# Imaging – Chest and Ribs

**X-Ray Indications:**
- Suspected lung cancer - haemoptysis
- >3 weeks chest &/or shoulder pain
- Dyspnoea
- Weight
- Chest signs
- Hoarseness
- Finger clubbing
- Cervical/supraclavicular lymphadenopathy
- Cough
- Features suggestive of metastatic disease from a lung primary
- Underlying chronic respiratory problems with unexplained change in existing symptoms
- Suspected TB fatigue, fever, night sweats, weight loss
- Chest infection not resolving on treatment
- Undiagnosed pleuritic chest pain
- Increasing/unexplained SOB
- Suspected pulmonary embolus
- Suspected pleural effusion (Ultrasound may also be useful in distinguishing pleural fluid from thickening)
- Unexplained increased C reactive Protein
- Unexplained Erythema nodosum

**X-Ray Not Indicated Routinely:**
- Chest trauma (? rib fracture) – CXR for severe/penetrating injury only
- COPD/Asthma follow up – unless signs or symptoms have changed
- Heart disease/Hypertension – except following clinical change
- Infection/cough/wheeze in children
- Pre-operative
- Routine follow-up in the absence of clinical deterioration (unless otherwise advised by the radiologist)
- Screening medical – unless specific employment related risk
- Upper respiratory tract infection.
- Suspected costo-chondritis.

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