

# **Radiology Café** Rapids Checklist

A checklist of review areas for radiology registrars preparing for the FRCR 2B rapids examination

General tips	
<ul style="list-style-type: none"> <li>✓ Look carefully around the outline of every bone</li> <li>✓ Look for erosions / FB / lines / tubes</li> </ul>	<ul style="list-style-type: none"> <li>✓ Common anatomical variants are 'normal'</li> <li>✓ Practice lots and lots and lots...</li> </ul>

Chest		
<ul style="list-style-type: none"> <li>✓ Apices</li> <li>✓ Consolidation / silhouette sign</li> <li>✓ Lobar collapse</li> <li>✓ Pneumothorax</li> <li>✓ Pneumomediastinum</li> <li>✓ Coarctation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Mediastinal mass</li> <li>✓ Thyroid mass</li> <li>✓ Paraspinal mass</li> <li>✓ Hilar regions (nodes)</li> <li>✓ Para-tracheal lymph nodes</li> <li>✓ Behind heart</li> </ul>	<ul style="list-style-type: none"> <li>✓ Rib lesions / # / missing</li> <li>✓ Scapula / Clavicle / Humerus</li> <li>✓ Vertebra</li> <li>✓ Below diaphragm (free gas)</li> <li>✓ Situs / dextrocardia</li> </ul>

Shoulder	Elbow	Hand / Wrist
<ul style="list-style-type: none"> <li>✓ Anterior / posterior dislocation</li> <li>✓ # greater tuberosity</li> <li>✓ ACJ subluxation / dislocation</li> <li>✓ # rib</li> <li>✓ Pneumothorax</li> <li>✓ Pulmonary mass</li> <li>✓ NG lung apex</li> <li>✓ Clavicle #</li> </ul>	<ul style="list-style-type: none"> <li>✓ # radial head / neck</li> <li>✓ Supracondylar #</li> <li>✓ Lateral epicondyle #</li> <li>✓ Avulsed epicondyle +/- in joint</li> <li>✓ Dislocation</li> <li>✓ Effusion (fat pad)</li> <li>✓ Lines (ant-humeral / radiocapitellar)</li> <li>✓ CRITOL (<i>paeds</i>)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Torus / greenstick # (<i>paeds</i>)</li> <li>✓ Distal radius #</li> <li>✓ Radio-ulna dislocation</li> <li>✓ Scapho-lunate dissociation</li> <li>✓ Lunate / perilunate dislocation</li> <li>✓ Carpal #</li> <li>✓ Triquetral # (lateral view)</li> <li>✓ Base of 4<sup>th</sup> and 5<sup>th</sup> MC dislocation</li> <li>✓ Interphalangeal joint dislocation</li> </ul>

Pelvis	Knee	Foot / Ankle
<ul style="list-style-type: none"> <li>✓ # pubic rami</li> <li>✓ # sacrum</li> <li>✓ Sacroiliac joint               <ul style="list-style-type: none"> <li>- widened / fused</li> </ul> </li> <li>✓ Avulsion #               <ul style="list-style-type: none"> <li>- ASIS / AHS / IT / GT / LT</li> </ul> </li> <li>✓ Osteomalacia</li> <li>✓ SCFE / DH / Perthes' / AVN</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tibial plateau #</li> <li>✓ Femoral condyle #</li> <li>✓ Patella #</li> <li>✓ Segond #</li> <li>✓ Tibial spine #</li> <li>✓ Osteochondral lesion</li> <li>✓ Lipohaemarthrosis</li> </ul>	<ul style="list-style-type: none"> <li>✓ Lisfranc</li> <li>✓ Subtle phalanx #</li> <li>✓ Stress # MT</li> <li>✓ Freiberg's (AVN)</li> <li>✓ Base 5<sup>th</sup> MT #</li> <li>✓ Talar dome OCD</li> <li>✓ Talonavicular joint dislocation</li> <li>✓ Calcaneal # / Böhler angle</li> </ul>

Abdomen / Lumbar spine	Skull / Face	Cervical spine
<ul style="list-style-type: none"> <li>✓ Pneumoperitoneum</li> <li>✓ RUQ gas</li> <li>✓ Obstruction</li> <li>✓ Colitis</li> <li>✓ Gallstones / Appendicolith</li> <li>✓ Chronic calcific pancreatitis</li> <li>✓ Aneurysm (AAA / iliac etc)</li> <li>✓ Widened psoas</li> <li>✓ # rib / # pelvis / # vertebra</li> <li>✓ Absent pedicle</li> <li>✓ Spondylolisthesis</li> <li>✓ Pars defect</li> <li>✓ Widened SIJ / Sacroiliitis</li> <li>✓ Bone deposits / Paget's</li> <li>✓ Osteomyelitis</li> <li>✓ Lung nodules / collapse</li> </ul>	<ul style="list-style-type: none"> <li>✓ Skull # (sharp lines / depressed)</li> <li>✓ Pneumocranium</li> <li>✓ Enlarged sella</li> <li>✓ Fluid level</li> <li>✓ Tripod # / Elephant</li> <li>✓ Black eyebrow</li> <li>✓ Gas in orbit</li> <li>✓ TMJ dislocation</li> <li>✓ Mandible #</li> <li>✓ C-spine #</li> <li>✓ Peg # / malalignment</li> <li>✓ Deposits               <ul style="list-style-type: none"> <li>- Mets / Myeloma / Pepperpot skull</li> </ul> </li> <li>✓ Paget's</li> </ul>	<ul style="list-style-type: none"> <li>✓ Fractures / subluxation</li> <li>✓ Atlanto-axial subluxation</li> <li>✓ Facet dislocation               <ul style="list-style-type: none"> <li>- unilateral / bilateral</li> </ul> </li> <li>✓ Vertebral erosion</li> <li>✓ Soft tissue widening</li> <li>✓ Lung lesion / pneumothorax</li> <li>✓ Skull #</li> </ul>
		<b>Thoracic spine</b>
		<ul style="list-style-type: none"> <li>✓ Wedge #</li> <li>✓ Absent pedicle</li> <li>✓ Definite dense bone</li> <li>✓ Definite lytic bone</li> <li>✓ Check cortices</li> <li>✓ Paraspinal mass / haematoma</li> <li>✓ Lung lesion / collapse</li> </ul>

...and remember the golden rule:

**If in any doubt, call it NORMAL!**

Any abnormality in the exam must be definite with no inter-observer conflict (even if subtle)

Apply the "I have definitely found the pathology!" principle