confidence: 0.9551262

 $00:11:57.462 \longrightarrow 00:11:58.620$ these be lines.

 $00:11:58.620 \longrightarrow 00:12:01.105$ Dip all the way down to the

NOTE Confidence: 0.9551262

 $00:12:01.105 \longrightarrow 00:12:04.154$ bottom of the screen, even when a.

NOTE Confidence: 0.9551262

 $00:12:04.154 \longrightarrow 00:12:05.866$ Lower frequency transducer is

NOTE Confidence: 0.9551262

 $00:12:05.866 \longrightarrow 00:12:08.009$ used to scan the lungs.

NOTE Confidence: 0.984748100000001

00:12:10.790 --> 00:12:12.992 And finally, here's a 6 year

NOTE Confidence: 0.984748100000001

00:12:12.992 --> 00:12:14.927 old drowning victim who arrived

NOTE Confidence: 0.984748100000001

00:12:14.927 --> 00:12:17.692 vomiting a pool water but was not

NOTE Confidence: 0.984748100000001

 $00{:}12{:}17.692 \dashrightarrow 00{:}12{:}20.107$ in timidated at the time of this scan.

NOTE Confidence: 0.984748100000001

 $00:12:20.110 \longrightarrow 00:12:22.312$ You can see that there's diffuse

NOTE Confidence: 0.984748100000001

 $00:12:22.312 \longrightarrow 00:12:24.510$ beelines seen throughout all longfields,

NOTE Confidence: 0.984748100000001

00:12:24.510 --> 00:12:27.380 and so these are some extra findings

NOTE Confidence: 0.984748100000001

 $00:12:27.380 \longrightarrow 00:12:29.514$ on linear probe interrogation of

NOTE Confidence: 0.984748100000001

 $00{:}12{:}29.514 \dashrightarrow 00{:}12{:}32.794$ the right lung in the left lung and

NOTE Confidence: 0.984748100000001

 $00{:}12{:}32.878 \dashrightarrow 00{:}12{:}35.782$ the bee lines can be seen using the

NOTE Confidence: 0.984748100000001

 $00:12:35.782 \longrightarrow 00:12:38.510$ cardiac or phased array probe as well,

 $00:12:38.510 \longrightarrow 00:12:40.470$ although the beeline artifacts in

NOTE Confidence: 0.984748100000001

 $00{:}12{:}40.470 \dashrightarrow 00{:}12{:}42.903$ this case actually stem from the

NOTE Confidence: 0.984748100000001

00:12:42.903 --> 00:12:44.928 diaphragm with otherwise good mirror

NOTE Confidence: 0.984748100000001

00:12:44.928 --> 00:12:47.310 imaging and no thoracic spine sign,

NOTE Confidence: 0.984748100000001

 $00:12:47.310 \longrightarrow 00:12:49.440$ so this would exclude pleural

NOTE Confidence: 0.984748100000001

 $00:12:49.440 \longrightarrow 00:12:50.718$ effusion or any.

NOTE Confidence: 0.984748100000001

 $00:12:50.720 \longrightarrow 00:12:52.268$ Lower lobe pneumonia in this area.

NOTE Confidence: 0.9839716

 $00:12:55.510 \longrightarrow 00:12:58.867$ And so here in the next set of images

NOTE Confidence: 0.9839716

 $00{:}12{:}58.867 \dashrightarrow 00{:}13{:}02.620$ that we're going to look at will be

NOTE Confidence: 0.9839716

00:13:02.620 --> 00:13:05.370 more advanced findings for pneumonia,

NOTE Confidence: 0.9839716

 $00:13:05.370 \longrightarrow 00:13:08.046$ and so these include air bronchograms,

NOTE Confidence: 0.9839716

 $00:13:08.050 \longrightarrow 00:13:12.628$ which can either be static or dynamic.

NOTE Confidence: 0.9839716

00:13:12.630 --> 00:13:15.732 The presence of a shred sign, pleural,

NOTE Confidence: 0.9839716

 $00{:}13{:}15.732 \dashrightarrow 00{:}13{:}18.826$ shred sign and hepatization of lung tissue.

NOTE Confidence: 0.96384454

00:13:22.070 --> 00:13:24.526 So in this three year old patient with

NOTE Confidence: 0.96384454

00:13:24.526 --> 00:13:26.717 left upper lobe pneumonia by X ray,

00:13:26.720 --> 00:13:29.240 which can be seen at pretty clearly

NOTE Confidence: 0.96384454

 $00{:}13{:}29.240 \dashrightarrow 00{:}13{:}31.920$ on at the lateral projection.

NOTE Confidence: 0.96384454

 $00{:}13{:}31.920 \longrightarrow 00{:}13{:}34.155$ Lung ultrasound shows static air

NOTE Confidence: 0.96384454

00:13:34.155 --> 00:13:36.390 bronchograms which are created by

NOTE Confidence: 0.96384454

 $00{:}13{:}36.459 \dashrightarrow 00{:}13{:}38.559$ these white punctate spots where

NOTE Confidence: 0.96384454

00:13:38.559 --> 00:13:41.079 you would otherwise expect to have

NOTE Confidence: 0.96384454

 $00:13:41.079 \longrightarrow 00:13:43.543$ a lines if there was normal aerated

NOTE Confidence: 0.96384454

 $00:13:43.543 \longrightarrow 00:13:46.040$ lung tissue and I really love this

NOTE Confidence: 0.96384454

 $00{:}13{:}46.040 {\:\dashrightarrow\:} 00{:}13{:}48.305$ clip because you can see towards

NOTE Confidence: 0.96384454

00:13:48.305 --> 00:13:51.077 the left of the screen above the

NOTE Confidence: 0.96384454

 $00{:}13{:}51.077 \dashrightarrow 00{:}13{:}53.853$ rib there's an area of multiple

NOTE Confidence: 0.96384454

00:13:53.853 --> 00:13:55.757 beelines with some confluence,

NOTE Confidence: 0.96384454

00:13:55.760 --> 00:13:58.144 which if I had seen that alone I

NOTE Confidence: 0.96384454

 $00{:}13{:}58.144 \dashrightarrow 00{:}14{:}00.722$ would have been suspicious about

NOTE Confidence: 0.96384454

 $00:14:00.722 \longrightarrow 00:14:01.996$ surrounding at electasis.

 $00:14:02.000 \longrightarrow 00:14:03.908$ Or lung tissue consolidation.

NOTE Confidence: 0.9547709

00:14:05.990 --> 00:14:08.186 A static or bronchograms can be

NOTE Confidence: 0.9547709

 $00{:}14{:}08.186 \dashrightarrow 00{:}14{:}10.489$ tricky because they could be seen

NOTE Confidence: 0.9547709

00:14:10.489 --> 00:14:12.414 in both pneumonia and atelectasis,

NOTE Confidence: 0.9547709

 $00:14:12.420 \longrightarrow 00:14:14.520$ so you really have to correlate

NOTE Confidence: 0.9547709

 $00:14:14.520 \longrightarrow 00:14:16.949$ this finding to the clinical exam,

NOTE Confidence: 0.9547709

 $00{:}14{:}16.950 \mathrel{--}{>} 00{:}14{:}19.362$ and these are probably instances where

NOTE Confidence: 0.9547709

 $00:14:19.362 \longrightarrow 00:14:22.618$ you want to get a chest film as well,

NOTE Confidence: 0.9547709

 $00:14:22.620 \longrightarrow 00:14:24.762$ and together with the lung ultrasound you

NOTE Confidence: 0.9547709

00:14:24.762 --> 00:14:27.160 can make a more accurate interpretation

NOTE Confidence: 0.9547709

 $00{:}14{:}27.160 \dashrightarrow 00{:}14{:}29.804$ of the ultrasound findings. In contrast,

NOTE Confidence: 0.9547709

00:14:29.804 --> 00:14:32.066 dynamic air bronchograms as seen here,

NOTE Confidence: 0.9547709

00:14:32.070 --> 00:14:34.338 which are reflected by fluid mucus,

NOTE Confidence: 0.9547709

 $00:14:34.340 \longrightarrow 00:14:35.996$ phlegm buildup within the

NOTE Confidence: 0.9547709

 $00:14:35.996 \longrightarrow 00:14:37.238$ bronchi and bronchioles.

NOTE Confidence: 0.9547709

 $00:14:37.240 \longrightarrow 00:14:39.406$ Are the most specific finding for

00:14:39.406 --> 00:14:41.570 pediatric pneumonia by lung ultrasound.

