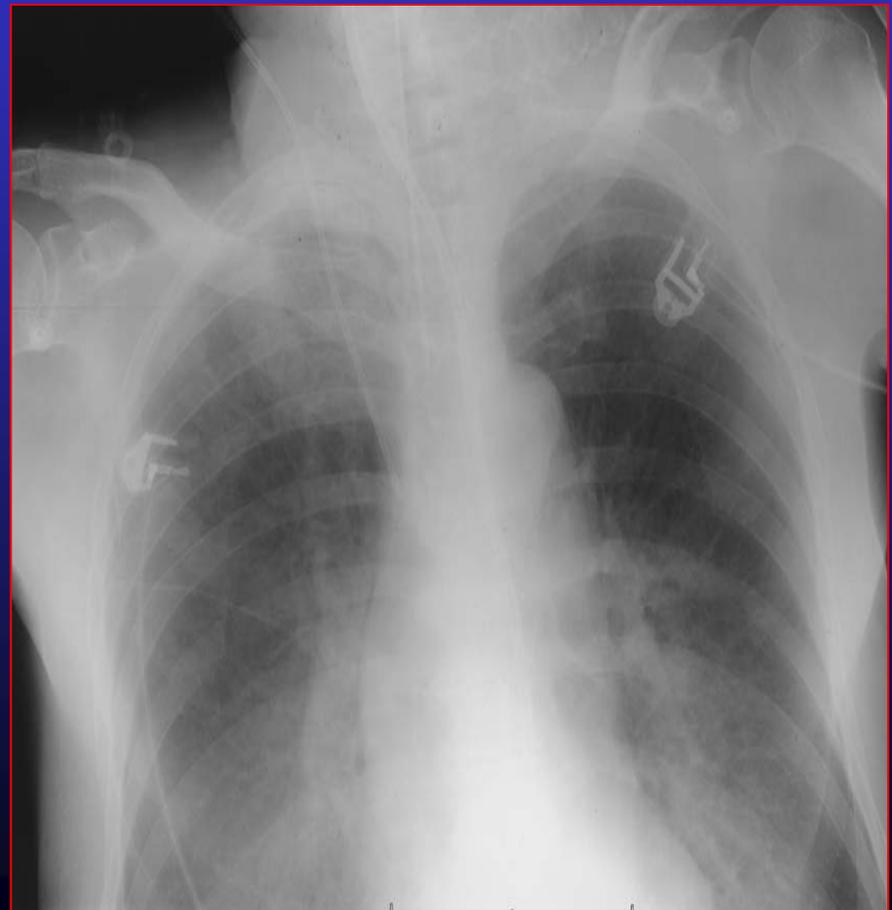


Schlechte Qualität

doppelt belichtet

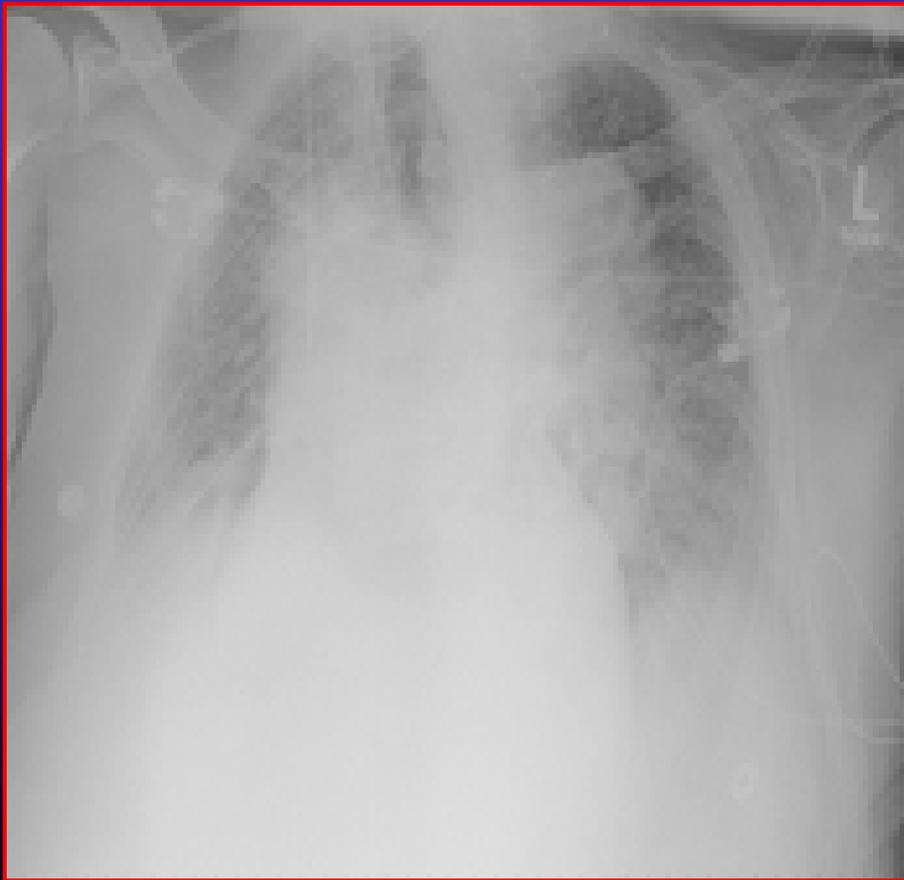


Aufnahme abgeschnitten

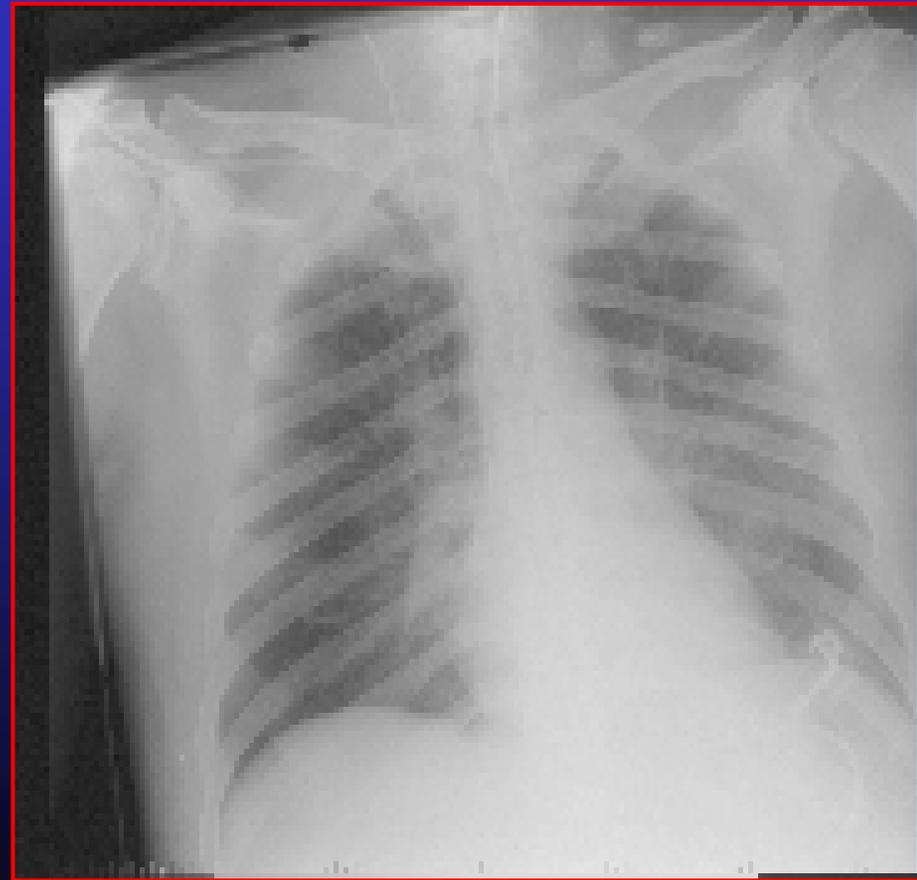


Schlechte Qualität

Bild rotiert



Film schräg unter Patient

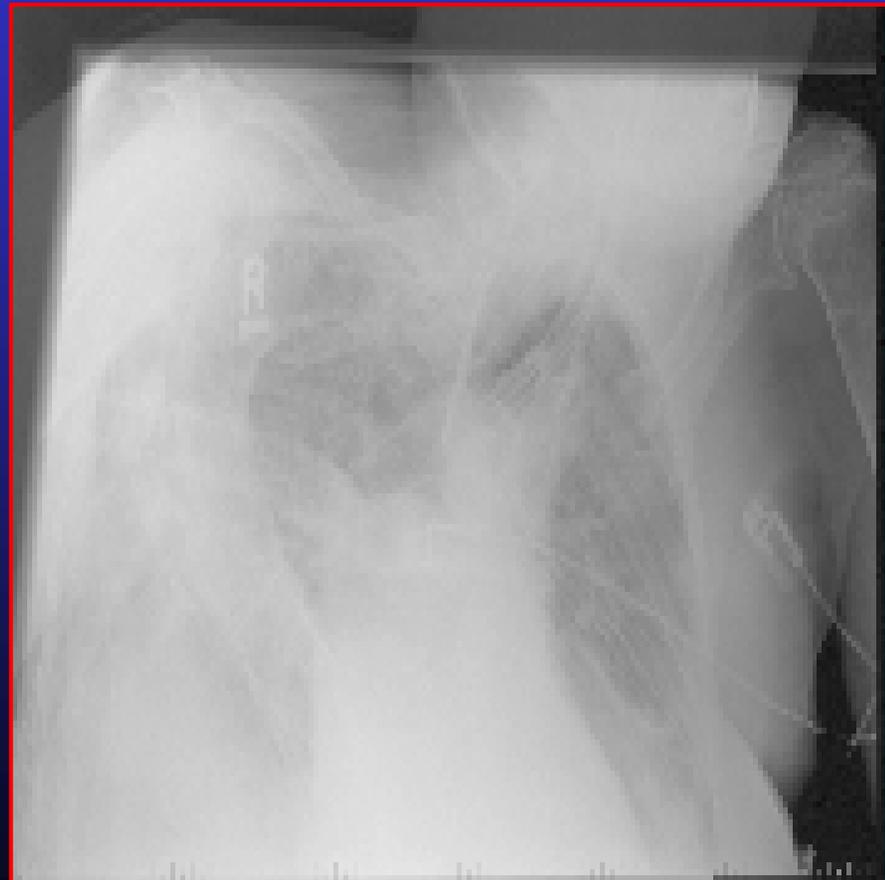


Schlechte Qualität

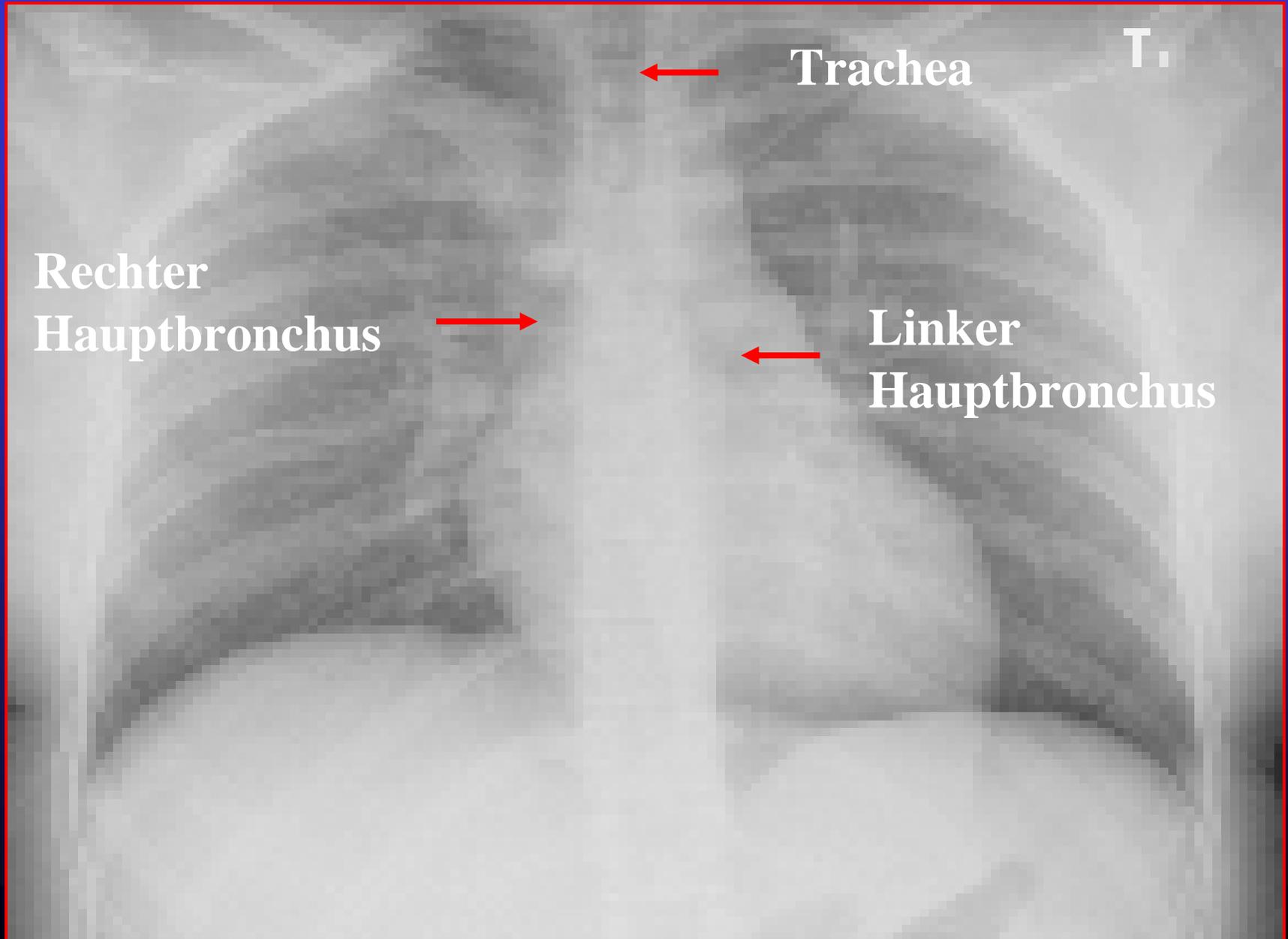
Kassette falschherum



Ausgeprägte WS-Skoliose



Anatomie Luftwege



Anatomie Gefäße

T.

