

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

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

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

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

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

...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