NOTE Confidence: 0.9547709

00:14:41.570 --> 00:14:43.540 However, the incidence of finding

NOTE Confidence: 0.9547709

00:14:43.540 --> 00:14:45.510 dinamico bronchograms is relatively low,

NOTE Confidence: 0.9547709

 $00:14:45.510 \longrightarrow 00:14:48.350$ but you can see here on this clip

NOTE Confidence: 0.9547709

 $00:14:48.350 \longrightarrow 00:14:50.863$ motion of the fluid filled bronchi

NOTE Confidence: 0.9547709

 $00:14:50.863 \longrightarrow 00:14:54.288$ and you can almost make out the airway

NOTE Confidence: 0.9547709

 $00:14:54.288 \longrightarrow 00:14:57.328$ tree and so this is a great example

NOTE Confidence: 0.9547709

 $00:14:57.330 \longrightarrow 00:14:59.978$ of what you would be looking for in

NOTE Confidence: 0.9547709

 $00:14:59.978 \longrightarrow 00:15:01.987$ terms of dynamic air bronchograms

NOTE Confidence: 0.9547709

 $00{:}15{:}01.987 \dashrightarrow 00{:}15{:}05.559$ which have been found to be the most

NOTE Confidence: 0.9547709

 $00{:}15{:}05.559 \dashrightarrow 00{:}15{:}07.727$ specific finding for pneumonia.

NOTE Confidence: 0.9547709

00:15:07.730 --> 00:15:10.238 Using lung ultrasound.

NOTE Confidence: 0.9547709

 $00{:}15{:}10.240 \dashrightarrow 00{:}15{:}13.584$ Here we have a 6 year old with

NOTE Confidence: 0.9547709

 $00:15:13.584 \longrightarrow 00:15:16.518$ sickle cell disease and acute chest

NOTE Confidence: 0.9547709

 $00:15:16.518 \longrightarrow 00:15:19.506$ syndrome as seen by X ray.

 $00:15:19.510 \longrightarrow 00:15:22.540$ In order to have bibasilar airspace

NOTE Confidence: 0.9547709

 $00{:}15{:}22.540 {\:{\circ}{\circ}{\circ}}>00{:}15{:}25.952$ opacities and of course the differential

NOTE Confidence: 0.9547709

 $00{:}15{:}25.952 \dashrightarrow 00{:}15{:}29.207$ would be pneumonia versus at electasis

NOTE Confidence: 0.9547709

 $00{:}15{:}29.207 \dashrightarrow 00{:}15{:}33.129$ versus vaso occlusive changes by ultrasound.

NOTE Confidence: 0.9547709

 $00:15:33.130 \longrightarrow 00:15:35.638$ You can see a pleural disruption

NOTE Confidence: 0.9547709

 $00{:}15{:}35.638 \dashrightarrow 00{:}15{:}38.797$ and shred sign in both the right

NOTE Confidence: 0.9547709

 $00:15:38.797 \longrightarrow 00:15:41.587$ and the left posterior lung fields.

NOTE Confidence: 0.9547709

 $00:15:41.590 \longrightarrow 00:15:44.260$ The pathology on the right is

NOTE Confidence: 0.9547709

 $00:15:44.260 \longrightarrow 00:15:45.150$ somewhat smaller.

NOTE Confidence: 0.9547709

 $00:15:45.150 \longrightarrow 00:15:47.992$ Here you can see towards the right

NOTE Confidence: 0.9547709

00:15:47.992 --> 00:15:50.489 of the screen the diaphragm,

NOTE Confidence: 0.9547709

 $00{:}15{:}50.490 \dashrightarrow 00{:}15{:}53.376$ the double line of the diaphragm

NOTE Confidence: 0.9547709

 $00:15:53.376 \longrightarrow 00:15:57.134$ with the liver right below it and you

NOTE Confidence: 0.9547709

 $00:15:57.134 \longrightarrow 00:16:00.298$ can see disruption and shred of the

NOTE Confidence: 0.9547709

 $00:16:00.298 \longrightarrow 00:16:03.930$ pleura with B lines that are diving down.

NOTE Confidence: 0.9547709

 $00{:}16{:}03.930 \dashrightarrow 00{:}16{:}06.378$ From the pleural interface and so

 $00:16:06.378 \longrightarrow 00:16:09.449$ the lesion on the left is actually

NOTE Confidence: 0.9547709

 $00{:}16{:}09.449 \dashrightarrow 00{:}16{:}10.808$ much much bigger.

NOTE Confidence: 0.9547709

 $00:16:10.810 \longrightarrow 00:16:13.390$ There you don't see that clear,

NOTE Confidence: 0.9547709

00:16:13.390 --> 00:16:15.110 crisp pleura that echogenic

NOTE Confidence: 0.9547709

 $00:16:15.110 \longrightarrow 00:16:17.260$ line between the rib spaces.

NOTE Confidence: 0.9547709

 $00:16:17.260 \longrightarrow 00:16:19.410$ Because there is tissue consolidation

NOTE Confidence: 0.9547709

 $00:16:19.410 \longrightarrow 00:16:20.270$ there instead.

NOTE Confidence: 0.9547709

 $00:16:20.270 \longrightarrow 00:16:22.860$ So the shred sign is actually far

NOTE Confidence: 0.9547709

 $00:16:22.860 \longrightarrow 00:16:25.538$ lower on the screen about where

NOTE Confidence: 0.9547709

00:16:25.538 --> 00:16:28.003 the four centimeter marker is,

NOTE Confidence: 0.9547709

 $00:16:28.010 \longrightarrow 00:16:31.216$ and this is correlated with the X

NOTE Confidence: 0.9547709

 $00:16:31.216 \longrightarrow 00:16:34.118$ ray that appeared to be far worse.

NOTE Confidence: 0.9547709

 $00:16:34.120 \longrightarrow 00:16:35.828$ On the left compared to the right.

NOTE Confidence: 0.94951075

 $00:16:39.430 \longrightarrow 00:16:42.330$ And here we have a 12 year old with asthma

NOTE Confidence: 0.94951075

 $00:16:42.401 \longrightarrow 00:16:45.509$ who also presented with respiratory distress,

 $00:16:45.510 \longrightarrow 00:16:48.134$ found to have pneumonia by X ray and

NOTE Confidence: 0.94951075

 $00:16:48.134 \longrightarrow 00:16:51.210$ on lung ultrasound. You can see a

NOTE Confidence: 0.94951075

 $00{:}16{:}51.210 \dashrightarrow 00{:}16{:}53.490$ clear hepatization of the lung tissue.

NOTE Confidence: 0.94951075

 $00:16:53.490 \longrightarrow 00:16:56.478$ So the probe in this case is a phased

NOTE Confidence: 0.94951075

00:16:56.478 --> 00:16:59.356 array probe which is placed in the

NOTE Confidence: 0.94951075

 $00:16:59.356 \longrightarrow 00:17:01.850$ left anterior zone above the heart.

NOTE Confidence: 0.94951075

 $00:17:01.850 \longrightarrow 00:17:05.002$ As you can see on the ultrasound image

NOTE Confidence: 0.94951075

 $00:17:05.002 \longrightarrow 00:17:08.259$ the heart is beating on the right side.

NOTE Confidence: 0.94951075

 $00:17:08.260 \longrightarrow 00:17:12.020$ And what appears to be liver above it.

NOTE Confidence: 0.94951075

 $00:17:12.020 \longrightarrow 00:17:14.932$ But in fact this is diseased lung

NOTE Confidence: 0.94951075

 $00:17:14.932 \longrightarrow 00:17:17.352$ tissue which would be reflective

NOTE Confidence: 0.94951075

 $00:17:17.352 \longrightarrow 00:17:19.536$ of more advanced pneumonia.

NOTE Confidence: 0.94951075

 $00:17:19.540 \longrightarrow 00:17:21.360$ So lines are missing.

NOTE Confidence: 0.94951075

 $00:17:21.360 \longrightarrow 00:17:24.090$ And because the disease process is

NOTE Confidence: 0.94951075

 $00:17:24.173 \longrightarrow 00:17:27.302$ parenchymal and not solely at the level

NOTE Confidence: 0.94951075

 $00:17:27.302 \longrightarrow 00:17:30.350$ of the alveolae or the interstitium,

 $00:17:30.350 \longrightarrow 00:17:34.110$ you do not see any B lines on this image

NOTE Confidence: 0.94951075

 $00{:}17{:}34.209 \dashrightarrow 00{:}17{:}38.349$ but just advanced lung tissue consolidation.

NOTE Confidence: 0.94951075

 $00:17:38.350 \longrightarrow 00:17:40.815$ Otherwise known as Hepatization because

NOTE Confidence: 0.94951075

00:17:40.815 --> 00:17:43.280 of the similarities in appearance

NOTE Confidence: 0.94951075

 $00:17:43.353 \longrightarrow 00:17:45.621$ when comparing this to the normal

NOTE Confidence: 0.94951075

00:17:45.621 --> 00:17:47.950 appearance of liver by ultrasound.

NOTE Confidence: 0.9257735

 $00:17:50.770 \longrightarrow 00:17:53.976$ So we don't know what the future

NOTE Confidence: 0.9257735

00:17:53.976 --> 00:17:56.819 impact of lung focus will be.

NOTE Confidence: 0.9257735

 $00:17:56.820 \longrightarrow 00:18:00.068$ I believe there are three potential outcomes,

NOTE Confidence: 0.9257735

 $00:18:00.070 \longrightarrow 00:18:03.325$ one with integration of the clinical exam.