v. cava sup. →

v. azygos →

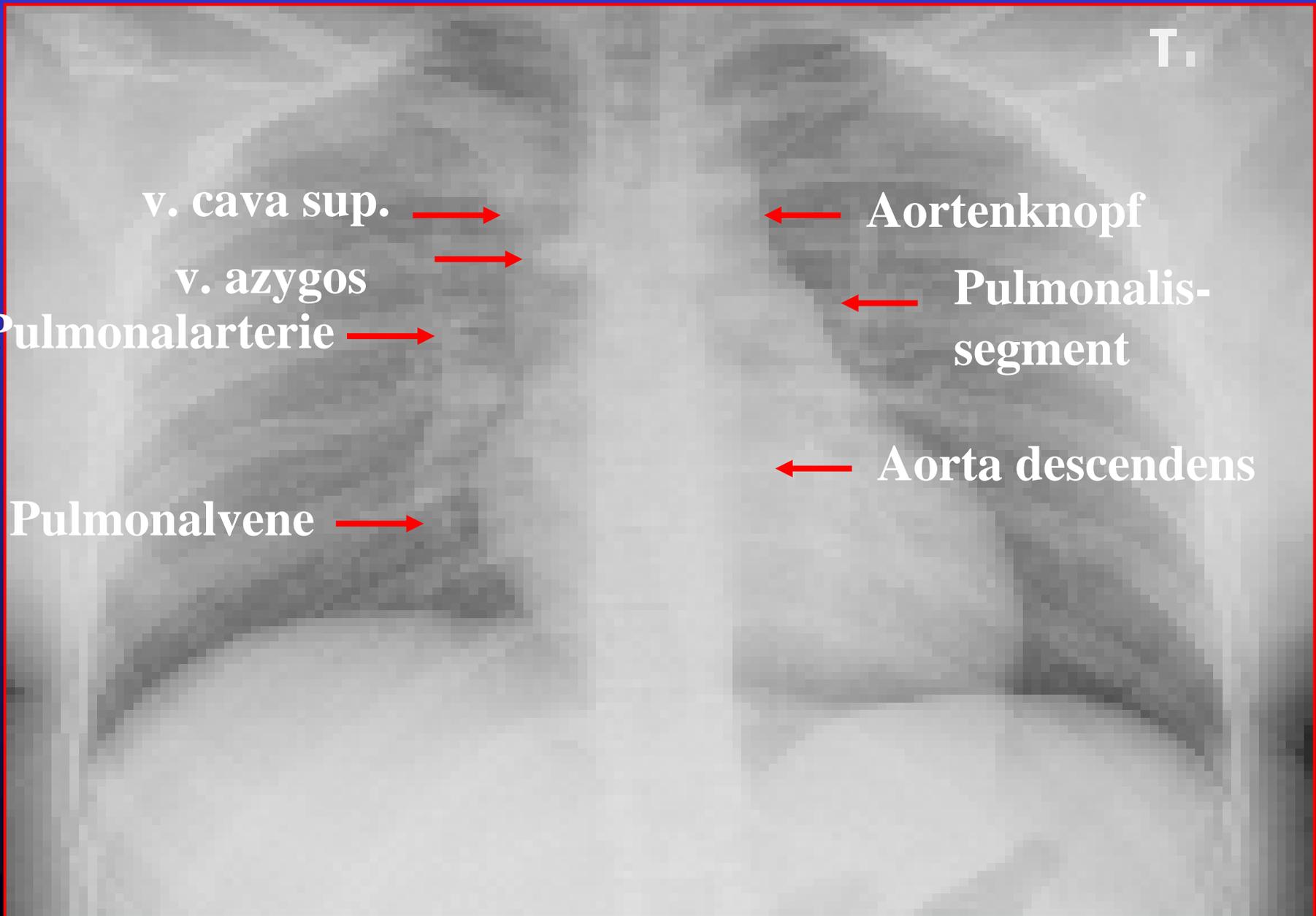
Pulmonalarterie →

Pulmonalvene →

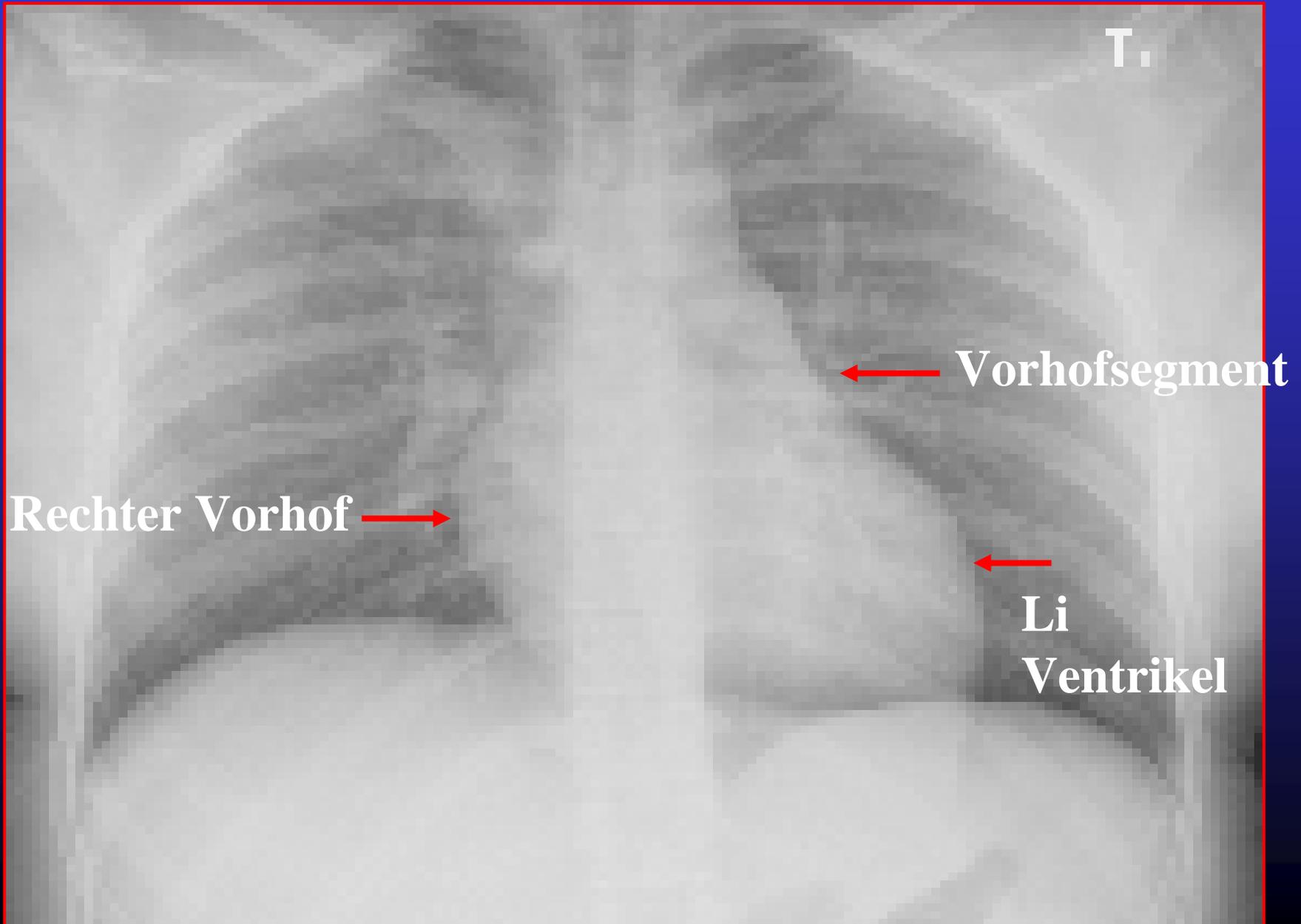
← Aortenknopf

← Pulmonalis-
segment

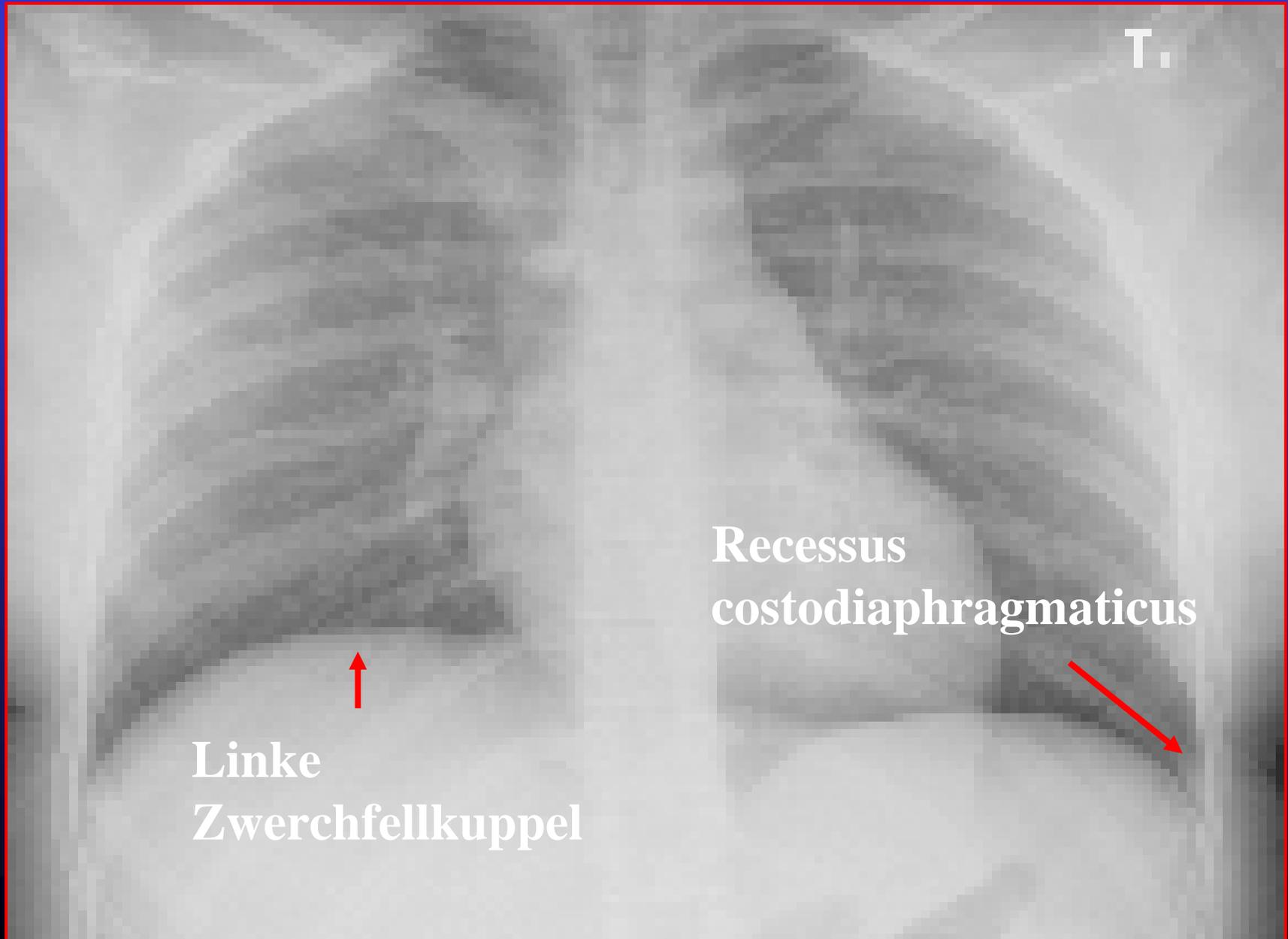
← Aorta descendens



Anatomie Herz



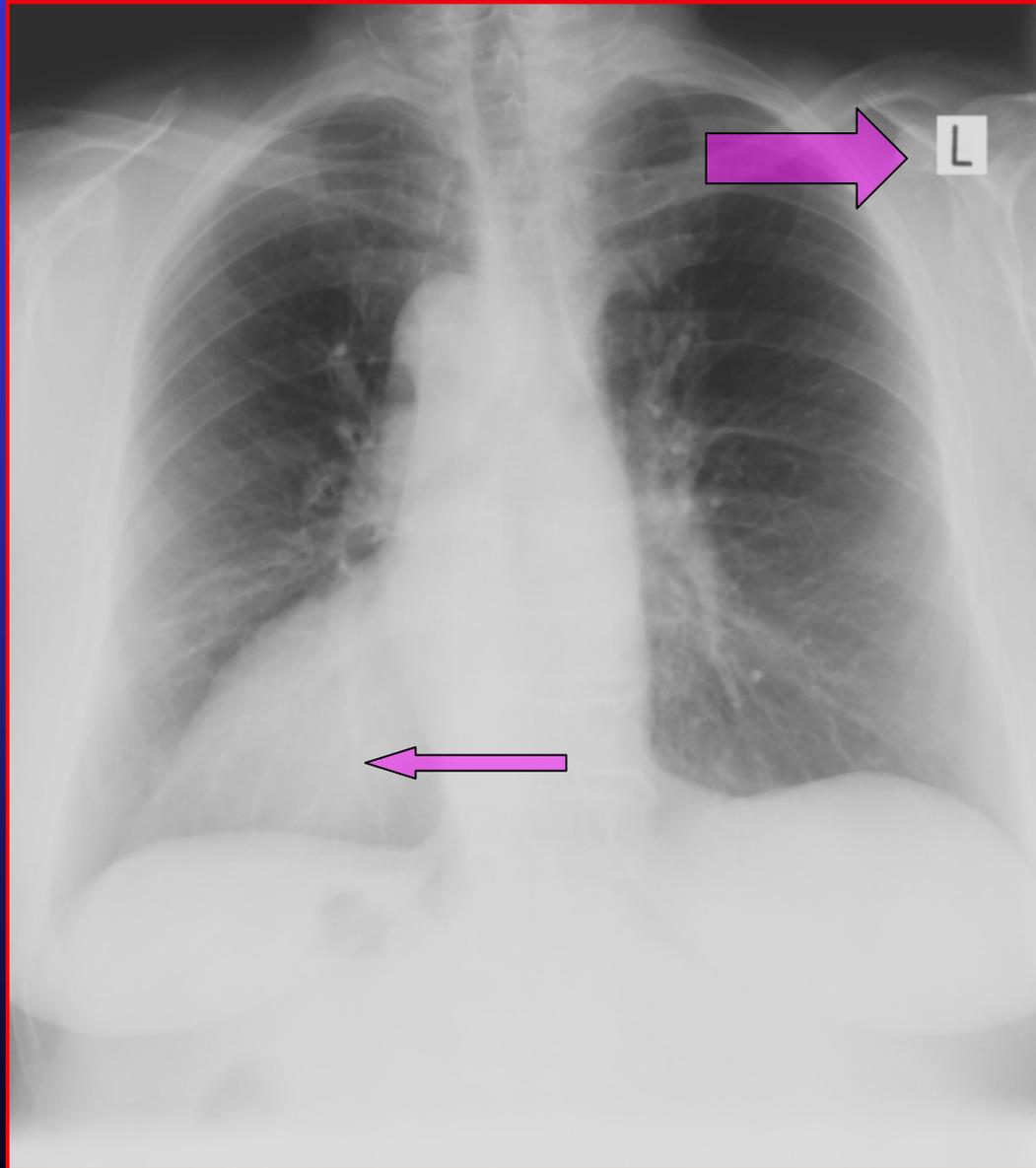
Anatomie diverses



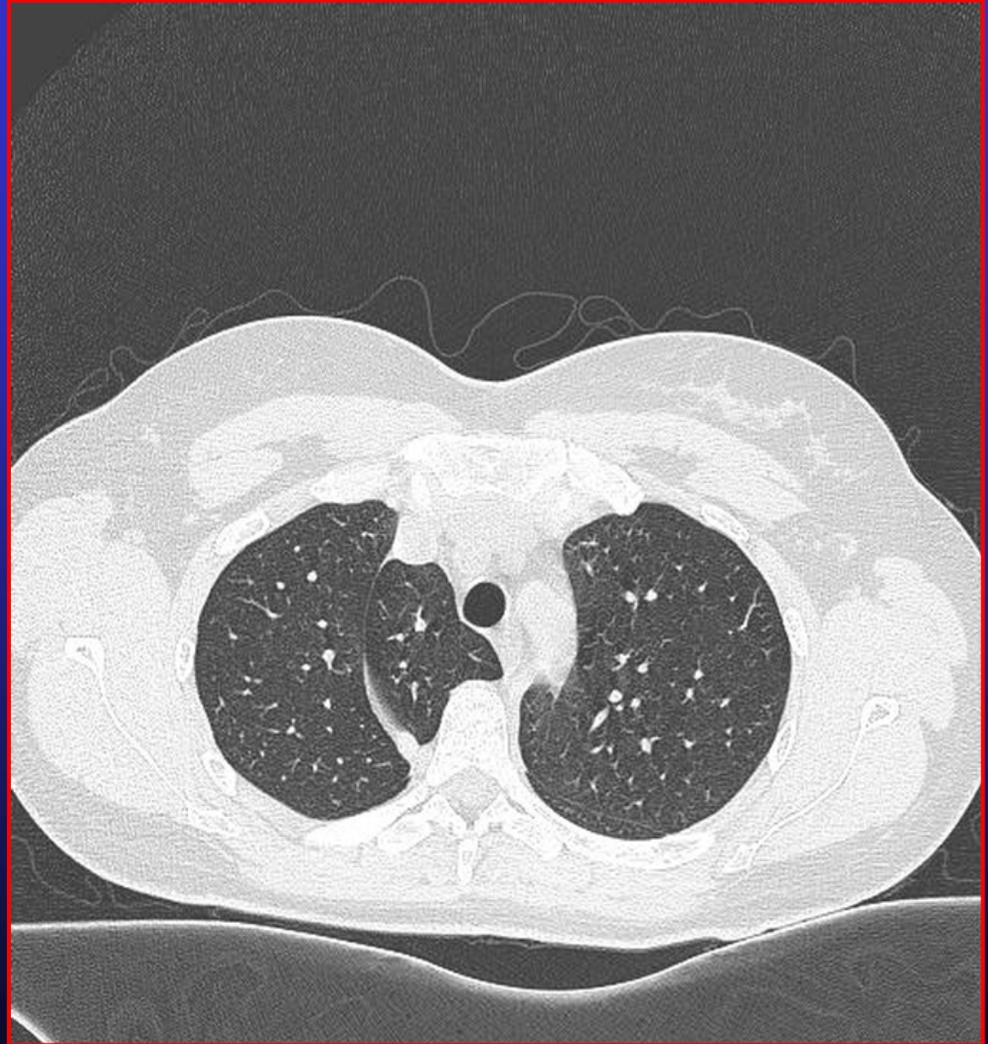
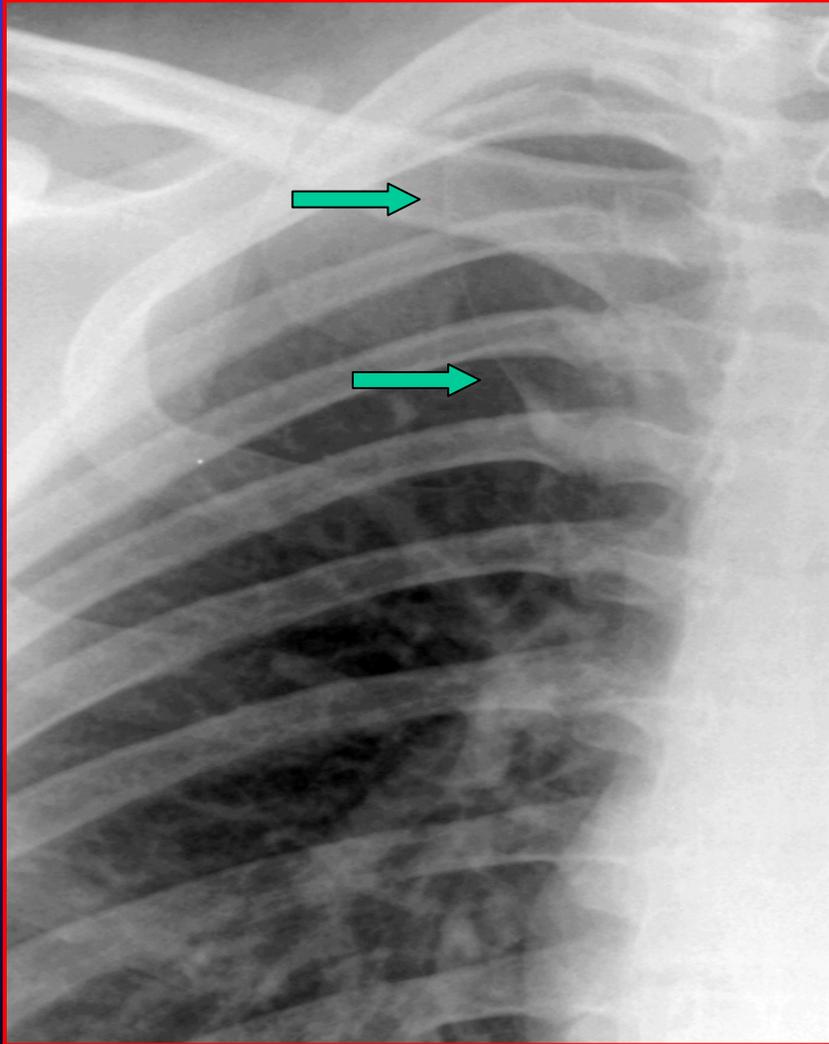
Linke
Zwerchfellkuppel

