**3. WEEK: RADIOLOGY OF LUNGS AND MEDIASTINUM**

1. Name the lung fields.
2. Specify the radiological methods of lung examination.
3. Tell something about chest X ray projections
4. What are the most frequently requested radiological examinations?
5. What is the initial diagnostic procedure of the lung?
6. Indications for the chest CT – explain.
7. Tell something about lung hila
8. Explain what is technically adequate chest radiography?
9. What are the most common chest X ray projections we use (frontal, lateral, lateral decubitus view)?
10. What is fluoroscopy?
11. Explain chest radiography – what do we analyze?
12. What is the normal width of the hilum?
13. Why is the right dome of the diaphragm normally higher than the left?
14. Chilaiditi syndrome – explain.
15. What is the pleural space?
16. What diagnostic procedure is used to evaluate the mobility of the diaphragm?
17. Unilateral homogeneous shadowing (opacity) of the lung is seen in?
18. Unilateral hyperlucent lung is seen in?
19. Normal PA chest X ray – template
20. Specify types of parenchymal lung opacities
21. The radiation doses that the patient receives during radiography imaging or fluoroscopy are higher in:
22. Chest X ray normal report
23. What is the term for the pathological presence of air and fluid inside the pleural cavity?
24. Chest radiography calcification – explain?
25. Pathological opacities in the lungs by size - explain.
26. Pathological opacities in the lungs by intensity explain
27. What are miliary opacities?
28. What is the air bronchogram sign?
29. What is ground-glass opacity?
30. By definition what are mass opacities?
31. By definition a solitary pulmonary nodule is a single, small opacity smaller or larger then 30 mm?
32. What are pulmonary cavities?