NOTE Confidence: 0.9257735

 $00{:}18{:}03.330 \dashrightarrow 00{:}18{:}05.655$ We hope that pediatric pneumonia

NOTE Confidence: 0.9257735

 $00{:}18{:}05.655 \dashrightarrow 00{:}18{:}07.980$ diagnosis can become more reliable.

NOTE Confidence: 0.9257735

 $00{:}18{:}07.980 \dashrightarrow 00{:}18{:}10.476$ Ideally, we can make a earlier

NOTE Confidence: 0.9257735

 $00{:}18{:}10.476 \dashrightarrow 00{:}18{:}12.768$ diagnosis and reduce the overall

NOTE Confidence: 0.9257735

00:18:12.768 --> 00:18:14.948 burden of chest radiography.

 $00:18:14.950 \longrightarrow 00:18:17.540$ Another potential impact is over

NOTE Confidence: 0.9257735

 $00:18:17.540 \longrightarrow 00:18:19.612$ prescription of antibiotics as.

NOTE Confidence: 0.9257735

 $00:18:19.620 \longrightarrow 00:18:23.180$ There's no way to fees abli or reliably

NOTE Confidence: 0.9257735

 $00{:}18{:}23.180 \dashrightarrow 00{:}18{:}25.890$ differentiate a viral pneumonia from

NOTE Confidence: 0.9257735

 $00:18:25.890 \longrightarrow 00:18:28.775$ a bacterial pneumonia by ultrasound.

NOTE Confidence: 0.9257735

00:18:28.780 --> 00:18:29.736 And finally,

NOTE Confidence: 0.9257735

 $00{:}18{:}29.736 \rightarrow 00{:}18{:}32.604$ there's a possibility that we may

NOTE Confidence: 0.9257735

 $00:18:32.604 \longrightarrow 00:18:34.889$ actually prescribe less antibiotics.

NOTE Confidence: 0.9257735

 $00:18:34.890 \longrightarrow 00:18:35.880$ Given again,

NOTE Confidence: 0.9257735

 $00:18:35.880 \longrightarrow 00:18:38.355$ the limitations in the physical

NOTE Confidence: 0.9257735

 $00{:}18{:}38.355 \dashrightarrow 00{:}18{:}40.855$ exam and lack of reliability

NOTE Confidence: 0.9257735

 $00:18:40.855 \longrightarrow 00:18:43.621$ that X ray has to differentiate

NOTE Confidence: 0.9257735

 $00:18:43.621 \longrightarrow 00:18:46.599$ a viral from bacterial process.

NOTE Confidence: 0.92602354

 $00:18:48.840 \longrightarrow 00:18:51.896$ So this would be an example of the

NOTE Confidence: 0.92602354

00:18:51.896 --> 00:18:53.422 first outcome, greater position

NOTE Confidence: 0.92602354

 $00:18:53.422 \longrightarrow 00:18:54.946$ and more accurate diagnosis.

 $00:18:54.950 \longrightarrow 00:18:57.950$ So 6 year old male with Hemoglobin SC

NOTE Confidence: 0.92602354

 $00{:}18{:}57.950 \mathrel{--}{>} 00{:}19{:}00.587$ presented with fever for two days and

NOTE Confidence: 0.92602354

 $00:19:00.587 \longrightarrow 00:19:03.263$ shortness of breath on exam had some

NOTE Confidence: 0.92602354

00:19:03.263 --> 00:19:05.645 slight elevation in the heart rate,

NOTE Confidence: 0.92602354

 $00:19:05.650 \longrightarrow 00:19:07.765$ but otherwise normal oxygen saturation

NOTE Confidence: 0.92602354

00:19:07.765 --> 00:19:09.880 exam with wheezing and diminished

NOTE Confidence: 0.92602354

 $00:19:09.939 \longrightarrow 00:19:11.757$ breath sounds on the left side.

NOTE Confidence: 0.92602354

 $00:19:11.760 \longrightarrow 00:19:15.396$ High typical work up was done for SC disease

NOTE Confidence: 0.92602354

 $00:19:15.396 \longrightarrow 00:19:18.777$ with fever to include a chest X ray and.

NOTE Confidence: 0.92602354

 $00:19:18.780 \longrightarrow 00:19:21.370$ Lab work which revealed no

NOTE Confidence: 0.92602354

00:19:21.370 --> 00:19:23.960 Leukocytosis on the X ray.

NOTE Confidence: 0.92602354

 $00:19:23.960 \longrightarrow 00:19:26.045$ There was no acute cardio

NOTE Confidence: 0.92602354

 $00{:}19{:}26.045 \dashrightarrow 00{:}19{:}27.713$ tho racic abnormality as per

NOTE Confidence: 0.92602354

 $00:19:27.713 \longrightarrow 00:19:30.180$ the radiologist interpretation.

NOTE Confidence: 0.91635346

 $00:19:32.190 \longrightarrow 00:19:35.683$ However, by lung focus there is clear

00:19:35.683 --> 00:19:39.014 shred sign in the left posterior

NOTE Confidence: 0.91635346

 $00:19:39.014 \longrightarrow 00:19:41.899$ lung field with disruption of

NOTE Confidence: 0.91635346

 $00:19:41.899 \longrightarrow 00:19:45.103$ the pleura and beelines emanating

NOTE Confidence: 0.91635346

00:19:45.103 --> 00:19:48.343 from this jagged pleural edge.

NOTE Confidence: 0.91635346

 $00:19:48.350 \longrightarrow 00:19:50.870$ This patient was subsequently admitted

NOTE Confidence: 0.91635346

 $00:19:50.870 \longrightarrow 00:19:53.390$ with early recognition of acute

NOTE Confidence: 0.91635346

 $00:19:53.462 \longrightarrow 00:19:56.178$ chest on given ceftriaxone and is it

NOTE Confidence: 0.91635346

00:19:56.178 --> 00:19:58.910 through myosin as per our hematology

NOTE Confidence: 0.91635346

 $00:19:58.910 \longrightarrow 00:20:00.398$ treatment recommendations and

NOTE Confidence: 0.91635346

00:20:00.398 --> 00:20:02.842 incurred a three day hospitalization?

NOTE Confidence: 0.91635346

 $00{:}20{:}02.842 \dashrightarrow 00{:}20{:}05.554$ How luckily did not require any

NOTE Confidence: 0.91635346

 $00:20:05.554 \longrightarrow 00:20:07.953$ PRBC transfusion and had multiple

NOTE Confidence: 0.91635346

 $00:20:07.953 \longrightarrow 00:20:09.408$ negative blood cultures.

NOTE Confidence: 0.91635346

00:20:09.410 --> 00:20:12.406 This case was several years before we

NOTE Confidence: 0.91635346

00:20:12.406 --> 00:20:14.793 were routinely obtaining procalcitonin to

NOTE Confidence: 0.91635346

 $00{:}20{:}14.793 \dashrightarrow 00{:}20{:}17.895$ help rid stratified bacterial versus viral.

 $00{:}20{:}17.900 \dashrightarrow 00{:}20{:}20{:}014$ Pneumonia and a viral swab is not

NOTE Confidence: 0.91635346

 $00{:}20{:}20.014 \dashrightarrow 00{:}20{:}21.928$ performed as his patient was managed

NOTE Confidence: 0.91635346

 $00:20:21.928 \longrightarrow 00:20:24.126$ in the hospital who did well and

NOTE Confidence: 0.91635346

00:20:24.193 --> 00:20:26.338 completed his course for community

NOTE Confidence: 0.91635346

 $00{:}20{:}26.338 \dashrightarrow 00{:}20{:}28.483$ acquired pneumonia as an outpatient.

NOTE Confidence: 0.97425926

 $00:20:31.220 \longrightarrow 00:20:34.230$ Here's another example of how we may

NOTE Confidence: 0.97425926

 $00:20:34.230 \longrightarrow 00:20:37.130$ provide more efficient care with lung pocus.

NOTE Confidence: 0.97425926

 $00:20:37.130 \longrightarrow 00:20:39.240$ So in this clinical case,

NOTE Confidence: 0.97425926

 $00:20:39.240 \longrightarrow 00:20:41.766$ a 9 month old presented with

NOTE Confidence: 0.97425926

 $00:20:41.766 \longrightarrow 00:20:44.138$ respiratory distress, and this was the

NOTE Confidence: 0.97425926

00:20:44.138 --> 00:20:47.260 3rd ER visit for the same illness.

NOTE Confidence: 0.97425926

 $00{:}20{:}47.260 \dashrightarrow 00{:}20{:}49.370$ Had a prior rhinovirus positive

NOTE Confidence: 0.97425926

 $00:20:49.370 \longrightarrow 00:20:51.480$ tests in an X ray,

NOTE Confidence: 0.97425926

 $00:20:51.480 \longrightarrow 00:20:53.412$ which during the first visit was

NOTE Confidence: 0.97425926

 $00:20:53.412 \longrightarrow 00:20:55.983$ more in keeping with Perihilar and

00:20:55.983 --> 00:20:57.807 peribronchial interstitial markings,

NOTE Confidence: 0.97425926

 $00:20:57.810 \longrightarrow 00:20:59.838$ likely viral airway inflammation.