T.
Recessus
costodiaphragmaticus

Situs inversus



Lobus venae azygos

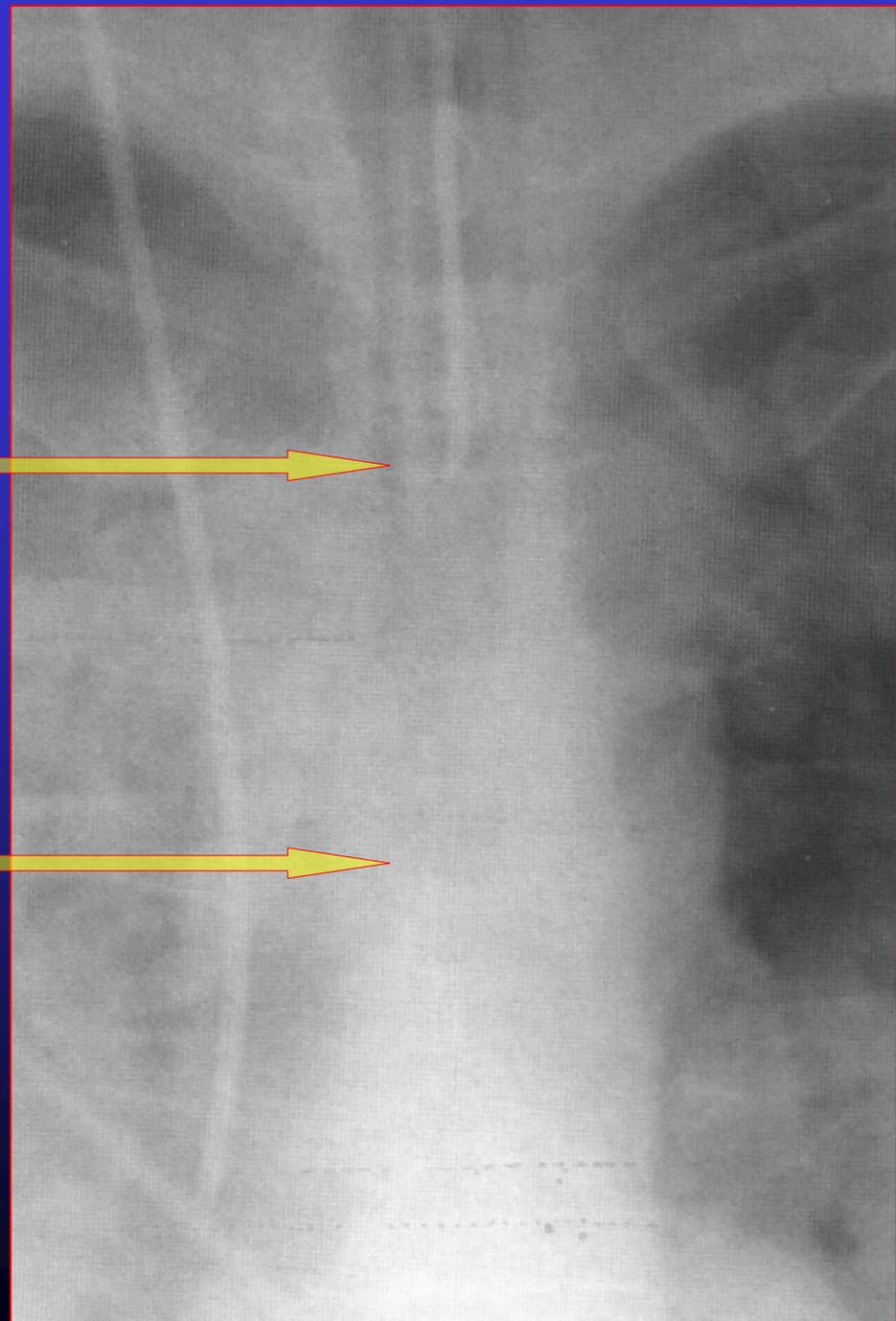


Korrekte Tubuslage

Tubusspitze



Carina

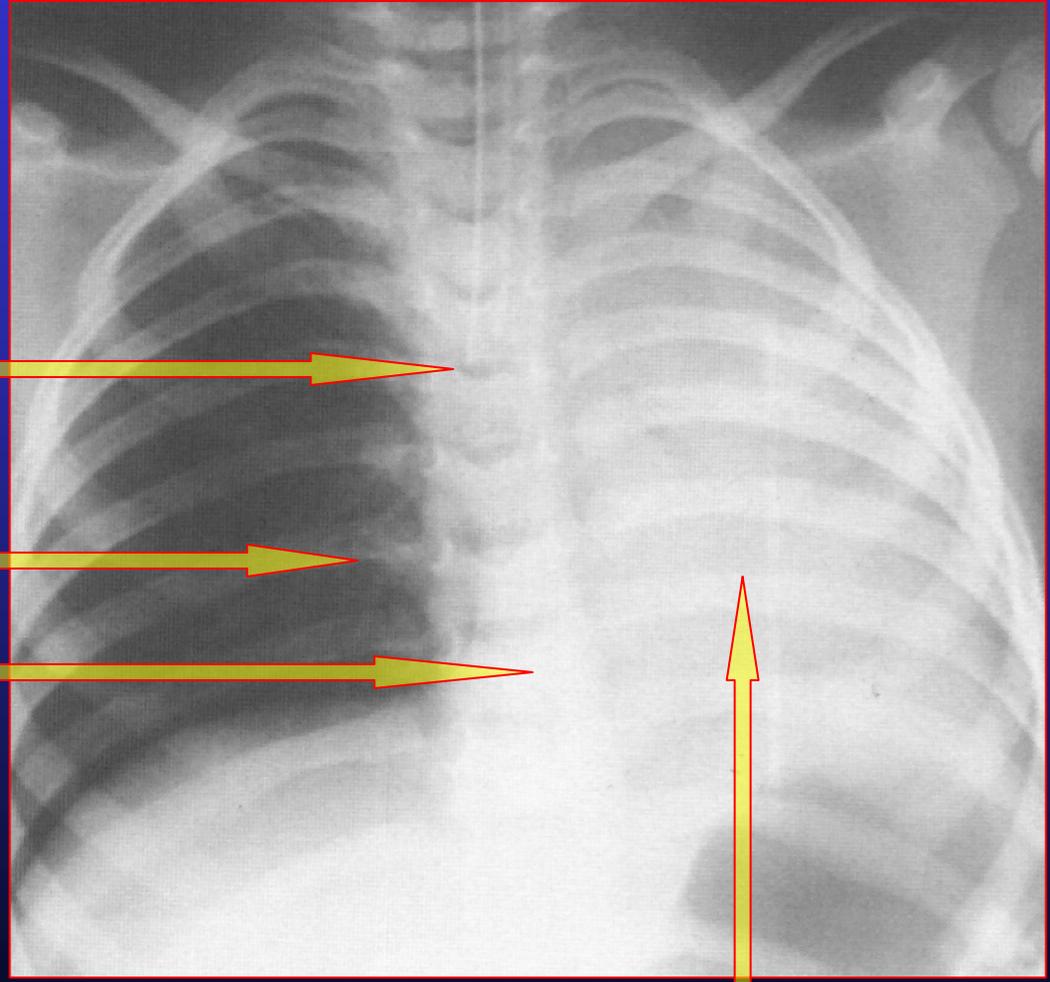


Tubuslage zu tief

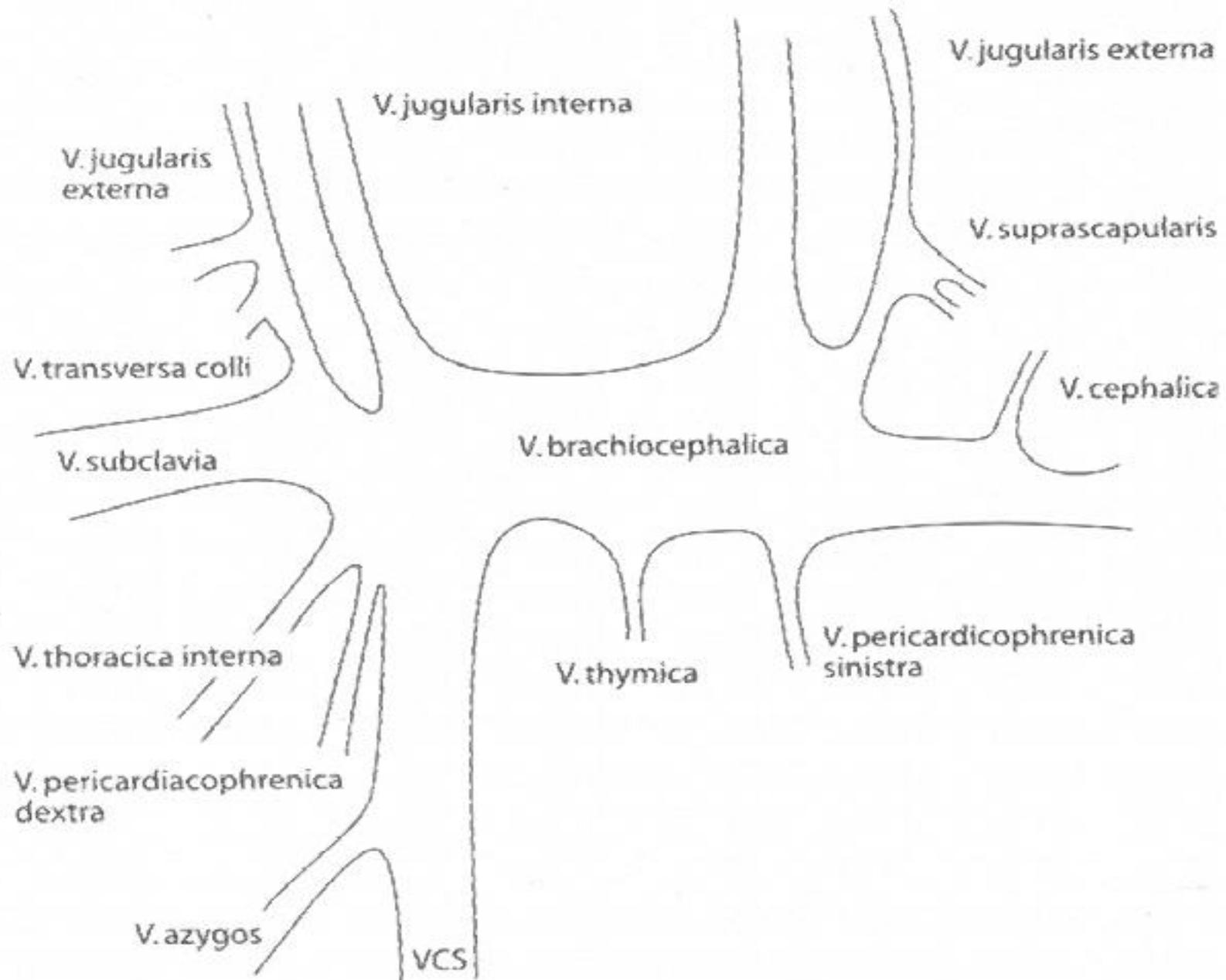
Tubus im re Hauptbronchus liegend

re Lungenflügel überbläht

Mediastinum nach li verlagert

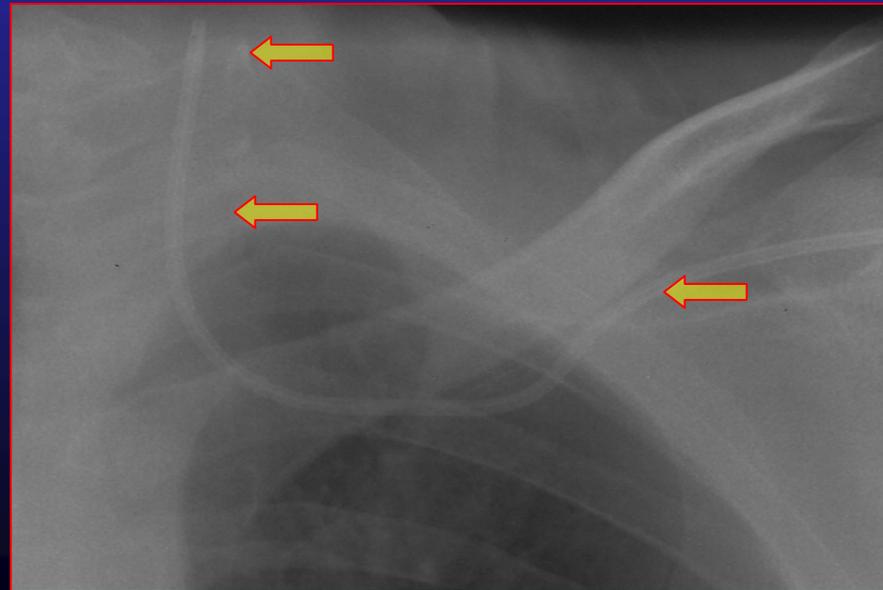


li Lunge atelektatisch



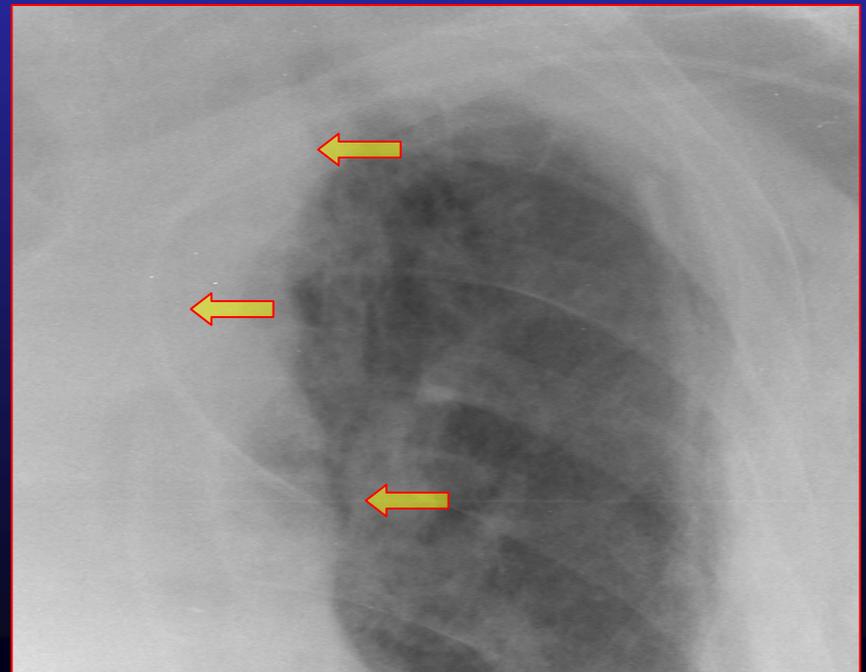
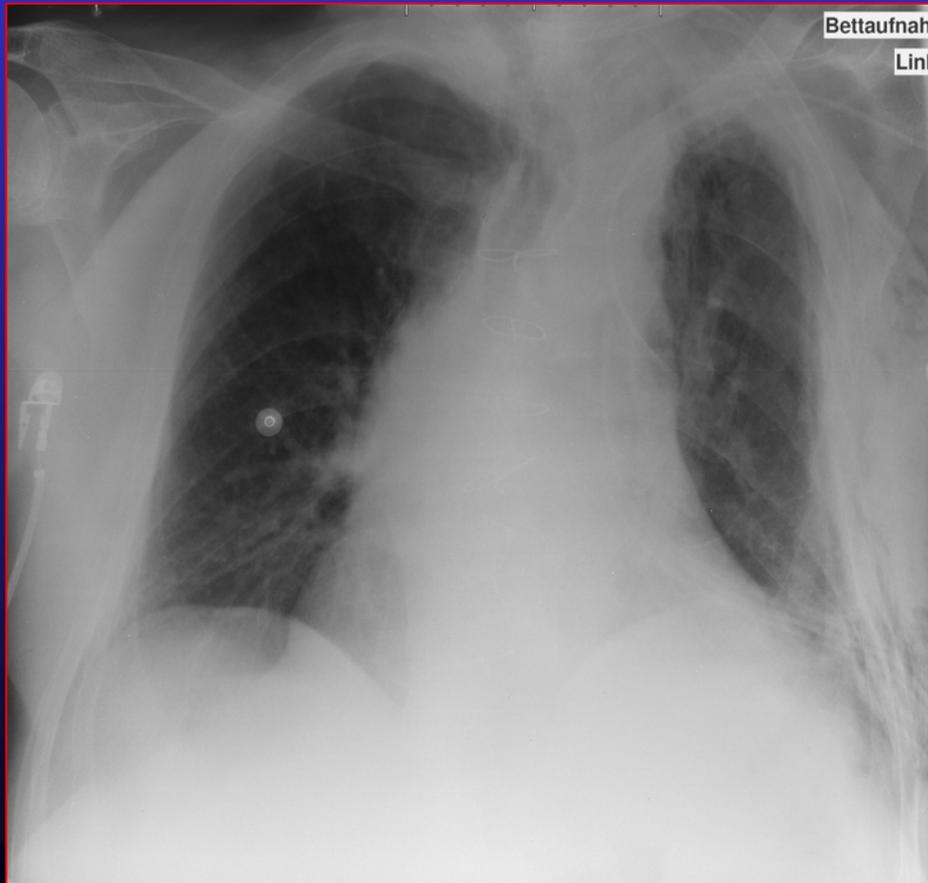
ZVK- Fehllagen

