**Q1=**

**Ans=**

**X ray projection of femur;;**

* **Ap**
* **Lateral**

**AP;;**

1. 14 multiply 17 film
2. Patient supine
3. Femur centered on film
4. Table top of bucky
5. Central ray ; mid shaft

**LATERAL (DISTAL FEMUR)**

1. 14 multiply 17 film
2. Patient positioned on side with affected side closest to film
3. Opposite leg is pulled up and over affected leg
4. Table top or bucky
5. 40 SID
6. Central ray ; mid shaft

**CENTRAL RAY;;**

**MID and Distal central ray;;**

* CR is prependicular to femur and IR
* Direct CR to midpoint of IR
* Minimum SID is 40 inches

**Lateral central ray ;;**

* CR perpendicular to femur and IR directed to midpoint of IR
* Minimum SID of 40 inches

**Radiologica. Findings;;**

1. It is demonstrated of femoral fracture
2. Fracture type
3. Fracture location
4. Fracture complication
5. Fracture displacement
6. Fracture description

**Indication;;**

* Trauma
* Fracture
* Arthritis
* Osteomyelitis
* Suspected foreign body

**Q2=**

**Ans=**

**CHEST. X RAY PROJECTION;;**

**PA projection**

The standard chest radiography is acquired with the patient standing up and with the x ray beam passing through the patient from posterior to anterior (PA).

**AP projection**

Sometime it is not possible for radiographers to acquire a PA chest x ray.

This is usually because the patient is too unwell to stand.

**Lateral projection**

The lateral view of the chest iS performed exect left lateral and labeled wirh the side closest to the cassette.

**ADDITIONAL. PROJECTIONS;;**

* Lateral decubitus
* Expiration view
* Lordotic view
* Right anterior oblique

Left anterior oblique view

* Ribs AP view
* Ribs PA view
* Sternum lateral virw
* Sternum oblique view

**INDICATION;;**

* Respiratory disease
* Cardiac disease
* Hemoptysis
* Suspected pulmonary embolism
* Pneumonia
* Suspected metastasis
* Chronic dyspea

**RADIOLOGICAL. FINDINGS**

1. It is demonstrated both clavicle
2. It is demonstarted both lungs
3. It is demonstrated the pleura effusion
4. Demonstrated the medistnum
5. Demonstrated the cardia
6. Demonstrated the diaphragm
7. Demonstrated the soft tissues
8. Demonstrated the air bubble
9. Demonstrated the airway.

**Q3=**

**Ans=**

**XRAY PROJECTION. OF NECK;;**

**Standard Projection**

**Cervical spine antero posterior C3 –C7**

Anterior posterior projection of the cervical spine demonstrating the vertebral bodies and intervertebral spaces

* The patient lies supine on the bucky table or if erect positioning is preferred site ot stand with the posterior aspect of the head and shoulder against the vertical bucky
* The neck is extended so that the lower part of the jaw is cleared from the upper cervical vertebra
* The image receptor is positioned to coincide wirh the central ray.

**Centring of x ray beam**

* A 5 to 15 degree cranial angulation is employed.
* The beam is centred in the midline towards a point just below the hthyroid cartilage through the fifth cervical verteba.

**Cervical spin lateral**

**Position of patient**

* The parient stands or sits with either shoulder against the image receptor.
* The median sagittal plane should be adjusted such that it is parrallel with the image receptor.
* The head should be flexed or extended such that the angle of the mandible is not superimposed over the occipital bone does not obscure the posterior arch of the atlas.

**Centring of x ray beam**

* The horizontal central ray is centred ro a point vertically below the mastoid process at the level of the prominence of the thyroid cartilage.
* An FRD of 150cm should be used to reduce magnification.

**LATERAL;**

* Often utilized in trauma demonstrated
* Zygapo physeal joints
* Soft tissue structures around the spine
* Spinous processes
* Anterior posterior relarionship of the vertebral bodieS

**ODONTOID;;**

* Also known as a Peg projection it demonstrates the C1 and C2

**AP. OBLIQUE;;**

Demonstrates the intervertebral foramina of the side posirioned further form the image receptor.

**PA OBLIQUE;;**

Demonstrated the intervertebral foramina of the side positioned closer to the image receptor.

**ADDITIONAL. PROJECTION**

* Cervicothoracic view
* Flexion extensuon lateral
* Fushs view

**Q4=**

**Ans=**

**X ray projection of hand**

* PA view
* DP oblique view
* Lateral view
* Ball catcher view

**Thumb**

* AP/PA view
* Lateral view
* Oblique view

**Fingers**

* PA view
* Lateral view
* Oblique view

**X ray. Projection Of Hand**

**Foot**

* AP view
* Oblique view
* Lateral view
* Weight bearing view

**Calcaneus**

* Axial view
* Lateral view

**Toes**

* AP view
* Oblique view
* Lateral view
* Sesamoid view

**X ray projection of abdomen**

**Abdominal radiography**

* AP supine view
* PA erect view
* Lateral decubitus view
* Dorsal decubitus view
* PA prone view
* Lateral view
* Oblique views