NOTE Confidence: 0.97425926

00:20:59.838 --> 00:21:01.723 Most likely bronchiolitis, however,

NOTE Confidence: 0.97425926

 $00{:}21{:}01.723 \dashrightarrow 00{:}21{:}03.538$ ongoing fevers cough and some

NOTE Confidence: 0.97425926

00:21:03.538 --> 00:21:05.454 posts of emesis and increasing

NOTE Confidence: 0.97425926

 $00:21:05.454 \longrightarrow 00:21:07.854$ work of breathing and there was

NOTE Confidence: 0.97425926

00:21:07.854 --> 00:21:09.750 strong family history of asthma.

NOTE Confidence: 0.97425926

 $00:21:09.750 \longrightarrow 00:21:11.622$ This infant was takach Arctic with

NOTE Confidence: 0.97425926

00:21:11.622 --> 00:21:14.099 takip NIA and exam was notable for

NOTE Confidence: 0.97425926

00:21:14.099 --> 00:21:16.049 attractions and coarse breath sounds,

NOTE Confidence: 0.97425926

00:21:16.050 --> 00:21:18.150 but no audible wheezes were present,

NOTE Confidence: 0.97425926

 $00:21:18.150 \longrightarrow 00:21:20.250$ and the clinical team not only

NOTE Confidence: 0.97425926

00:21:20.250 --> 00:21:21.650 did a long ultrasound,

NOTE Confidence: 0.97425926

 $00:21:21.650 \longrightarrow 00:21:23.205$ but performed a cardiac ultrasound

NOTE Confidence: 0.97425926

 $00:21:23.205 \longrightarrow 00:21:25.619$ as well to rule out any other

NOTE Confidence: 0.97425926

 $00:21:25.619 \longrightarrow 00:21:27.599$ potential causes of compensated shock.

00:21:31.220 --> 00:21:33.962 So interestingly, this infant had one

NOTE Confidence: 0.9475929

00:21:33.962 --> 00:21:36.369 specific lung area of abnormality

NOTE Confidence: 0.9475929

 $00:21:36.369 \longrightarrow 00:21:39.357$ in the left posterior lung field.

NOTE Confidence: 0.9475929

 $00:21:39.360 \longrightarrow 00:21:42.720$ You can see here between those ribs.

NOTE Confidence: 0.9475929

 $00:21:42.720 \longrightarrow 00:21:45.540$ There is an absence of that

NOTE Confidence: 0.9475929

 $00:21:45.540 \longrightarrow 00:21:47.990$ pleural line and shred sign,

NOTE Confidence: 0.9475929

 $00:21:47.990 \longrightarrow 00:21:51.254$ so we have a lesion that is certainly

NOTE Confidence: 0.9475929

 $00:21:51.254 \longrightarrow 00:21:54.689$ abnormal and needs more thorough evaluation.

NOTE Confidence: 0.95041984

 $00:21:56.780 \longrightarrow 00:22:00.508$ So a scan performed on the opposite side,

NOTE Confidence: 0.95041984

 $00{:}22{:}00.510 \dashrightarrow 00{:}22{:}02.840$ the right posterior lung field

NOTE Confidence: 0.95041984

 $00:22:02.840 \longrightarrow 00:22:05.170$ is here as a comparison,

NOTE Confidence: 0.95041984

 $00:22:05.170 \longrightarrow 00:22:10.450$ and you can see the intact pleura throughout.

NOTE Confidence: 0.95041984

 $00{:}22{:}10.450 \dashrightarrow 00{:}22{:}15.022$ Spaces and. There are essentially normal

NOTE Confidence: 0.95041984

 $00:22:15.022 \longrightarrow 00:22:17.760$ a lines in the different lung zone.

NOTE Confidence: 0.95041984

 $00:22:17.760 \longrightarrow 00:22:20.189$ As the probe slides from the top

 $00:22:20.189 \longrightarrow 00:22:22.609$ of the patient down towards the

NOTE Confidence: 0.95041984

00:22:22.609 --> 00:22:24.779 diaphragm in a sagittal plane.

NOTE Confidence: 0.9417049

 $00:22:27.100 \longrightarrow 00:22:31.120$ And so we go back to the left side and

NOTE Confidence: 0.9417049

00:22:31.232 --> 00:22:35.464 get another clear look here at this sub,

NOTE Confidence: 0.9417049

 $00:22:35.470 \longrightarrow 00:22:36.400$ pleural abnormality,

NOTE Confidence: 0.9417049

 $00:22:36.400 \longrightarrow 00:22:40.120$ where there's a break in the pleural line.

NOTE Confidence: 0.9417049

 $00{:}22{:}40.120 \dashrightarrow 00{:}22{:}43.424$ There's a shed sign and there are

NOTE Confidence: 0.9417049

00:22:43.424 --> 00:22:46.169 static air bronchograms in this lesion,

NOTE Confidence: 0.9417049

 $00:22:46.170 \longrightarrow 00:22:47.986$ demarcated by the arrow.

NOTE Confidence: 0.9417049

00:22:47.986 --> 00:22:51.618 And So what you do here is you

NOTE Confidence: 0.9417049

00:22:51.618 --> 00:22:54.460 turn the probe 90 degrees to try

NOTE Confidence: 0.9417049

 $00:22:54.460 \longrightarrow 00:22:57.430$ and assess a complete picture.

NOTE Confidence: 0.9417049

 $00:22:57.430 \longrightarrow 00:23:00.405$ Of this lesion, so when the probe

NOTE Confidence: 0.9417049

 $00:23:00.405 \longrightarrow 00:23:03.490$ is rotated in a transverse plane,

NOTE Confidence: 0.9417049

 $00:23:03.490 \longrightarrow 00:23:05.990$ you essentially see a confluence

NOTE Confidence: 0.9417049

 $00:23:05.990 \longrightarrow 00:23:08.992$ of beelines dropping down from the

 $00{:}23{:}08.992 \dashrightarrow 00{:}23{:}11.470$ pleura as on the second ultrasound

NOTE Confidence: 0.9417049

 $00:23:11.470 \longrightarrow 00:23:13.270$ clip here and again.

NOTE Confidence: 0.9417049

 $00:23:13.270 \longrightarrow 00:23:16.326$ If you were to rotate it 90 degrees

NOTE Confidence: 0.9417049

 $00:23:16.326 \longrightarrow 00:23:18.829$ with the indicator towards the

NOTE Confidence: 0.9417049

 $00:23:18.829 \longrightarrow 00:23:22.129$ patient's head in a sagittal plane,

NOTE Confidence: 0.9417049

00:23:22.130 --> 00:23:25.147 you would have made out this abnormal

NOTE Confidence: 0.9417049

 $00:23:25.147 \longrightarrow 00:23:27.810$ consolidation which is highly suggestive.

NOTE Confidence: 0.9417049

 $00:23:27.810 \longrightarrow 00:23:28.740$ Of a pneumonia.

NOTE Confidence: 0.9846555

 $00:23:31.420 \longrightarrow 00:23:33.736$ So the clinical course was interesting

NOTE Confidence: 0.9846555

 $00:23:33.736 \longrightarrow 00:23:36.395$ for this infant was admitted for

NOTE Confidence: 0.9846555

 $00{:}23{:}36.395 \dashrightarrow 00{:}23{:}37.955$ respiratory monitoring after

NOTE Confidence: 0.9846555

 $00:23:37.955 \longrightarrow 00:23:40.555$ initiation of hydros amoxicillin for

NOTE Confidence: 0.9846555

 $00:23:40.625 \longrightarrow 00:23:42.623$ this long ultrasound finding and X

NOTE Confidence: 0.9846555

 $00:23:42.623 \longrightarrow 00:23:45.628$ ray at the time was not obtained and

NOTE Confidence: 0.9846555

 $00:23:45.628 \longrightarrow 00:23:47.713$ had a pretty brief hospitalization.

00:23:47.720 --> 00:23:50.096 Had no fever, antibiotics ended up

NOTE Confidence: 0.9846555

 $00{:}23{:}50.096 \dashrightarrow 00{:}23{:}52.628$ being a discontinued and was discharged

NOTE Confidence: 0.9846555

00:23:52.628 --> 00:23:55.250 home after some period of monitoring,

NOTE Confidence: 0.9846555

 $00:23:55.250 \longrightarrow 00:23:58.169$ which he seemed to do quite well.