- Umschlagen nach kranial in die linke vena jugularis interna



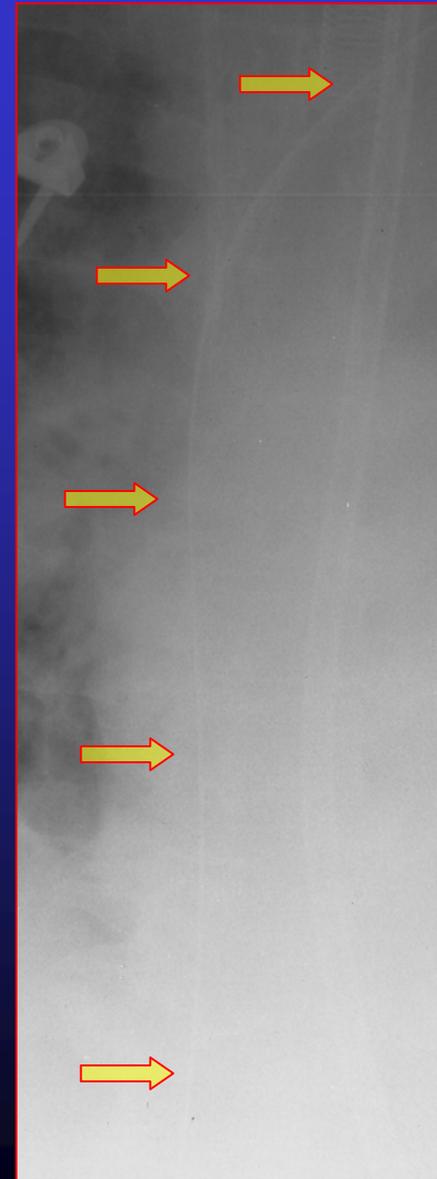
ZVK-Fehllagen

- Verlauf in persistierender linker oberer Hohlvene



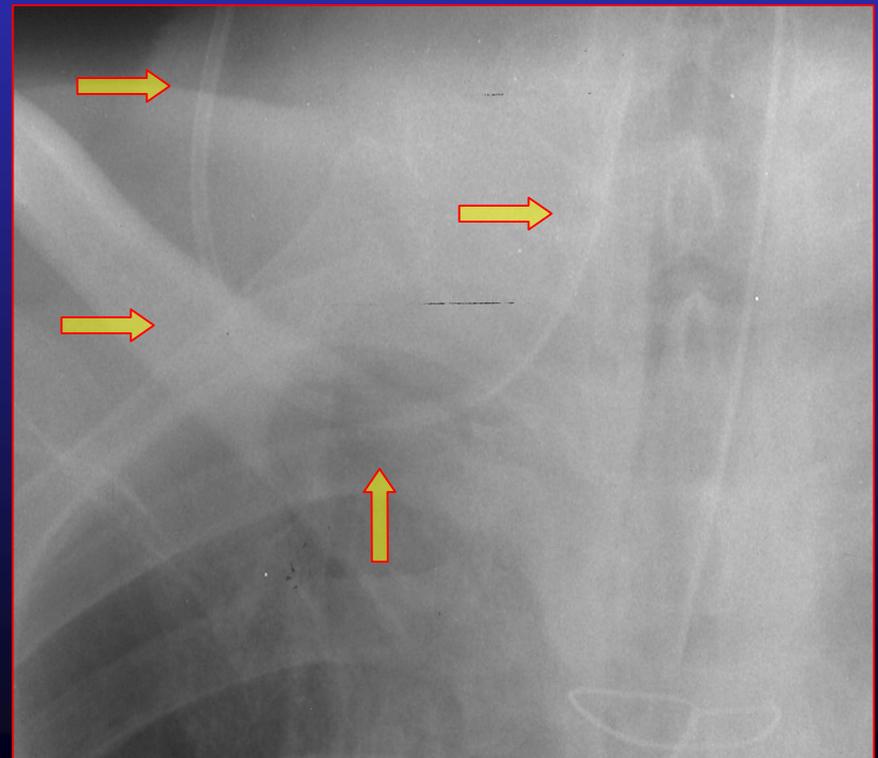
ZVK-Fehllagen

- Fehllage in vena cava inferior



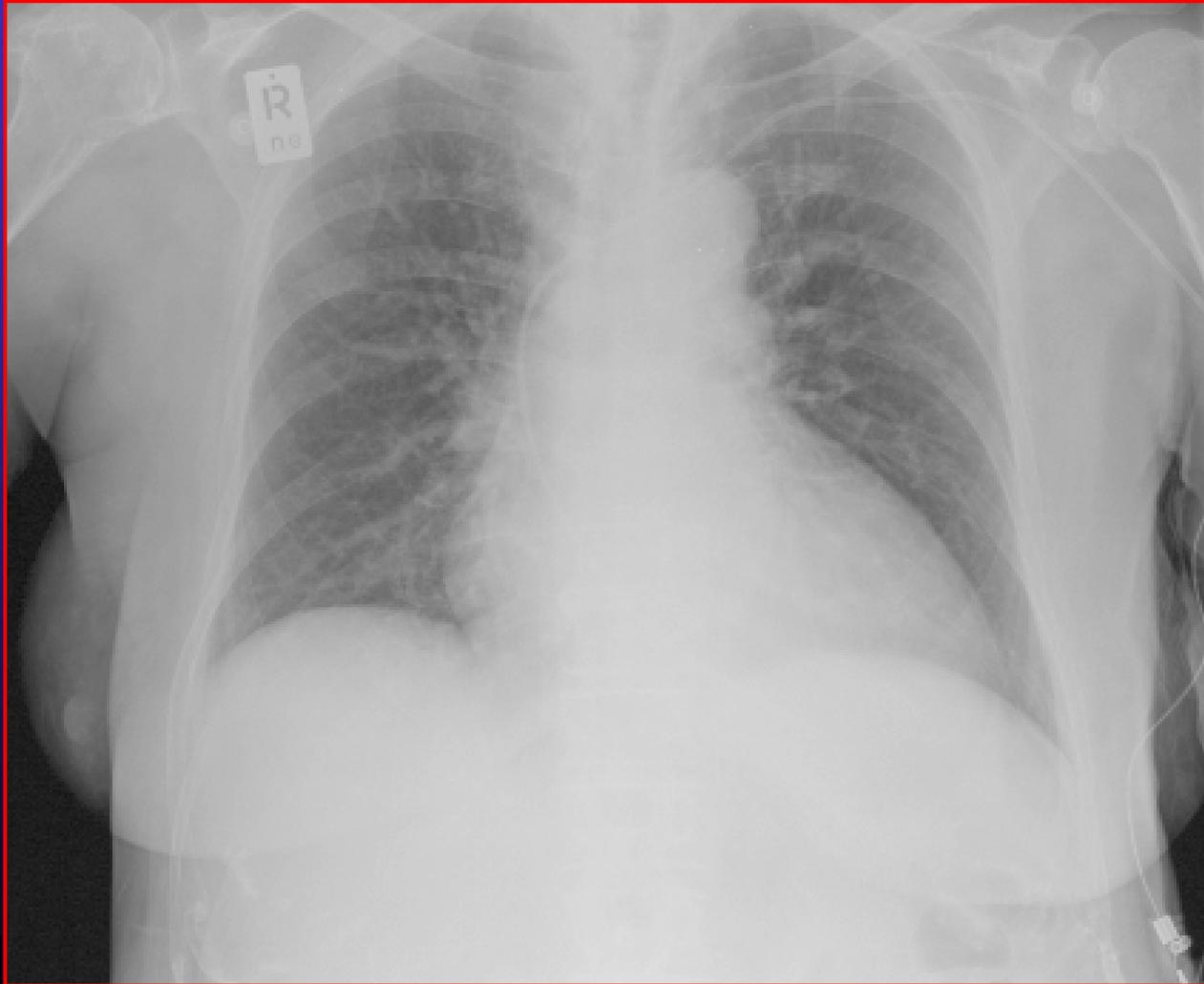
ZVK-Fehllagen

Verlauf von v.jug.ext. re in
v. jug.int. re



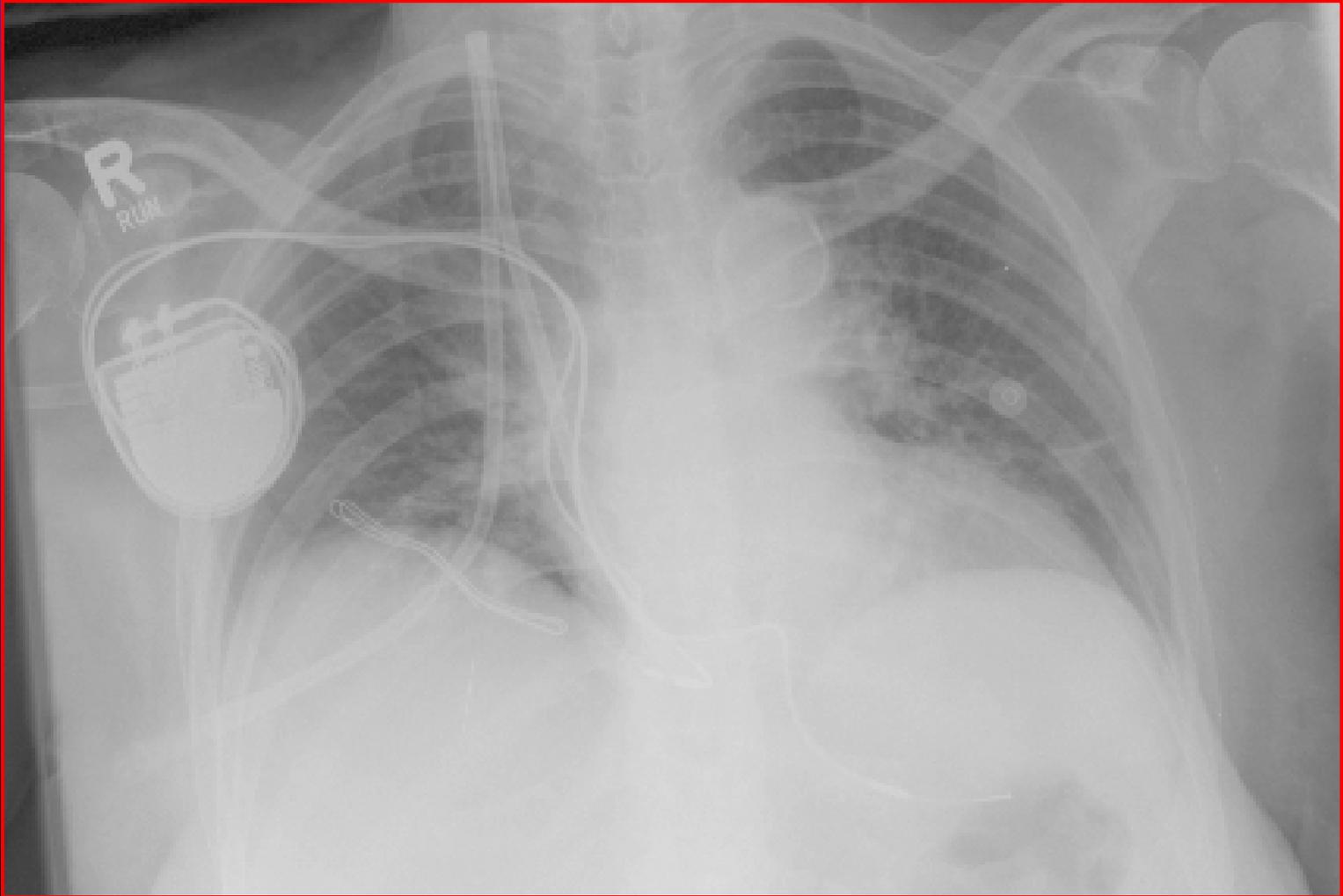
ZVK-Fehllagen (?)

Nicht alles ist ein ZVK



ZVK-Fehllagen (?)

Dialysekatheter

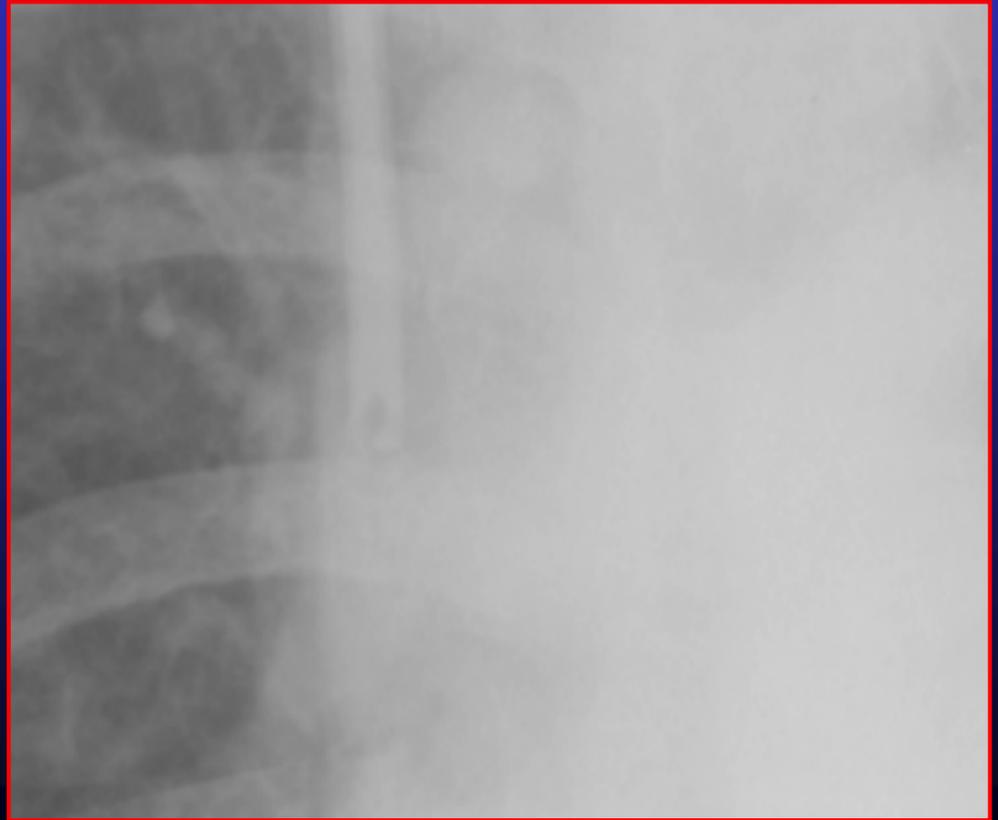
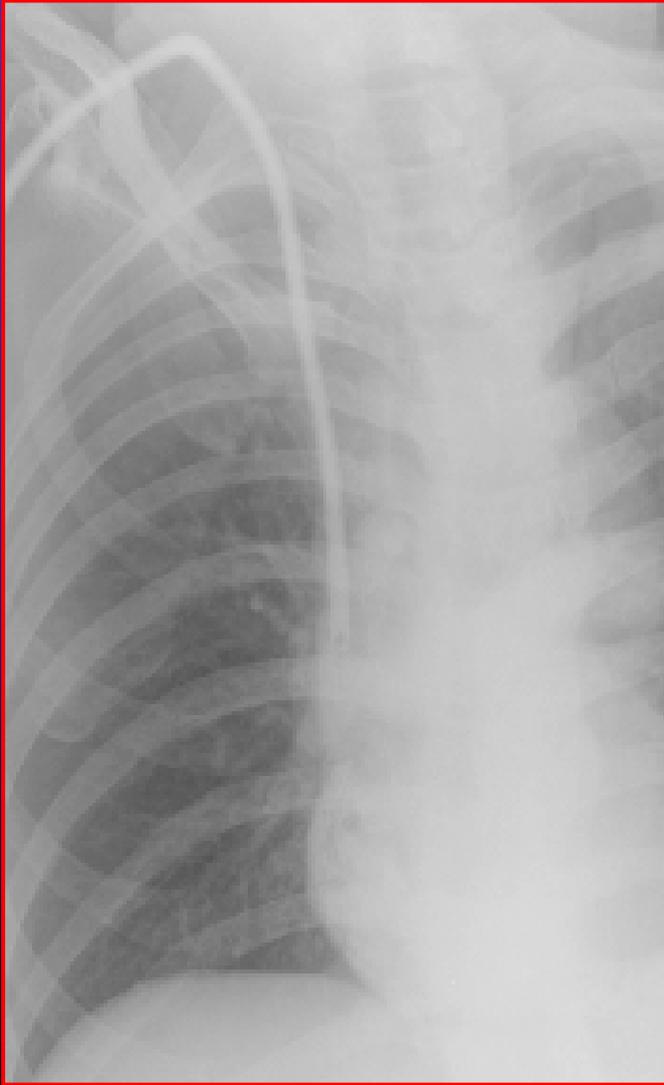


ZVK-Fehllagen

Verlauf von v.jug.ext.
re in v. azygos

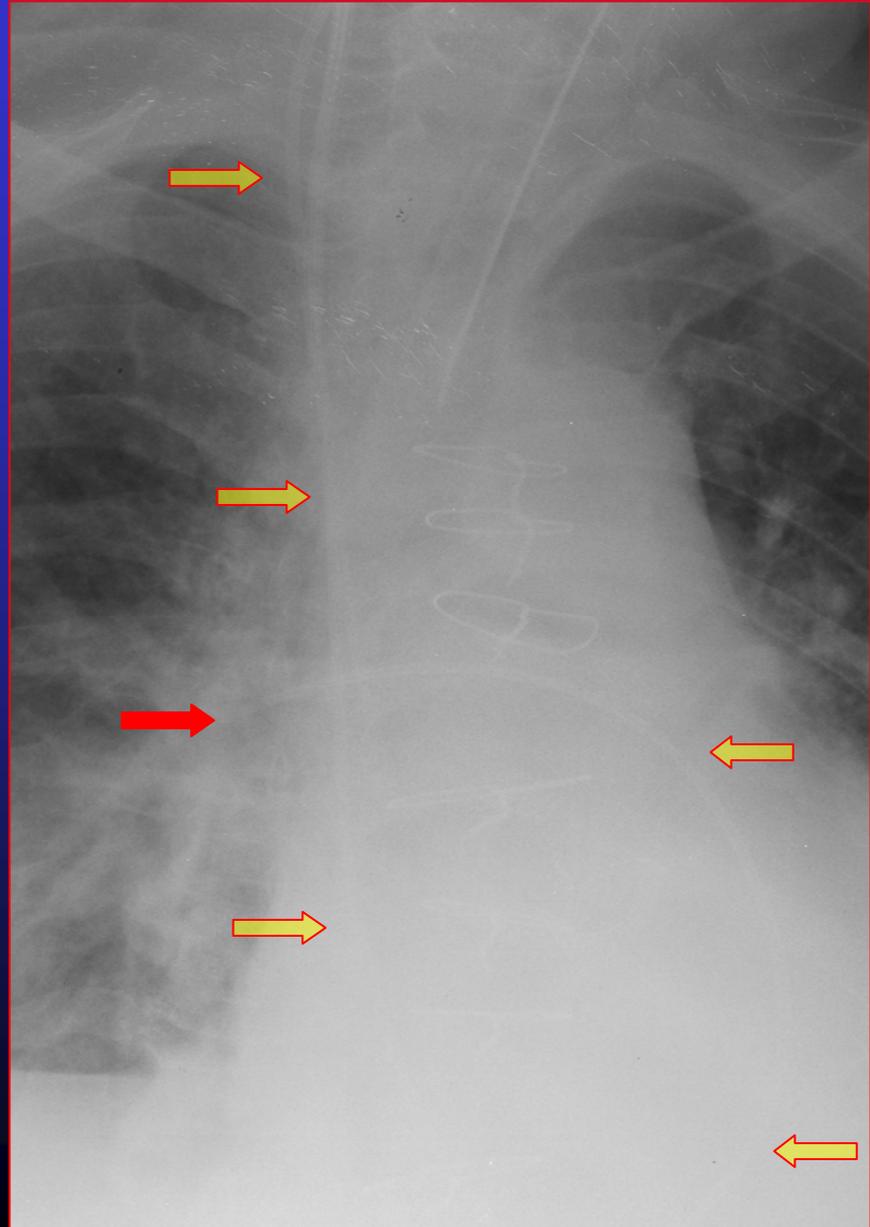


Katheterthrombus



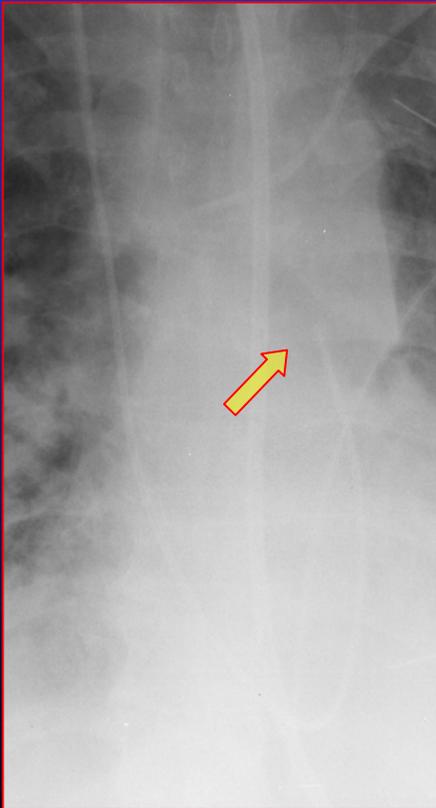
Korrekte Lage PA-Katheter

- Projektion der Katheterspitze auf rechten oder linken Pulmonalartienhauptstamm, maximal 2 cm in den Hilus hineinragend