NOTE Confidence: 0.95378697

 $00:24:00.670 \longrightarrow 00:24:03.715$ Then three days later, he came back,

NOTE Confidence: 0.95378697

00:24:03.720 --> 00:24:06.760 this now being the 4th ER visit with

NOTE Confidence: 0.95378697

 $00:24:06.760 \longrightarrow 00:24:09.390$ persistent fever and respiratory distress,

NOTE Confidence: 0.95378697

00:24:09.390 --> 00:24:12.878 at which point in X ray was repeated,

NOTE Confidence: 0.95378697

00:24:12.880 --> 00:24:14.752 showing bilateral findings concerning

NOTE Confidence: 0.95378697

00:24:14.752 --> 00:24:17.560 for pneumonia and amoxicillin was re

NOTE Confidence: 0.95378697

 $00:24:17.630 \longrightarrow 00:24:20.290$ prescribed and able to be discharged home,

NOTE Confidence: 0.95378697

 $00:24:20.290 \longrightarrow 00:24:22.726$ and he actually did quite well

NOTE Confidence: 0.95378697

 $00:24:22.726 \longrightarrow 00:24:24.350$ without any further emergency

NOTE Confidence: 0.95378697

00:24:24.424 --> 00:24:26.388 visits for labored breathing.

NOTE Confidence: 0.9664203

 $00:24:29.210 \longrightarrow 00:24:32.154$ OK, so the next possible outcome is that

NOTE Confidence: 0.9664203

 $00:24:32.154 \longrightarrow 00:24:35.267$ lung focus has the potential to lead to

 $00:24:35.267 \longrightarrow 00:24:37.740$ the prescription of more antibiotics.

NOTE Confidence: 0.9664203

 $00:24:37.740 \longrightarrow 00:24:40.413$ And I say this only because it is far

NOTE Confidence: 0.9664203

 $00:24:40.413 \longrightarrow 00:24:42.800$ more sensitive to pick up abnormalities

NOTE Confidence: 0.9664203

 $00:24:42.800 \longrightarrow 00:24:45.896$ when compared to X ray and viral

NOTE Confidence: 0.9664203

 $00{:}24{:}45.896 \dashrightarrow 00{:}24{:}47.904$ pneumonia findings and bacterial

NOTE Confidence: 0.9664203

00:24:47.904 --> 00:24:50.351 pneumonia findings will have overlapped

NOTE Confidence: 0.9664203

 $00:24:50.351 \longrightarrow 00:24:52.937$ and this has been well documented

NOTE Confidence: 0.9664203

 $00:24:52.937 \longrightarrow 00:24:56.066$ to date with all the non specific

NOTE Confidence: 0.9664203

 $00:24:56.066 \longrightarrow 00:24:58.700$ findings we see with COVID pneumonia.

NOTE Confidence: 0.9664203

 $00:24:58.700 \longrightarrow 00:25:00.072$ Here in this case,

NOTE Confidence: 0.9664203

 $00{:}25{:}00.072 \dashrightarrow 00{:}25{:}03.232$ we present a 27 month old with respiratory

NOTE Confidence: 0.9664203

 $00:25:03.232 \longrightarrow 00:25:06.280$ distress and fever in January 2020,

NOTE Confidence: 0.9664203

 $00{:}25{:}06.280 \dashrightarrow 00{:}25{:}08.806$ when COVID pneumonia may have been

NOTE Confidence: 0.9664203

00:25:08.806 --> 00:25:10.490 circulating in the community.

NOTE Confidence: 0.9664203

 $00:25:10.490 \longrightarrow 00:25:12.590$ We don't know for 100%

 $00:25:12.590 \longrightarrow 00:25:15.930$ the symptoms consisted of.

NOTE Confidence: 0.9664203

 $00{:}25{:}15.930 \dashrightarrow 00{:}25{:}18.289$ Two to three weeks of cough worse

NOTE Confidence: 0.9664203

 $00:25:18.289 \longrightarrow 00:25:20.549$ at night and one day a fever.

NOTE Confidence: 0.9664203

 $00:25:20.550 \longrightarrow 00:25:22.530$ Ah was ill appearing on exam

NOTE Confidence: 0.9664203

 $00:25:22.530 \longrightarrow 00:25:23.190$ with tachycardia,

NOTE Confidence: 0.9664203

00:25:23.190 --> 00:25:25.170 low oxygen saturation and takip NIA.

NOTE Confidence: 0.9664203

00:25:25.170 --> 00:25:26.585 Also was listless with flaring

NOTE Confidence: 0.9664203

 $00{:}25{:}26.585 \dashrightarrow 00{:}25{:}28.000$ and accessory muscle use and

NOTE Confidence: 0.9664203

 $00{:}25{:}28.058 \to 00{:}25{:}29.790$ diminished breath sounds throughout,

NOTE Confidence: 0.9664203

00:25:29.790 --> 00:25:32.079 but perhaps were sitting in the right

NOTE Confidence: 0.9664203

 $00{:}25{:}32.079 \dashrightarrow 00{:}25{:}34.428$ upper lung field and the next rate

NOTE Confidence: 0.9664203

 $00:25:34.428 \longrightarrow 00:25:36.390$ is shown showed no focal infiltrate.

NOTE Confidence: 0.9484178

 $00:25:39.620 \longrightarrow 00:25:42.462$ Lang Focus performed in the right upper

NOTE Confidence: 0.9484178

 $00:25:42.462 \longrightarrow 00:25:45.379$ lobe showed the following abnormality.

NOTE Confidence: 0.9484178

00:25:45.380 --> 00:25:47.420 Disruption of the pleura,

NOTE Confidence: 0.9484178

 $00:25:47.420 \longrightarrow 00:25:51.030$ shred sign belines and this lesion was

 $00:25:51.030 \longrightarrow 00:25:54.243$ measured to be 1 1/2 centimeter and

NOTE Confidence: 0.9484178

 $00{:}25{:}54.243 \to 00{:}25{:}57.377$ concerning for the start of a pneumonia.

NOTE Confidence: 0.966113

 $00:26:00.410 \longrightarrow 00:26:02.489$ So this channel is emitted to the

NOTE Confidence: 0.966113

 $00:26:02.489 \longrightarrow 00:26:04.791$ ICU and IBM PASILAN was initiated

NOTE Confidence: 0.966113

00:26:04.791 --> 00:26:07.479 was treated with Bipap and required

NOTE Confidence: 0.966113

 $00:26:07.479 \longrightarrow 00:26:09.520$ continuous albuterol and steroids.

NOTE Confidence: 0.966113

00:26:09.520 --> 00:26:11.108 Interestingly, a procalciton test

NOTE Confidence: 0.966113

 $00{:}26{:}11.108 \to 00{:}26{:}13.870$ came back normal chest X ray done.

NOTE Confidence: 0.966113

 $00{:}26{:}13.870 \dashrightarrow 00{:}26{:}15.700$ The subsequent date revealed and was

NOTE Confidence: 0.966113

 $00:26:15.700 \longrightarrow 00:26:18.595$ read as a right upper lobe infiltrate

NOTE Confidence: 0.966113

 $00:26:18.595 \longrightarrow 00:26:20.209$ consolidation versus atelectasis,

NOTE Confidence: 0.966113

 $00:26:20.210 \longrightarrow 00:26:23.010$ and this correlated perfectly with the area

NOTE Confidence: 0.966113

 $00{:}26{:}23.010 \dashrightarrow 00{:}26{:}26.547$ of the lung that was imaged the day before.

NOTE Confidence: 0.966113

 $00:26:26.550 \longrightarrow 00:26:28.918$ With that abnormal finding.

NOTE Confidence: 0.966113

 $00:26:28.918 \longrightarrow 00:26:31.878$ Had a three day hospitalization.

 $00:26:31.880 \longrightarrow 00:26:34.790$ Was managed as a bronchiolitis,

NOTE Confidence: 0.966113

 $00{:}26{:}34.790 \dashrightarrow 00{:}26{:}37.630$ a therapy with treatment of

NOTE Confidence: 0.966113

 $00{:}26{:}37.630 \dashrightarrow 00{:}26{:}39.902$ reactive bronchospasm and all

NOTE Confidence: 0.966113

 $00:26:39.902 \longrightarrow 00:26:42.368$ viral tests were negative,

NOTE Confidence: 0.966113

 $00:26:42.370 \longrightarrow 00:26:46.120$ so this child improved fully without

NOTE Confidence: 0.966113

 $00:26:46.120 \longrightarrow 00:26:50.259$ completing a full course of antibiotics.

NOTE Confidence: 0.966113

00:26:50.260 --> 00:26:51.022 And finally,

NOTE Confidence: 0.966113

00:26:51.022 --> 00:26:53.308 lung ultrasound may have the potential

NOTE Confidence: 0.966113

 $00:26:53.308 \longrightarrow 00:26:55.279$ to decrease antibiotic overuse.