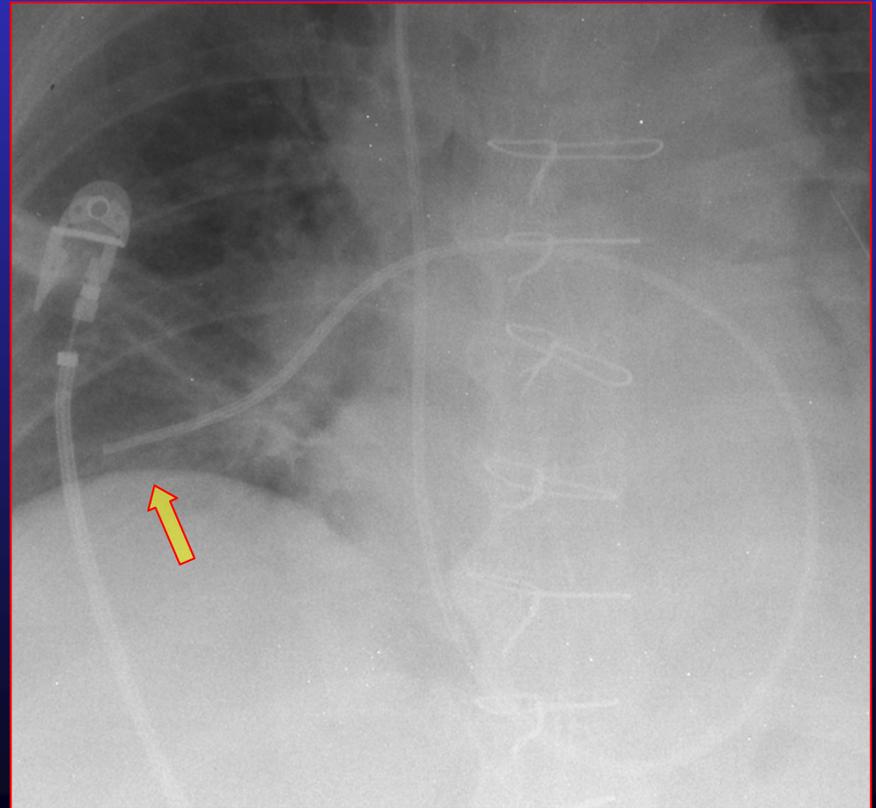


PA-Katheter-Fehllagen

PA-Katheter zu weit proximal

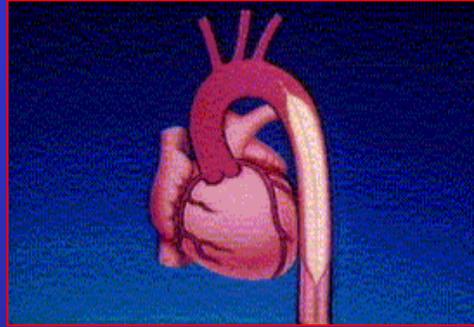


PA-Katheter zu weit distal

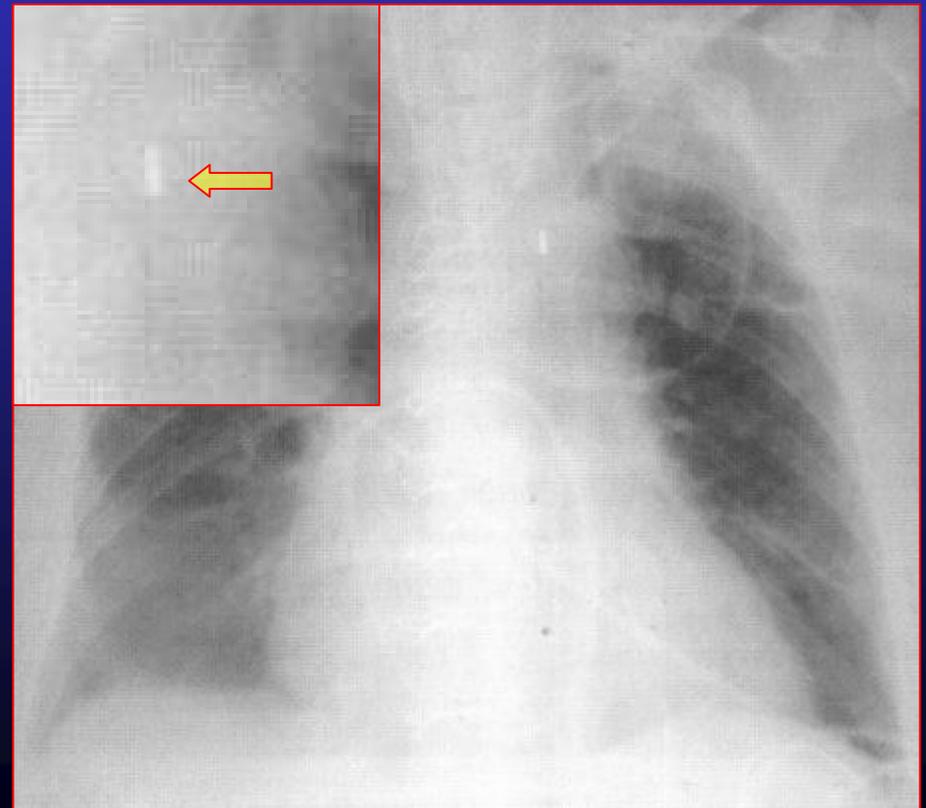
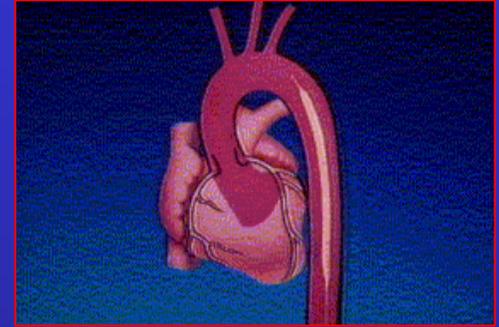


IABP

Diastole

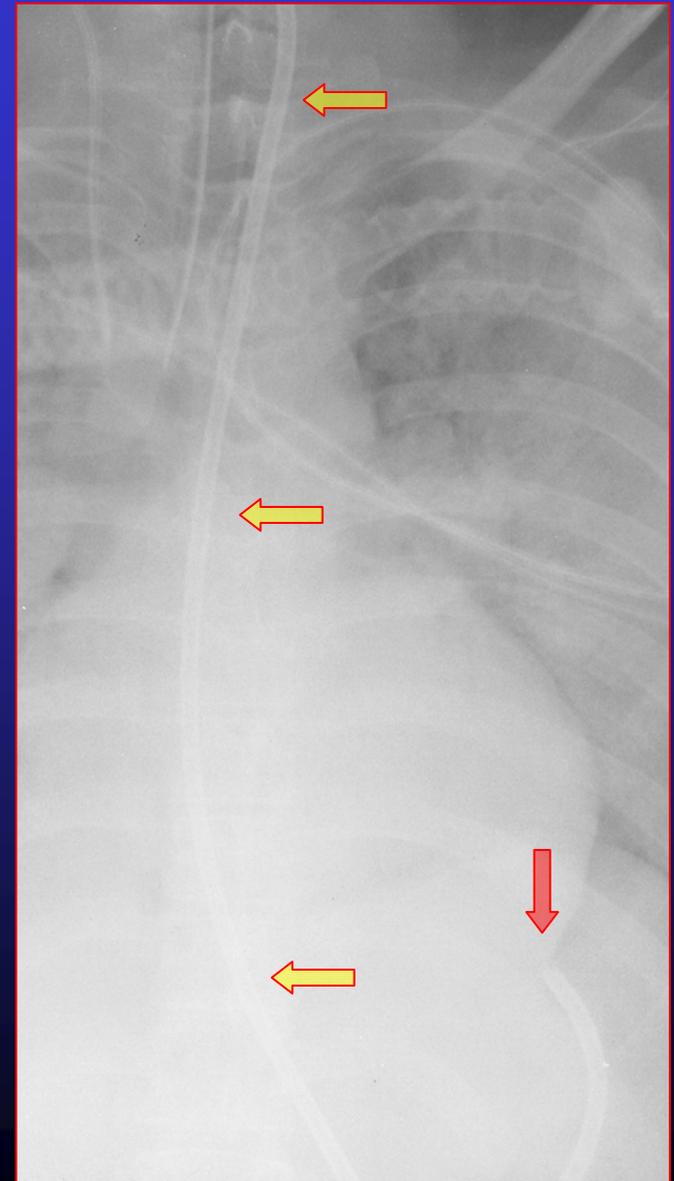


Systole



Magensonde-korrekte Lage

- Regelrechte Lage :
Spitze und
Seitlöcher unterhalb
des hiatus ösophagei

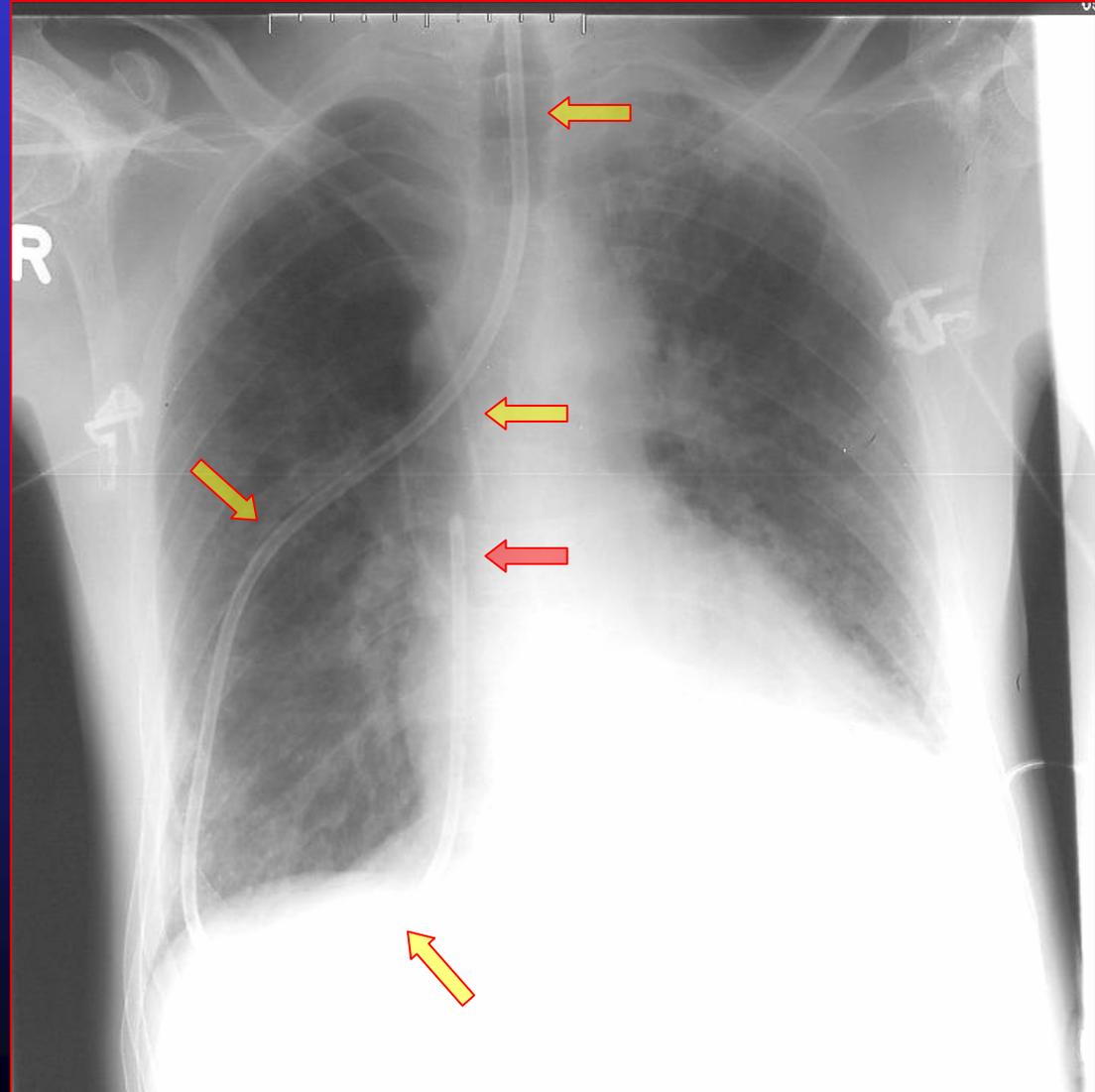


Magensonden-Fehllagen

- Spitze im Ösophagus liegend
- Sonde im Ösophagus nach kranial umgeschlagen, Gefahr einer Ösophagusruptur
- Fehllage im Tracheo-Bronchialsystem mit der Gefahr einer Aspiration oder eines Pneumothoraxes

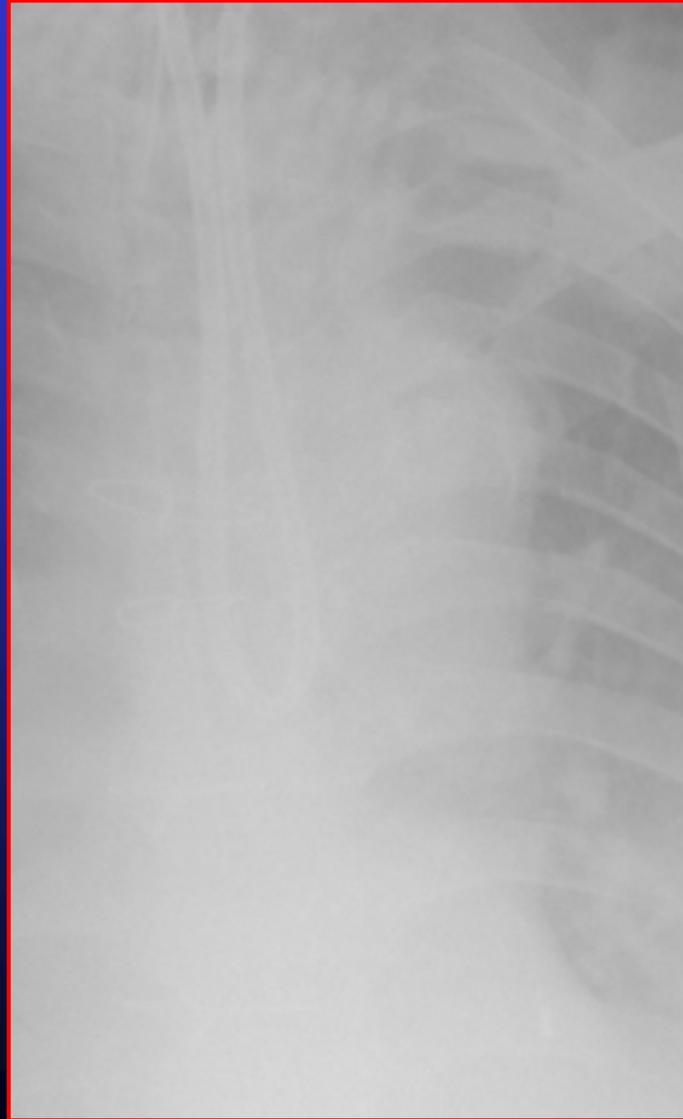
Magensonde-Fehllage

Fehllage der
Magensonde in
Trachea mit
Luftwegs-
verletzung und
Pneumothorax



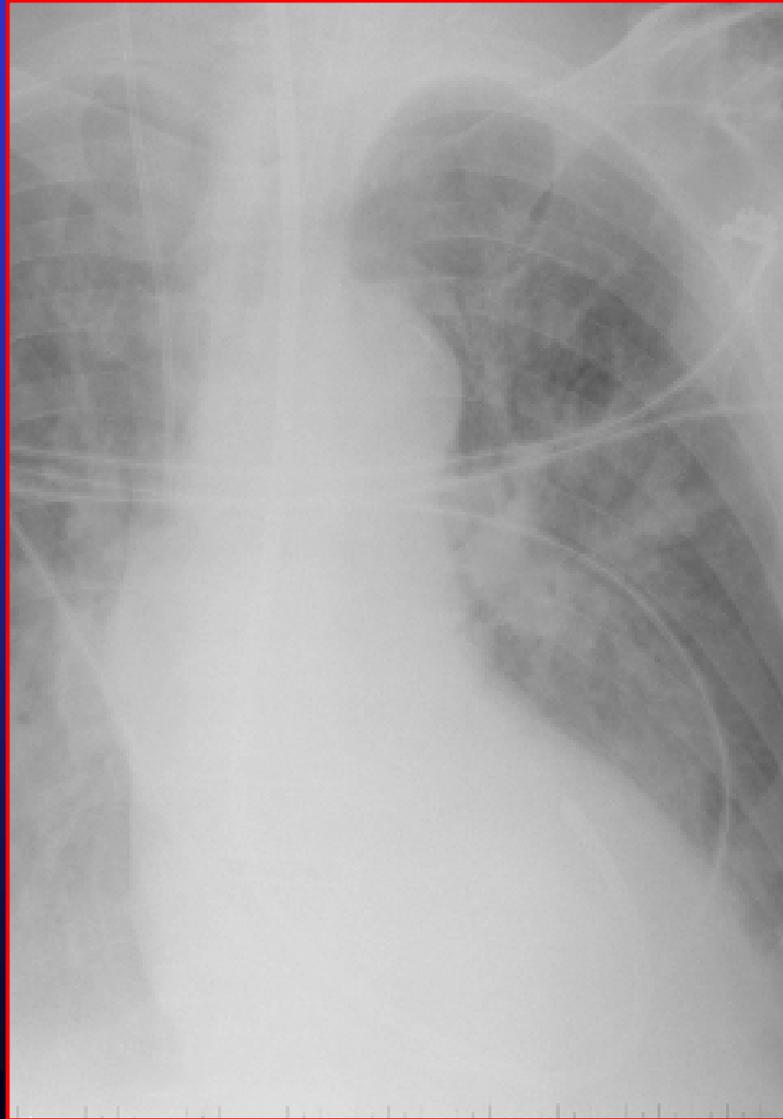
Magensonde-Fehllage

Magensonde im
Ösophagus
umgeschlagen

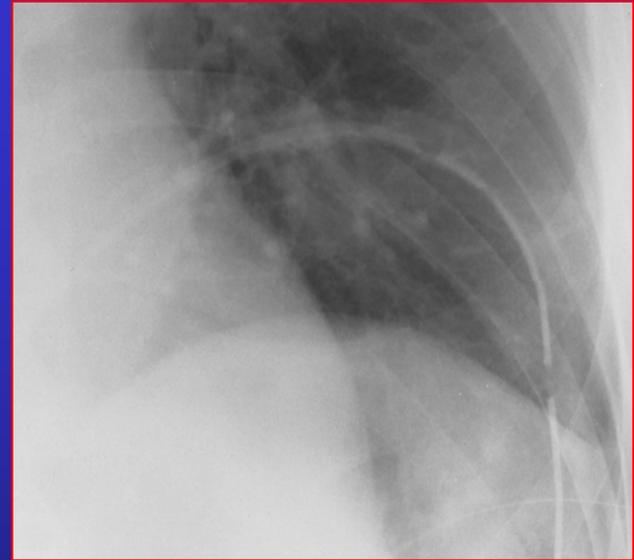


Magensonde-Fehllage (?)

Magensonde im
Magen bei
Zwerchfell-
hernie



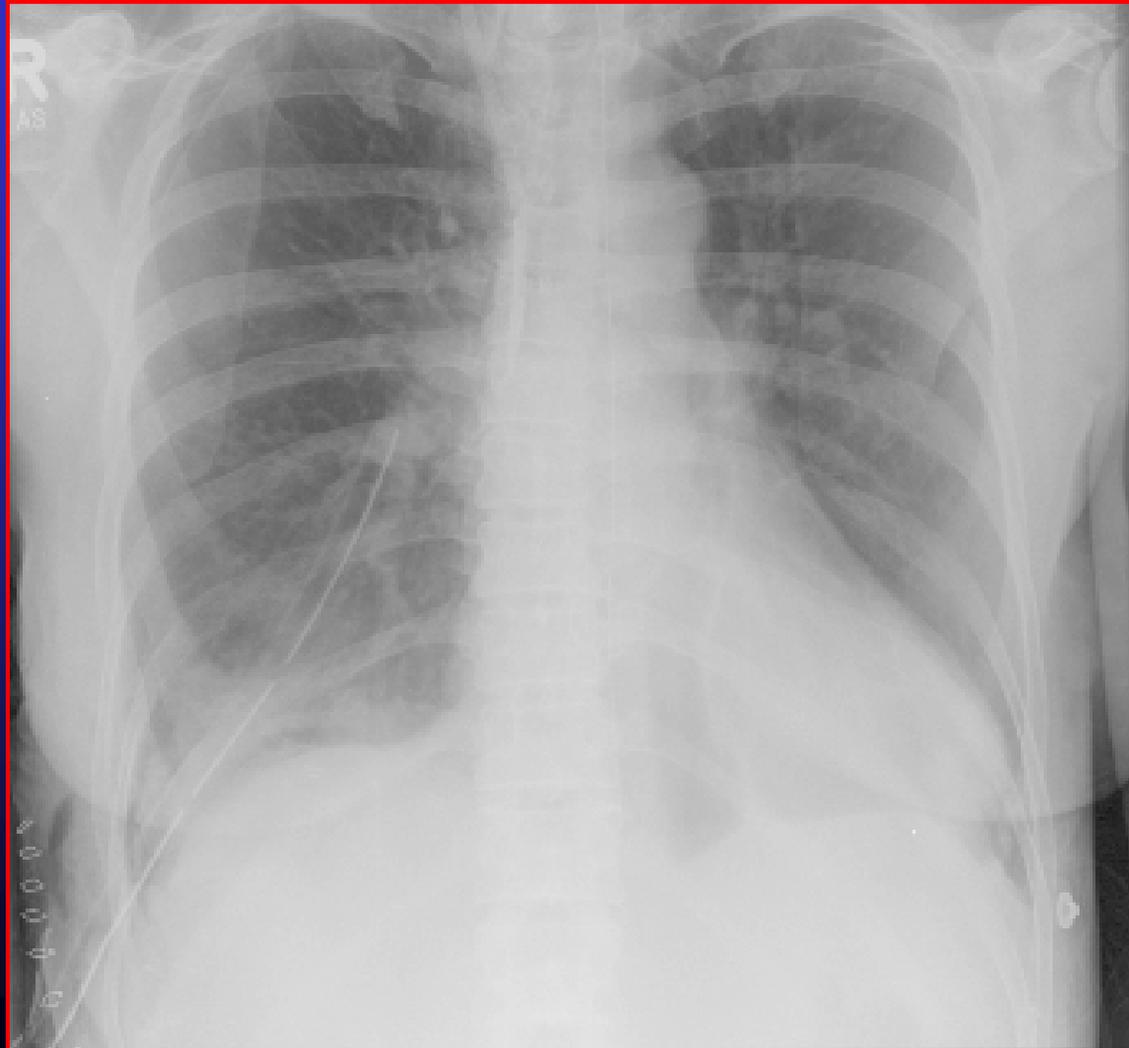
Pleuradrainagen



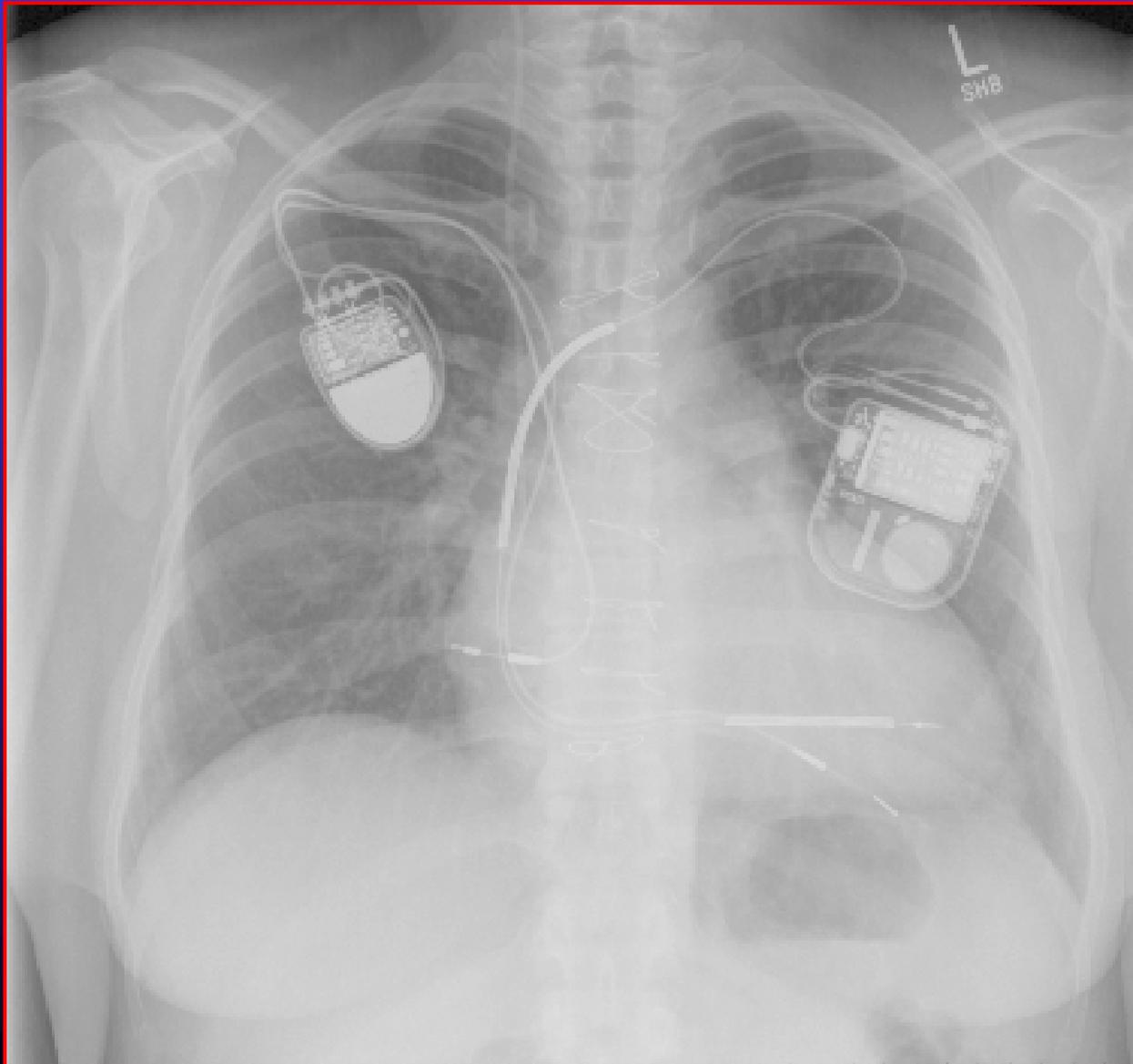
Pleuradrainagen



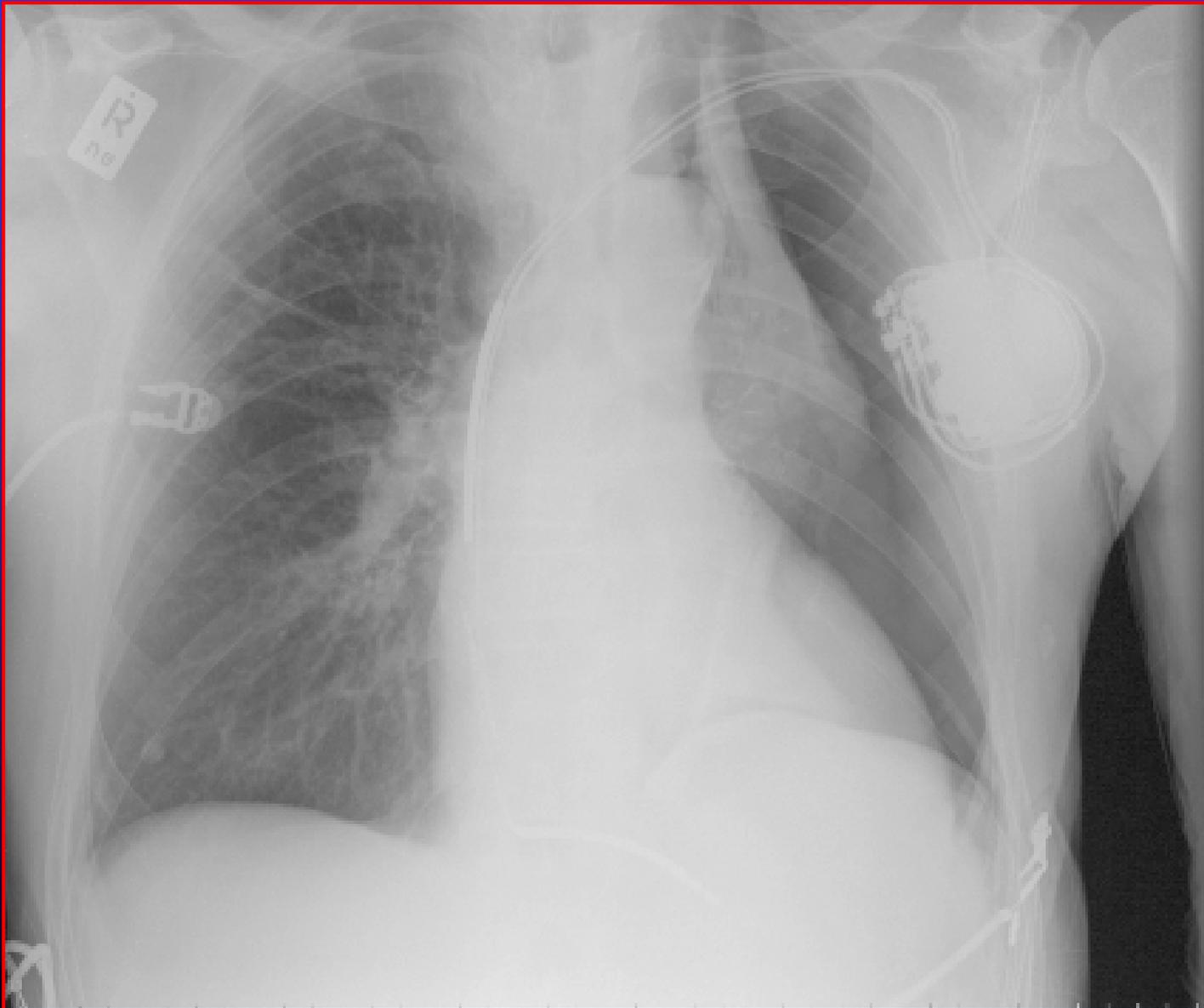
Lage in fissura major



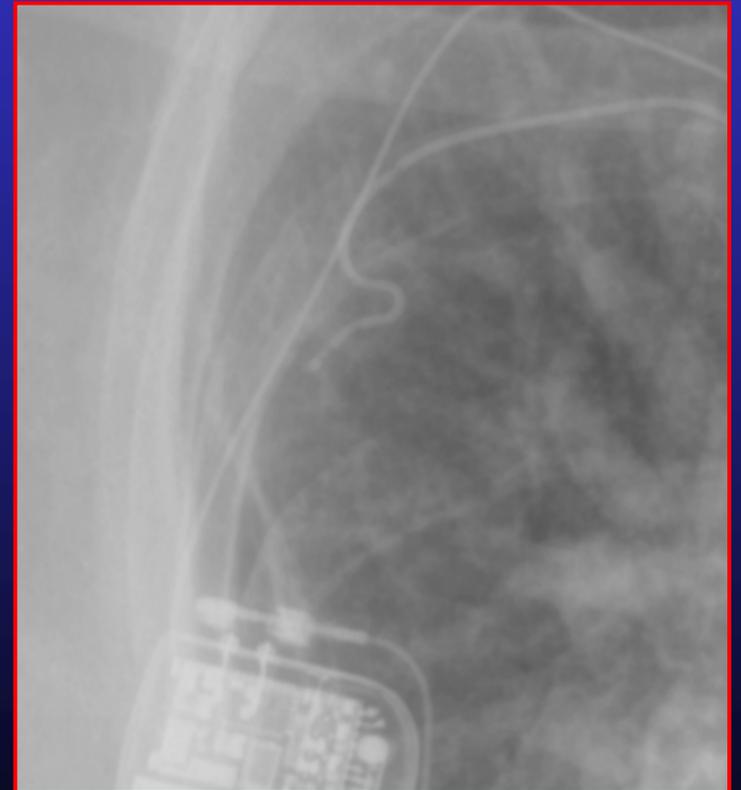
Schrittmacher und Defibrillator



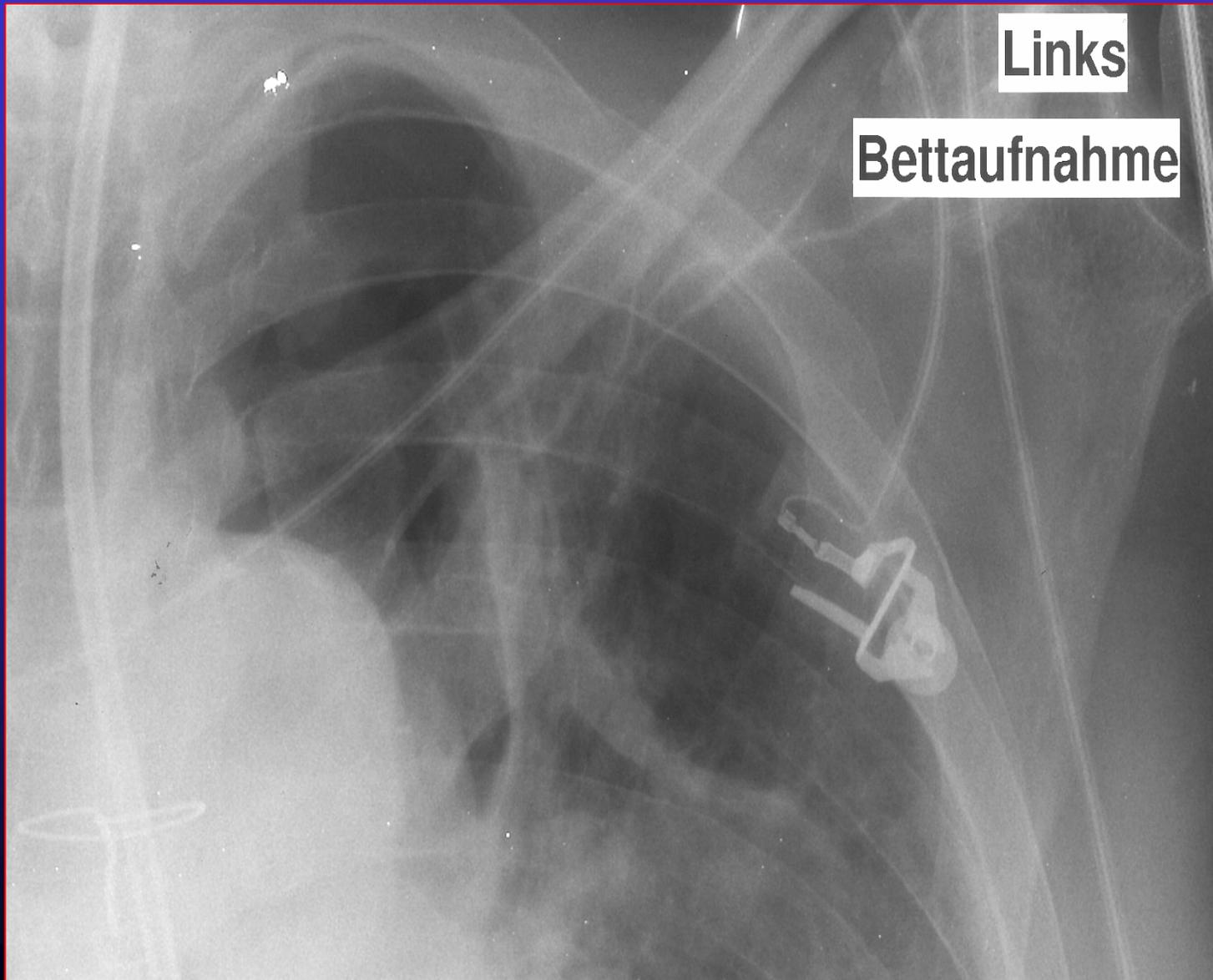
der Defi funktioniert, aber ...