NOTE Confidence: 0.966113

 $00:26:55.280 \longrightarrow 00:26:57.765$ So here's a great example of a

NOTE Confidence: 0.966113

 $00:26:57.765 \longrightarrow 00:27:00.893$ 10 month old male with a fever

NOTE Confidence: 0.966113

 $00:27:00.893 \longrightarrow 00:27:02.378$ and suspected pneumonia,

NOTE Confidence: 0.966113

 $00:27:02.380 \longrightarrow 00:27:05.158$ as per clinicians that are referring

NOTE Confidence: 0.966113

 $00:27:05.158 \longrightarrow 00:27:07.494$ hospital who had initiated amoxicillin

NOTE Confidence: 0.966113

 $00:27:07.494 \longrightarrow 00:27:10.322$ with an X ray obtained was read

NOTE Confidence: 0.966113

 $00{:}27{:}10.322 \dashrightarrow 00{:}27{:}12.826$ as haziness in the left lung zone.

 $00:27:12.830 \longrightarrow 00:27:14.327$ Suspicious for pneumonia.

NOTE Confidence: 0.966113

 $00:27:14.327 \longrightarrow 00:27:14.826$ However,

NOTE Confidence: 0.966113

 $00:27:14.826 \longrightarrow 00:27:17.321$ there are definitely some other

NOTE Confidence: 0.966113

00:27:17.321 --> 00:27:19.846 things going on clinically to include

NOTE Confidence: 0.966113

00:27:19.846 --> 00:27:22.257 a prior COVID positive PCR test

NOTE Confidence: 0.966113

 $00:27:22.257 \longrightarrow 00:27:24.207$ 10 days before this presentation

NOTE Confidence: 0.966113

 $00:27:24.207 \longrightarrow 00:27:26.664$ and daily fever for four days.

NOTE Confidence: 0.966113

 $00:27:26.664 \longrightarrow 00:27:28.899$ Popular rash on the torso.

NOTE Confidence: 0.966113

 $00:27:28.900 \longrightarrow 00:27:31.140$ Some lesions to the lip,

NOTE Confidence: 0.966113

00:27:31.140 --> 00:27:31.483 gums,

NOTE Confidence: 0.966113

 $00{:}27{:}31.483 \dashrightarrow 00{:}27{:}33.884$ and some swelling to the hands and

NOTE Confidence: 0.966113

 $00:27:33.884 \longrightarrow 00:27:36.705$ feet so multisystem picture and this

NOTE Confidence: 0.966113

 $00{:}27{:}36.705 \mathrel{--}{>} 00{:}27{:}39.280$ in fant actually looked quite well

NOTE Confidence: 0.966113

 $00:27:39.280 \longrightarrow 00:27:41.867$ appearing and no respiratory distress.

NOTE Confidence: 0.966113

00:27:41.870 --> 00:27:43.208 Playful and unremarkable

00:27:43.208 --> 00:27:44.100 physical examination,

NOTE Confidence: 0.966113

 $00{:}27{:}44.100 \dashrightarrow 00{:}27{:}47.493$ and you can see the labs there had a

NOTE Confidence: 0.966113

 $00:27:47.493 \longrightarrow 00:27:50.418$ little thrombocytosis and a slight.

NOTE Confidence: 0.966113

 $00:27:50.420 \longrightarrow 00:27:53.577$ Elevation in the ESR and the CRP.

NOTE Confidence: 0.8432531

 $00:27:55.640 \longrightarrow 00:27:59.364$ So in the PDE complete 6 zone,

NOTE Confidence: 0.8432531

00:27:59.370 --> 00:28:02.178 longer sound was performed and well

NOTE Confidence: 0.8432531

 $00:28:02.178 \longrightarrow 00:28:05.358$ tolerated and it revealed essentially the

NOTE Confidence: 0.8432531

 $00:28:05.358 \longrightarrow 00:28:08.428$ following findings which run remarkable.

NOTE Confidence: 0.8432531

 $00{:}28{:}08.430 \dashrightarrow 00{:}28{:}11.608$ You can see a lines throughout all

NOTE Confidence: 0.8432531

00:28:11.608 --> 00:28:14.830 the lung zones being interrogated,

NOTE Confidence: 0.8432531

 $00{:}28{:}14.830 \dashrightarrow 00{:}28{:}17.974$ and occasionally there's a little divot

NOTE Confidence: 0.8432531

 $00:28:17.974 \longrightarrow 00:28:22.960$ at the level of the pleura, but no true.

NOTE Confidence: 0.8432531

 $00:28:22.960 \longrightarrow 00:28:25.280$ B line with stacked,

NOTE Confidence: 0.8432531

 $00{:}28{:}25.280 \dashrightarrow 00{:}28{:}27.515$ horizontal reverberation dipping down all

NOTE Confidence: 0.8432531

 $00:28:27.515 \longrightarrow 00:28:31.369$ the way down to the bottom of the screen.

NOTE Confidence: 0.8432531

 $00:28:31.370 \longrightarrow 00:28:32.675$ No shred sign.

00:28:32.675 --> 00:28:34.415 No static air bronchograms,

NOTE Confidence: 0.8432531

 $00:28:34.420 \longrightarrow 00:28:37.030$ and certainly no signs of hepatization.

NOTE Confidence: 0.8432531

 $00:28:37.030 \longrightarrow 00:28:39.436$ So based on these findings we

NOTE Confidence: 0.8432531

00:28:39.436 --> 00:28:41.040 actually made the recommendation

NOTE Confidence: 0.8432531

 $00:28:41.112 \longrightarrow 00:28:43.120$ to discontinue the amoxicillin.

NOTE Confidence: 0.920523169999999

00:28:45.660 --> 00:28:48.840 And this little infant was actually

NOTE Confidence: 0.920523169999999

 $00:28:48.840 \longrightarrow 00:28:52.044$ somewhat fascinating as it seemed to

NOTE Confidence: 0.920523169999999

 $00:28:52.044 \longrightarrow 00:28:55.020$ have some sort of mild inflammatory

NOTE Confidence: 0.920523169999999

 $00{:}28{:}55.020 \dashrightarrow 00{:}28{:}57.512$ picture with a slightly elevated

NOTE Confidence: 0.920523169999999

 $00{:}28{:}57.512 \dashrightarrow 00{:}29{:}00.802$ BNP and a slightly elevated D dimer

NOTE Confidence: 0.920523169999999

 $00:29:00.810 \longrightarrow 00:29:03.325$ was admitted for surveillance with

NOTE Confidence: 0.920523169999999

 $00{:}29{:}03.325 \dashrightarrow 00{:}29{:}05.840$ concern for MIC normal echocardiogram

NOTE Confidence: 0.920523169999999

 $00{:}29{:}05.912 \dashrightarrow 00{:}29{:}08.892$ during the admission, and there was

NOTE Confidence: 0.920523169999999

00:29:08.892 --> 00:29:10.908 no progression or decompensation,

NOTE Confidence: 0.920523169999999

 $00:29:10.910 \longrightarrow 00:29:13.940$ so the team was able to.

 $00:29:13.940 \longrightarrow 00:29:16.520$ The first steroids and IVIG.

NOTE Confidence: 0.920523169999999

 $00:29:16.520 \longrightarrow 00:29:18.753$ And had a great follow up visit

NOTE Confidence: 0.920523169999999

 $00{:}29{:}18.753 \dashrightarrow 00{:}29{:}20.775$ 10 days later with normalization

NOTE Confidence: 0.920523169999999

00:29:20.775 --> 00:29:23.255 of the inflammatory markers and

NOTE Confidence: 0.920523169999999

 $00:29:23.255 \longrightarrow 00:29:25.599$ was clinically well appearing and

NOTE Confidence: 0.920523169999999

 $00:29:25.599 \longrightarrow 00:29:27.939$ back to herself at this point.

NOTE Confidence: 0.939759970000001

 $00:29:30.770 \longrightarrow 00:29:33.885$ So there's lots of further inquiry that

NOTE Confidence: 0.939759970000001

 $00:29:33.885 \longrightarrow 00:29:37.281$ is necessary so that we can fine tune

NOTE Confidence: 0.939759970000001

00:29:37.281 --> 00:29:40.772 how to integrate lung pocus as part of

NOTE Confidence: 0.939759970000001

00:29:40.772 --> 00:29:43.147 our workups for pediatric pneumonia.

NOTE Confidence: 0.939759970000001

 $00:29:43.150 \longrightarrow 00:29:46.142$ And it's possible that we will have to

NOTE Confidence: 0.939759970000001

 $00:29:46.142 \longrightarrow 00:29:47.796$ incorporate long ultrasound findings

NOTE Confidence: 0.939759970000001

 $00:29:47.796 \longrightarrow 00:29:50.701$ with not only physical exam but also

NOTE Confidence: 0.939759970000001

 $00:29:50.701 \longrightarrow 00:29:53.840$ some laboratory values to make good

NOTE Confidence: 0.939759970000001

 $00:29:53.840 \longrightarrow 00:29:55.960$ decisions about antibiotic stewardship.

NOTE Confidence: 0.939759970000001

 $00:29:55.960 \longrightarrow 00:29:58.200$ And there's also some instances

 $00:29:58.200 \longrightarrow 00:29:59.544$ where lung ultrasound.