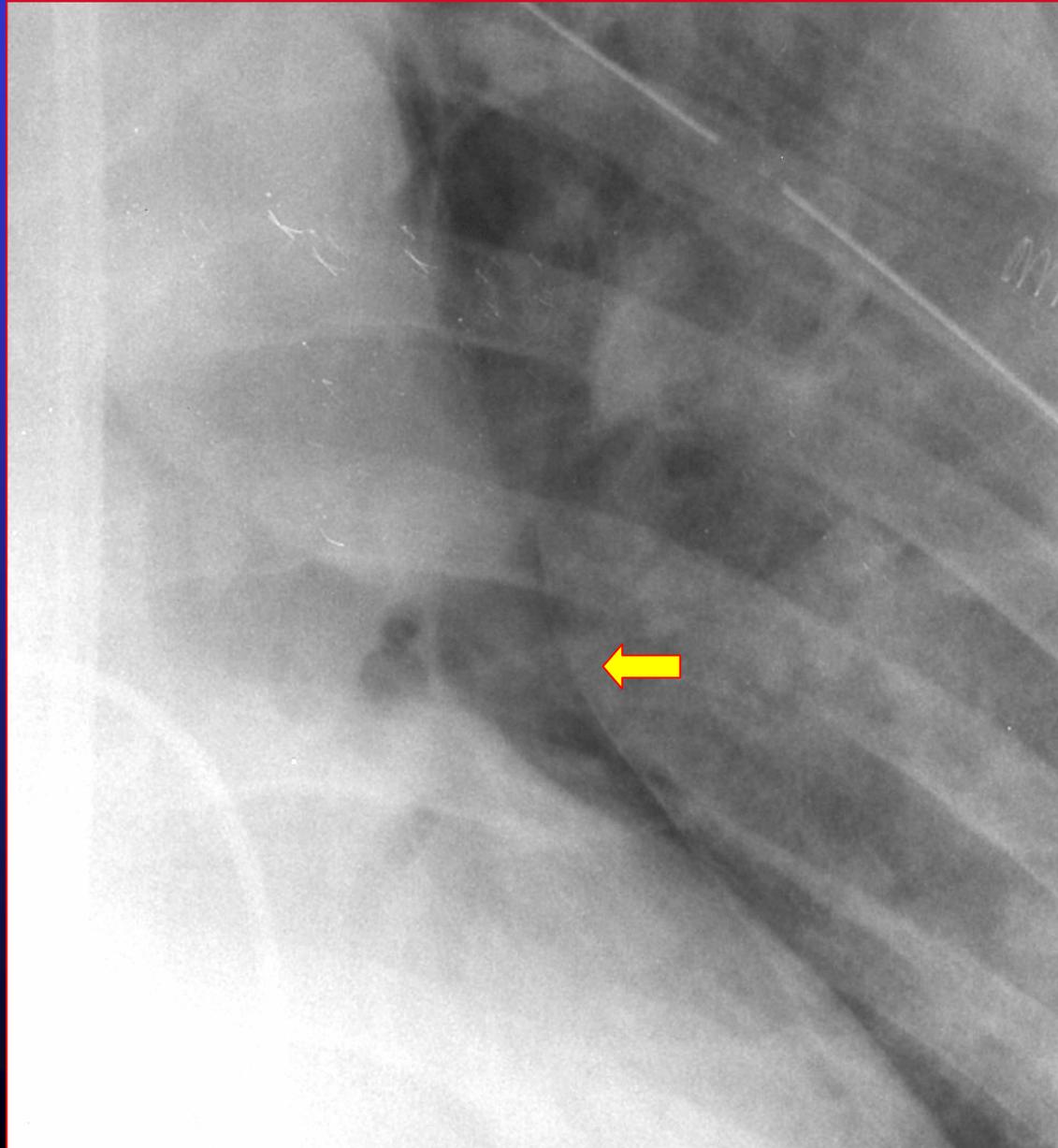
Immer die Kabel verfolgen



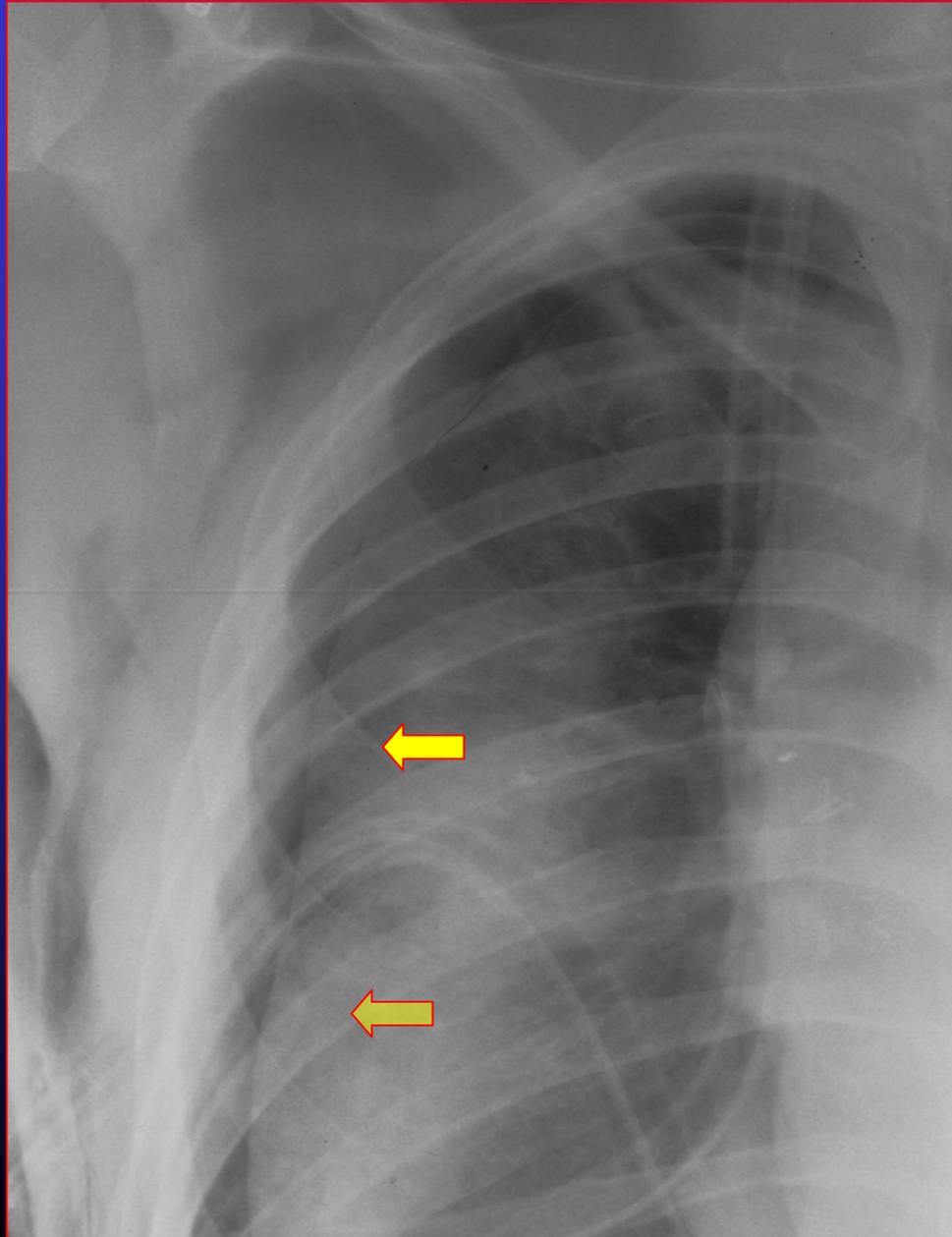
Apikaler Pneumothorax



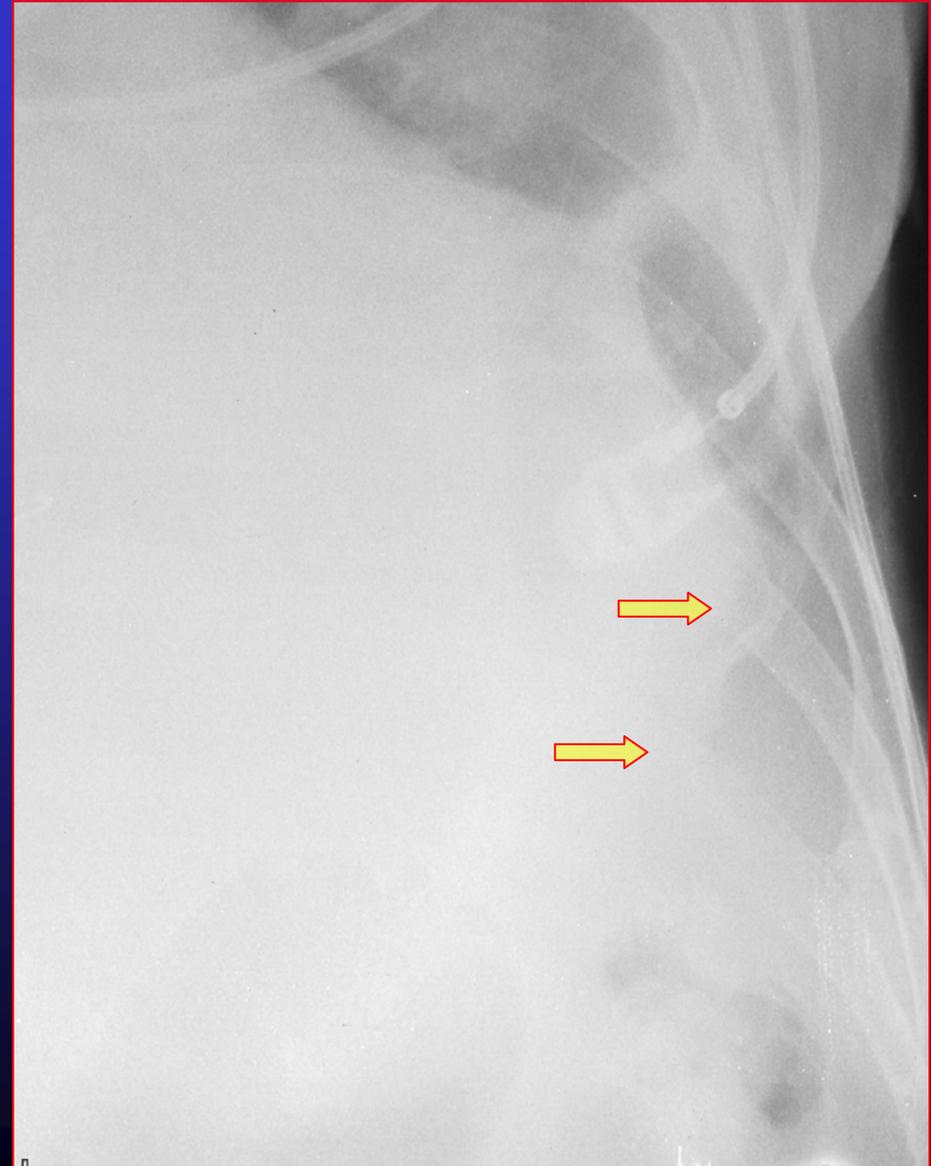
Mediastinaler Pneumothorax



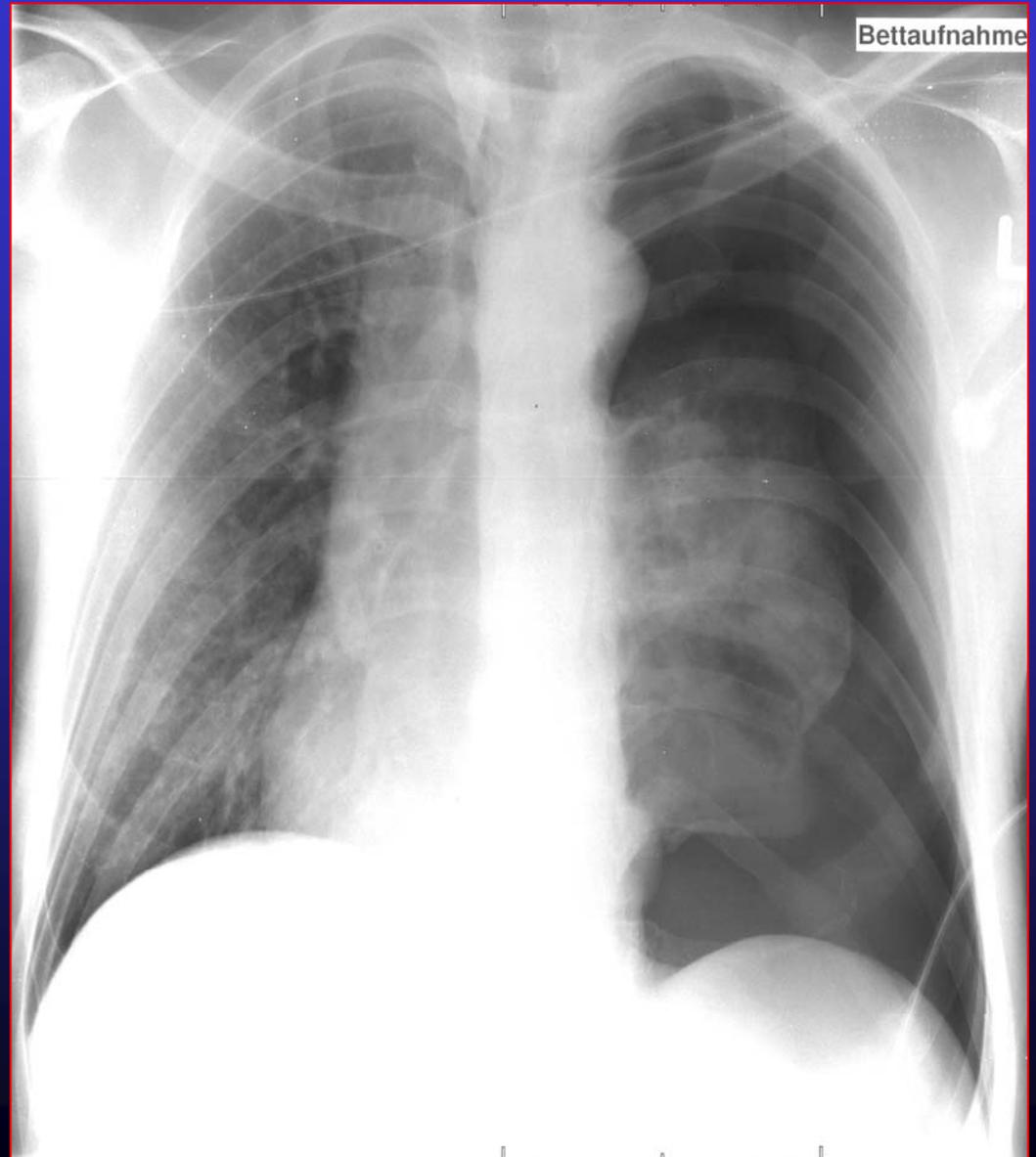
Mantelpneumothorax



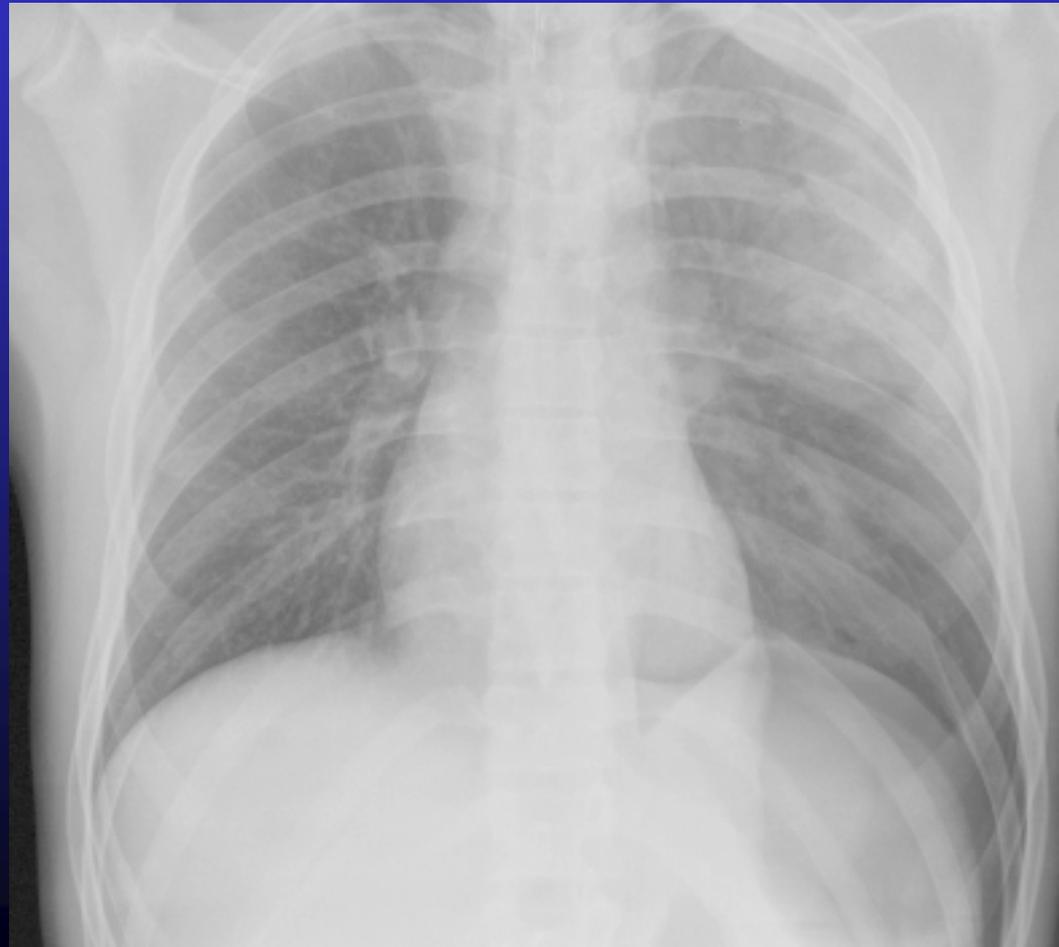
Basaler Pneumothorax