NOTE Confidence: 0.939759970000001

 $00:29:59.550 \longrightarrow 00:30:02.226$ Will have to be incorporated in

NOTE Confidence: 0.939759970000001

00:30:02.226 --> 00:30:04.010 parallel with chest radiography

NOTE Confidence: 0.939759970000001

00:30:04.087 --> 00:30:06.407 in certain instances to minimize

NOTE Confidence: 0.939759970000001

00:30:06.407 --> 00:30:08.263 our risk for misdiagnosis.

NOTE Confidence: 0.9635818

 $00{:}30{:}11.280 \longrightarrow 00{:}30{:}14.619$ And so here in this final case you can

NOTE Confidence: 0.9635818

 $00:30:14.619 \longrightarrow 00:30:18.008$ see we have a 21 year old with fever,

NOTE Confidence: 0.9635818

 $00:30:18.010 \longrightarrow 00:30:19.129$ wheezing and decreased

NOTE Confidence: 0.9635818

00:30:19.129 --> 00:30:20.994 breath sounds on the right.

NOTE Confidence: 0.9635818

00:30:21.000 --> 00:30:24.000 On this frontal projection of the X ray,

NOTE Confidence: 0.9635818

 $00:30:24.000 \longrightarrow 00:30:26.359$ you can see that there is an

NOTE Confidence: 0.9635818

 $00:30:26.359 \longrightarrow 00:30:27.876$ obvious abnormality that could

NOTE Confidence: 0.9635818

 $00{:}30{:}27.876 \dashrightarrow 00{:}30{:}29.608$ be interpreted as pneumonia.

NOTE Confidence: 0.9635818

 $00{:}30{:}29.610 \longrightarrow 00{:}30{:}32.769$ If you put the lung probe as was done

NOTE Confidence: 0.9635818

 $00:30:32.769 \longrightarrow 00:30:35.282$ in this case, right over this lesion,

00:30:35.282 --> 00:30:38.087 you can see a mass like finding which

NOTE Confidence: 0.9635818

 $00{:}30{:}38.087 \dashrightarrow 00{:}30{:}40.447$ could be misconstrued as hepatization.

NOTE Confidence: 0.9635818

 $00:30:40.450 \longrightarrow 00:30:42.114$ There is no lines.

NOTE Confidence: 0.9635818

 $00:30:42.114 \longrightarrow 00:30:44.194$ There are no body lines.

NOTE Confidence: 0.9635818

 $00:30:44.200 \longrightarrow 00:30:46.340$ There is no shred sign.

NOTE Confidence: 0.9635818

 $00:30:46.340 \longrightarrow 00:30:48.824$ There is no static air bronchograms

NOTE Confidence: 0.9635818

 $00{:}30{:}48.824 \dashrightarrow 00{:}30{:}51.427$ and this tissue doesn't quite look

NOTE Confidence: 0.9635818

 $00:30:51.427 \longrightarrow 00:30:54.055$ hypothesized like in the prior example.

NOTE Confidence: 0.9635818

 $00{:}30{:}54.060 \dashrightarrow 00{:}30{:}56.592$ So if you're up to obtain

NOTE Confidence: 0.9635818

 $00:30:56.592 \longrightarrow 00:30:58.780$ a lateral chest X ray,

NOTE Confidence: 0.9635818

 $00{:}30{:}58.780 \dashrightarrow 00{:}31{:}00.925$ this diagnosis is more consistent

NOTE Confidence: 0.9635818

 $00:31:00.925 \longrightarrow 00:31:03.070$ with the anterior mediastinal mass,

NOTE Confidence: 0.9635818

 $00:31:03.070 \longrightarrow 00:31:05.644$ and this young man was subsequently

NOTE Confidence: 0.9635818

 $00:31:05.644 \longrightarrow 00:31:07.360$ diagnosed with a lymphoma.

NOTE Confidence: 0.9635818

 $00:31:07.360 \longrightarrow 00:31:09.640$ So the important point here

NOTE Confidence: 0.9635818

 $00:31:09.640 \longrightarrow 00:31:12.500$ is that a chest wall mass.

 $00:31:12.500 \longrightarrow 00:31:14.505$ We can mimic potentially the

NOTE Confidence: 0.9635818

 $00{:}31{:}14.505 \dashrightarrow 00{:}31{:}16.510$ appearance of hepatocytes lung tissue,

NOTE Confidence: 0.9635818

 $00:31:16.510 \longrightarrow 00:31:18.664$ and this needs to be carefully

NOTE Confidence: 0.9635818

 $00:31:18.664 \longrightarrow 00:31:20.645$ accounted for during the clinical

NOTE Confidence: 0.9635818

00:31:20.645 --> 00:31:22.529 assessment of our patients.

NOTE Confidence: 0.98843795

 $00:31:24.900 \longrightarrow 00:31:27.600$ A couple of other pitfalls and

NOTE Confidence: 0.98843795

 $00:31:27.600 \longrightarrow 00:31:30.550$ potential false positives in the right

NOTE Confidence: 0.98843795

 $00:31:30.550 \longrightarrow 00:31:34.608$ clinical scenario, sinus can appear.

NOTE Confidence: 0.98843795

 $00{:}31{:}34.610 {\:{\circ}{\circ}{\circ}}>00{:}31{:}39.391$ Is a homogeneous you know appearing mass

NOTE Confidence: 0.98843795

 $00:31:39.391 \longrightarrow 00:31:43.918$ typically is this is found anteriorly.

NOTE Confidence: 0.98843795

 $00:31:43.920 \longrightarrow 00:31:47.187$ In front of the heart and can be seen.

NOTE Confidence: 0.98843795

 $00:31:47.190 \longrightarrow 00:31:49.766$ In my experience both on the right side

NOTE Confidence: 0.98843795

 $00{:}31{:}49.766 \dashrightarrow 00{:}31{:}52.938$ and in the left side of the chest with

NOTE Confidence: 0.98843795

 $00:31:52.938 \longrightarrow 00:31:55.539$ integration of the anterior lung fields.

NOTE Confidence: 0.98843795

 $00:31:55.540 \longrightarrow 00:31:58.428$ So we must be able to recognize thymus

00:31:58.428 --> 00:32:00.581 tissue as normal and actually one

NOTE Confidence: 0.98843795

 $00:32:00.581 \longrightarrow 00:32:03.520$ of the keys for me is the plural.

NOTE Confidence: 0.98843795

 $00:32:03.520 \longrightarrow 00:32:05.851$ So in this image of thymus you

NOTE Confidence: 0.98843795

 $00:32:05.851 \longrightarrow 00:32:08.194$ can still make out the echogenic

NOTE Confidence: 0.98843795

00:32:08.194 --> 00:32:10.726 bright pleura in between the rib

NOTE Confidence: 0.98843795

 $00{:}32{:}10.726 \dashrightarrow 00{:}32{:}13.768$ spaces and so that to me is a clear

NOTE Confidence: 0.98843795

 $00:32:13.768 \longrightarrow 00:32:16.882$ indicator that this is not consistent.

NOTE Confidence: 0.98843795

 $00:32:16.882 \longrightarrow 00:32:20.590$ With long hair participation or pneumonia.

NOTE Confidence: 0.98843795

 $00{:}32{:}20.590 \dashrightarrow 00{:}32{:}24.346$ Finally, in the left upper quadrant,

NOTE Confidence: 0.98843795

 $00:32:24.350 \longrightarrow 00:32:26.598$ especially when assessing for.

NOTE Confidence: 0.98843795

 $00{:}32{:}26.598 \dashrightarrow 00{:}32{:}29.970$ A fusion with the curvilinear probe,

NOTE Confidence: 0.98843795

 $00:32:29.970 \longrightarrow 00:32:32.130$ the stomach, when it is filled

NOTE Confidence: 0.98843795

00:32:32.130 --> 00:32:34.479 with mixed content to include air,

NOTE Confidence: 0.98843795

 $00{:}32{:}34.480 \dashrightarrow 00{:}32{:}37.105$ can give off a bright echogenic appearance.

NOTE Confidence: 0.98843795

 $00:32:37.110 \longrightarrow 00:32:39.196$ So you really want to be very

NOTE Confidence: 0.98843795

 $00:32:39.196 \longrightarrow 00:32:41.529$ clear as to whether these findings

 $00:32:41.529 \longrightarrow 00:32:44.247$ are above or below the diaphragm.

NOTE Confidence: 0.98843795

 $00{:}32{:}44.250 \dashrightarrow 00{:}32{:}46.404$ So in this particular image you're

NOTE Confidence: 0.98843795

 $00:32:46.404 \longrightarrow 00:32:48.390$ not seeing the diaphragm clearly,

NOTE Confidence: 0.98843795

 $00:32:48.390 \longrightarrow 00:32:50.646$ but you're seeing pleura at the

NOTE Confidence: 0.98843795

 $00:32:50.646 \longrightarrow 00:32:52.150$ top of the screen,

NOTE Confidence: 0.98843795

 $00:32:52.150 \dashrightarrow 00:32:55.158$ next to the P with the lung sliding.

NOTE Confidence: 0.98843795

00:32:55.160 --> 00:32:58.016 And so you see, pleura rib pleura.

NOTE Confidence: 0.98843795

 $00:32:58.020 \longrightarrow 00:33:00.806$ Read you don't quite see the diaphragm,

NOTE Confidence: 0.98843795

 $00:33:00.810 \longrightarrow 00:33:02.004$ but the spleen.

NOTE Confidence: 0.98843795

 $00:33:02.004 \longrightarrow 00:33:02.800$ Is there,

NOTE Confidence: 0.98843795

00:33:02.800 --> 00:33:03.146 UM,

NOTE Confidence: 0.98843795

 $00:33:03.146 \longrightarrow 00:33:05.222$ right adjacent to the rib shadow

NOTE Confidence: 0.98843795

 $00{:}33{:}05.222 \dashrightarrow 00{:}33{:}08.328$ that is in the center of the screen

NOTE Confidence: 0.98843795

00:33:08.328 --> 00:33:10.825 and the stomach with airfield and

NOTE Confidence: 0.98843795

 $00:33:10.825 \longrightarrow 00:33:13.429$ mixed contents is giving off a

 $00:33:13.429 \longrightarrow 00:33:15.536$ bright appearance behind this plane.

NOTE Confidence: 0.98843795

00:33:15.536 --> 00:33:16.730 So location, location,

NOTE Confidence: 0.98843795

00:33:16.730 --> 00:33:18.350 location and pattern recognition

NOTE Confidence: 0.98843795

 $00:33:18.350 \longrightarrow 00:33:20.780$ and knowing your landmarks and what

NOTE Confidence: 0.98843795

 $00:33:20.841 \longrightarrow 00:33:22.695$ you're looking for are going to

NOTE Confidence: 0.98843795

00:33:22.695 --> 00:33:25.071 be very important to minimize your

NOTE Confidence: 0.98843795

 $00:33:25.071 \longrightarrow 00:33:26.679$ false positive interpretations.

NOTE Confidence: 0.97488135

 $00:33:29.470 \longrightarrow 00:33:32.116$ So this is such an exciting modality,

NOTE Confidence: 0.97488135

 $00{:}33{:}32.120 \dashrightarrow 00{:}33{:}34.388$ but we're clearly not doing this

NOTE Confidence: 0.97488135

00:33:34.388 --> 00:33:35.900 protocolized on every patient,

NOTE Confidence: 0.97488135

 $00:33:35.900 \longrightarrow 00:33:39.680$ and there are lots of reasons why this is so.

NOTE Confidence: 0.97488135

00:33:39.680 --> 00:33:41.936 Number one from a practical standpoint,

NOTE Confidence: 0.97488135

 $00{:}33{:}41.940 \dashrightarrow 00{:}33{:}44.684$ it takes time, which it takes a longer

NOTE Confidence: 0.97488135

 $00:33:44.684 \longrightarrow 00:33:47.427$ time for the setup and the process

NOTE Confidence: 0.97488135

 $00:33:47.427 \longrightarrow 00:33:49.856$ of completing a high quality long

NOTE Confidence: 0.97488135

 $00:33:49.856 \longrightarrow 00:33:52.896$ ultrasound in a infant and a toddler as

 $00:33:52.896 \longrightarrow 00:33:57.520$ opposed to an X ray is just a quick.

NOTE Confidence: 0.97488135

 $00{:}33{:}57.520 \dashrightarrow 00{:}33{:}59.392$ Picture with a plate on the

NOTE Confidence: 0.97488135

 $00:33:59.392 \longrightarrow 00:34:01.090$ back or on the side.

NOTE Confidence: 0.97488135

00:34:01.090 --> 00:34:03.589 Patient cooperation does come into play here,

NOTE Confidence: 0.97488135

 $00:34:03.590 \longrightarrow 00:34:06.500$ so you really have to.

NOTE Confidence: 0.97488135

 $00{:}34{:}06.500 \dashrightarrow 00{:}34{:}08.775$ Engage, you know the caregiver

NOTE Confidence: 0.97488135

00:34:08.775 --> 00:34:11.968 to be a partner, and you know,

NOTE Confidence: 0.97488135

00:34:11.968 --> 00:34:13.336 sometimes you know.

NOTE Confidence: 0.97488135

 $00{:}34{:}13.340 \dashrightarrow 00{:}34{:}16.160$ Patients just are not going to

NOTE Confidence: 0.97488135

 $00:34:16.160 \longrightarrow 00:34:19.270$ tolerate either the gel or the probe,

NOTE Confidence: 0.97488135

 $00{:}34{:}19.270 \dashrightarrow 00{:}34{:}22.726$ or just the whole process in general and

NOTE Confidence: 0.97488135

 $00:34:22.726 \longrightarrow 00:34:26.326$ we need adequate training and we need to

NOTE Confidence: 0.97488135

 $00{:}34{:}26.326 \dashrightarrow 00{:}34{:}29.611$ reach a level of competency across the

NOTE Confidence: 0.97488135

 $00:34:29.611 \longrightarrow 00:34:33.441$ board that is not yet been well established.

NOTE Confidence: 0.97488135

00:34:33.441 --> 00:34:34.423 And unfortunately,

 $00:34:34.423 \longrightarrow 00:34:37.369$ when doing research around this topic.

NOTE Confidence: 0.97488135

 $00{:}34{:}37.370 \dashrightarrow 00{:}34{:}39.735$ There are serious challenges related

NOTE Confidence: 0.97488135

 $00:34:39.735 \longrightarrow 00:34:41.627$ to assigning an incontrovertible

NOTE Confidence: 0.97488135

 $00{:}34{:}41.627 \dashrightarrow 00{:}34{:}43.469$ referenced or criterion standard,

NOTE Confidence: 0.97488135

 $00:34:43.470 \longrightarrow 00:34:46.098$ but for resource limited settings and

NOTE Confidence: 0.97488135

00:34:46.098 --> 00:34:48.409 for individuals who are comfortable

NOTE Confidence: 0.97488135

00:34:48.409 --> 00:34:50.814 at performing lung ultrasound and

NOTE Confidence: 0.97488135

 $00:34:50.814 \longrightarrow 00:34:53.291$ are able to interpret findings

NOTE Confidence: 0.97488135

 $00:34:53.291 \longrightarrow 00:34:55.187$ in the clinical context,

NOTE Confidence: 0.97488135

 $00:34:55.190 \longrightarrow 00:34:58.130$ this is an invaluable tool with tremendous

NOTE Confidence: 0.97488135

 $00{:}34{:}58.130 \dashrightarrow 00{:}35{:}01.371$ promise for the future care of our

NOTE Confidence: 0.97488135

 $00:35:01.371 \longrightarrow 00:35:03.279$ pediatric patients with respiratory

NOTE Confidence: 0.97488135

00:35:03.279 --> 00:35:05.979 distress or unexplained chest pain,

NOTE Confidence: 0.97488135

 $00:35:05.980 \longrightarrow 00:35:09.804$ and there is certainly a lot of enthusiasm.

NOTE Confidence: 0.97488135

00:35:09.810 --> 00:35:12.768 And momentum behind for lung pocus

NOTE Confidence: 0.97488135

 $00:35:12.768 \longrightarrow 00:35:15.851$ to increase our position in emergency

 $00:35:15.851 \longrightarrow 00:35:19.421$ medicine when we are challenged to make

NOTE Confidence: 0.97488135

 $00:35:19.421 \longrightarrow 00:35:22.170$ clinical decisions with oftentimes

NOTE Confidence: 0.97488135

 $00:35:22.170 \longrightarrow 00:35:25.038$ imperfect and limited information.

NOTE Confidence: 0.9696989

 $00{:}35{:}27.680 \dashrightarrow 00{:}35{:}29.520$ This concludes our introduction

NOTE Confidence: 0.9696989

 $00{:}35{:}29.520 \to 00{:}35{:}31.820$ to lung ultrasound Part 2.

NOTE Confidence: 0.9696989

 $00:35:31.820 \longrightarrow 00:35:34.635$ We hope you find this

NOTE Confidence: 0.9696989

 $00:35:34.635 \longrightarrow 00:35:36.324$ information useful and.

NOTE Confidence: 0.9696989

 $00:35:36.330 \longrightarrow 00:35:37.980$ If there are any questions,

NOTE Confidence: 0.9696989

00:35:37.980 --> 00:35:39.960 please don't hesitate to reach out,

NOTE Confidence: 0.9696989

 $00{:}35{:}39.960 \dashrightarrow 00{:}35{:}41.490$ otherwise we will see you

NOTE Confidence: 0.9696989

 $00:35:41.490 \longrightarrow 00:35:43.448$ soon and this content will be

NOTE Confidence: 0.9696989

00:35:43.448 --> 00:35:44.908 updated as deemed necessary.