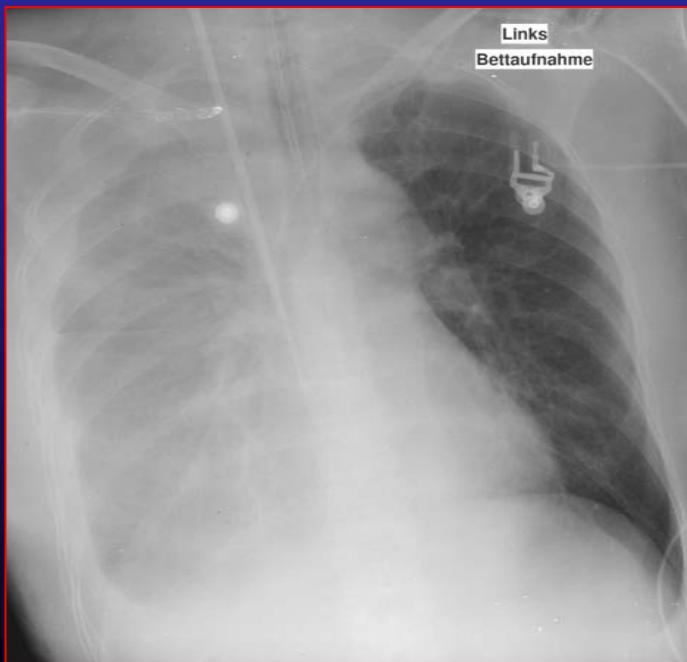
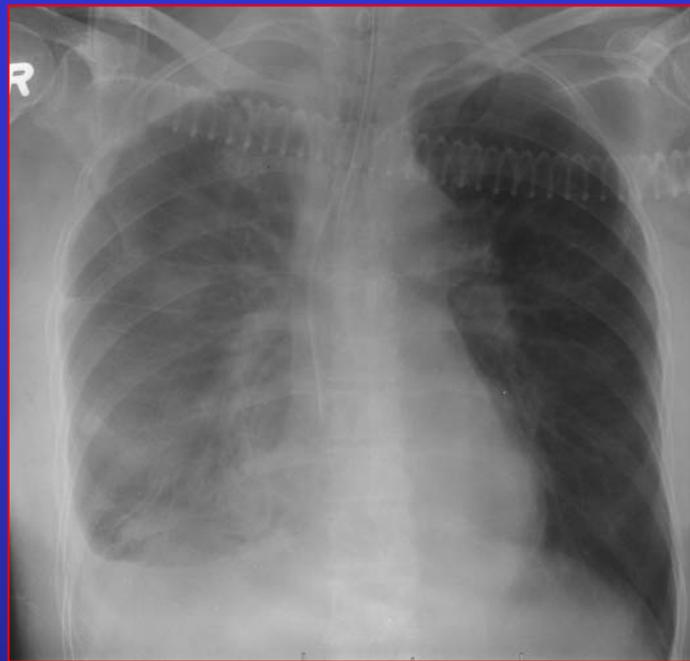
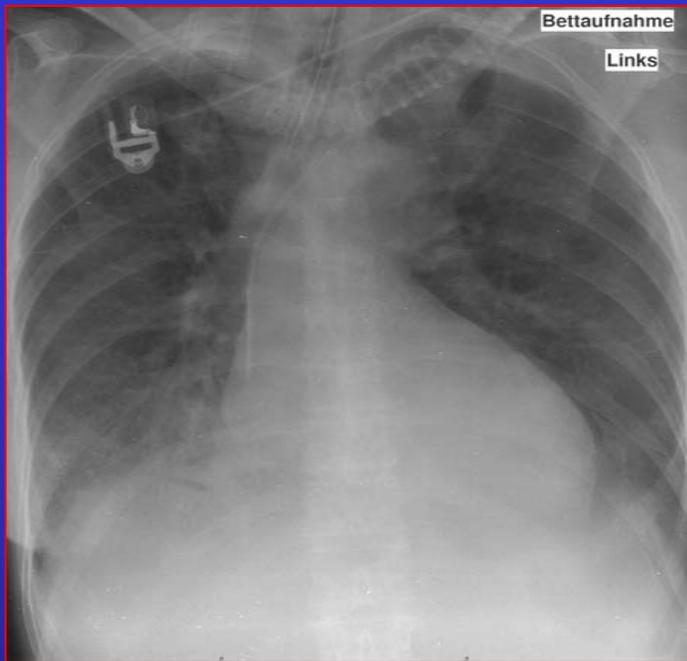


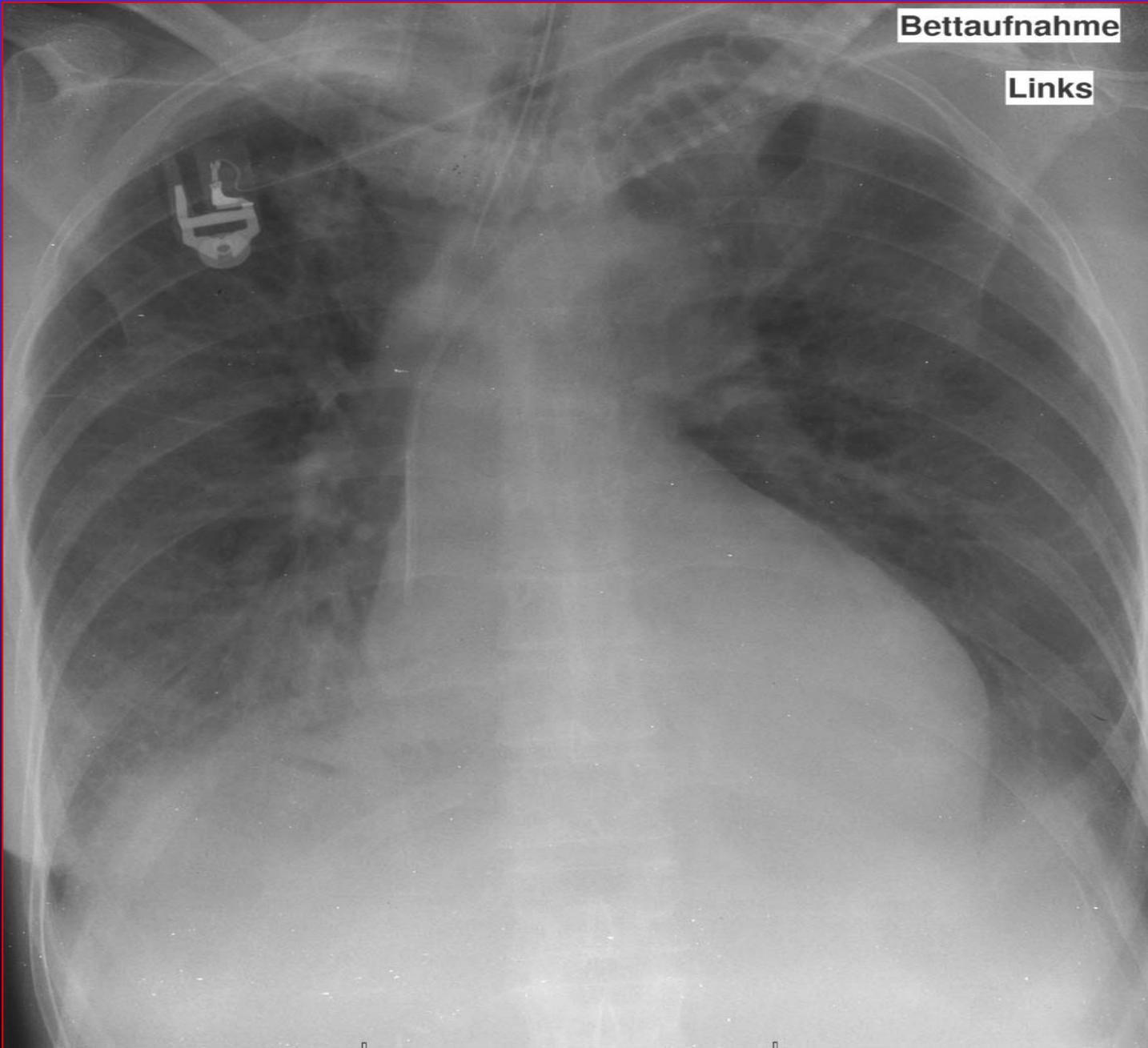
Spannungspneumothorax



Subpulmonaler Pneumothorax

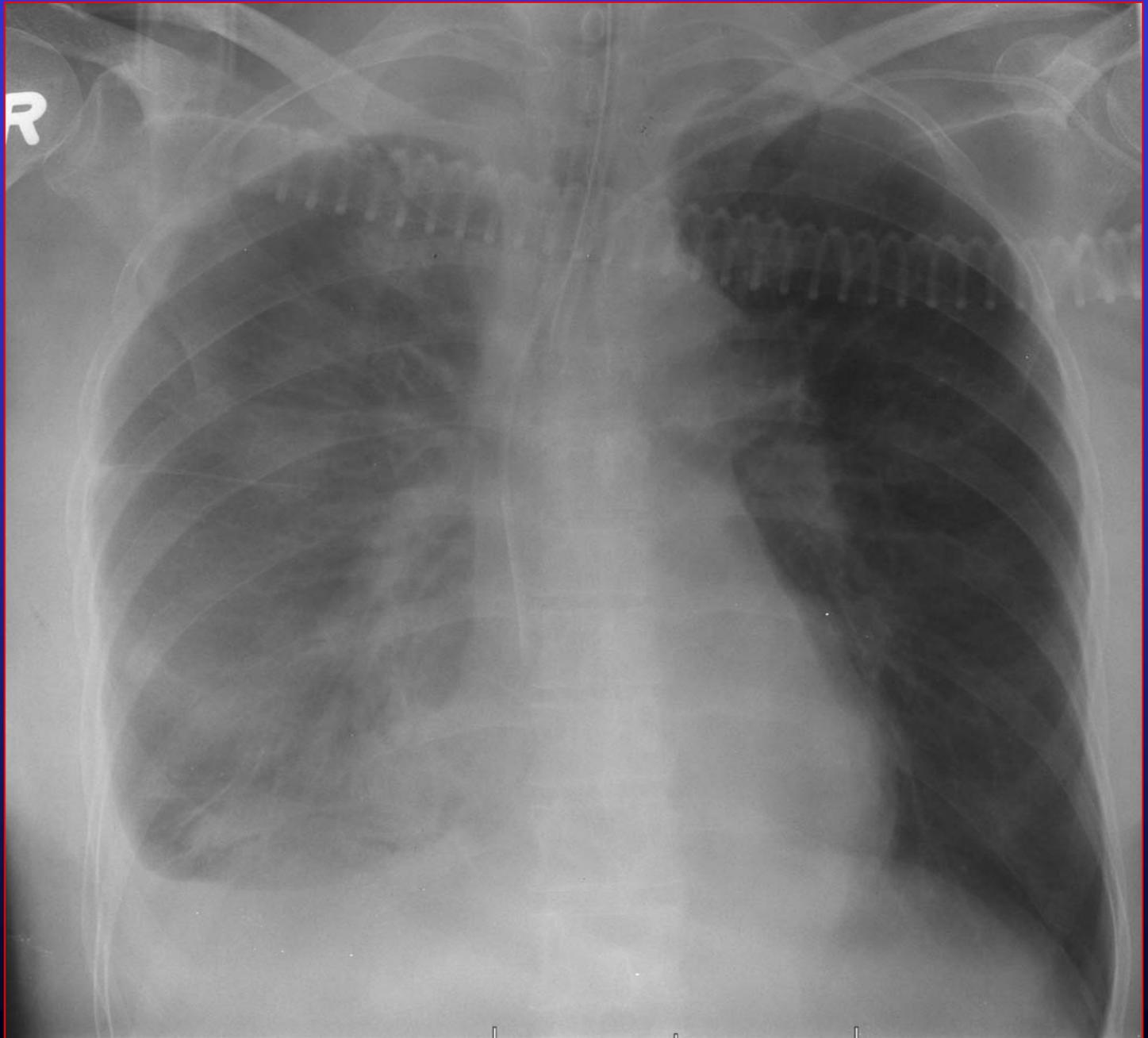


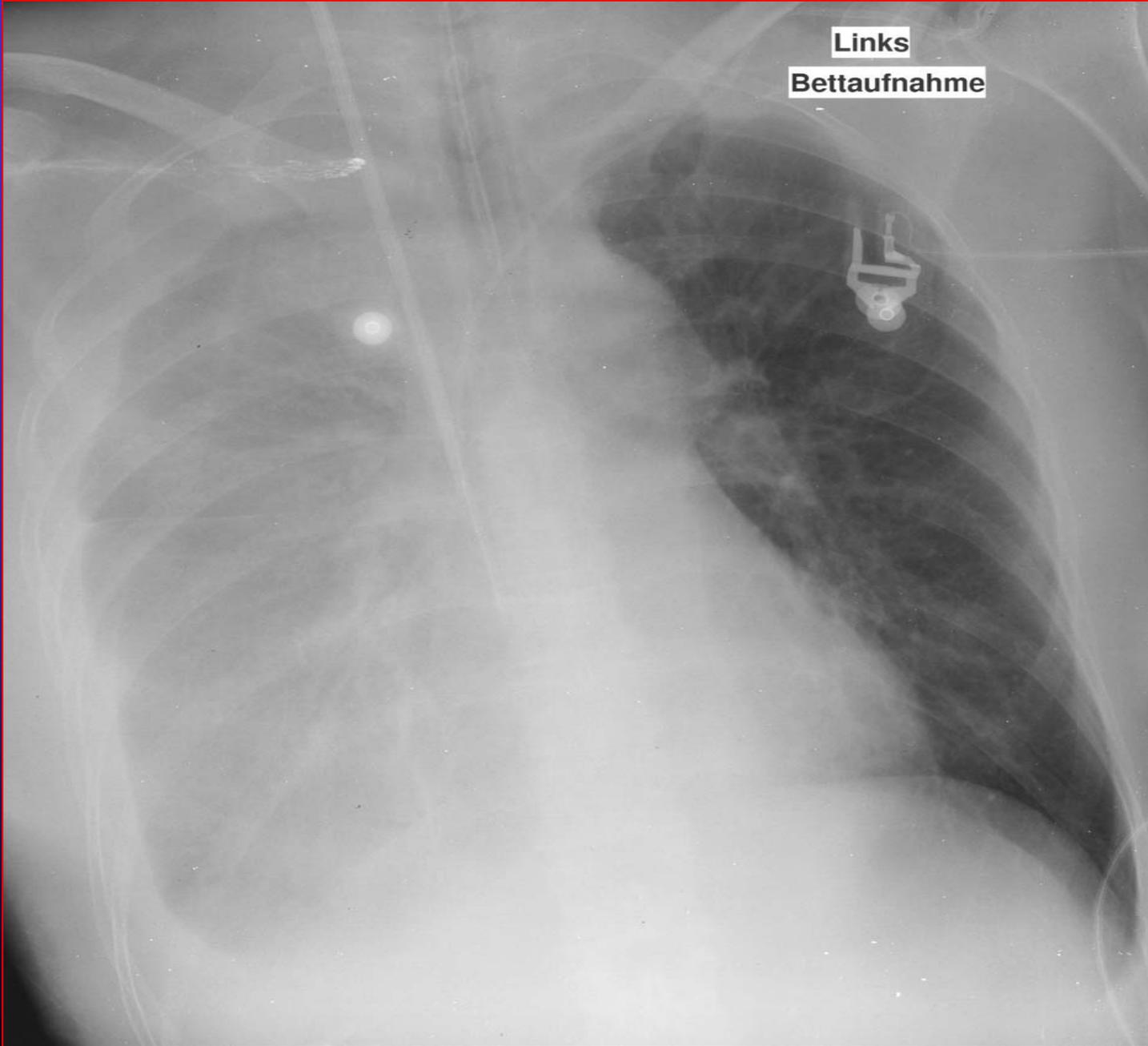




Betaaufnahme

Links





Links

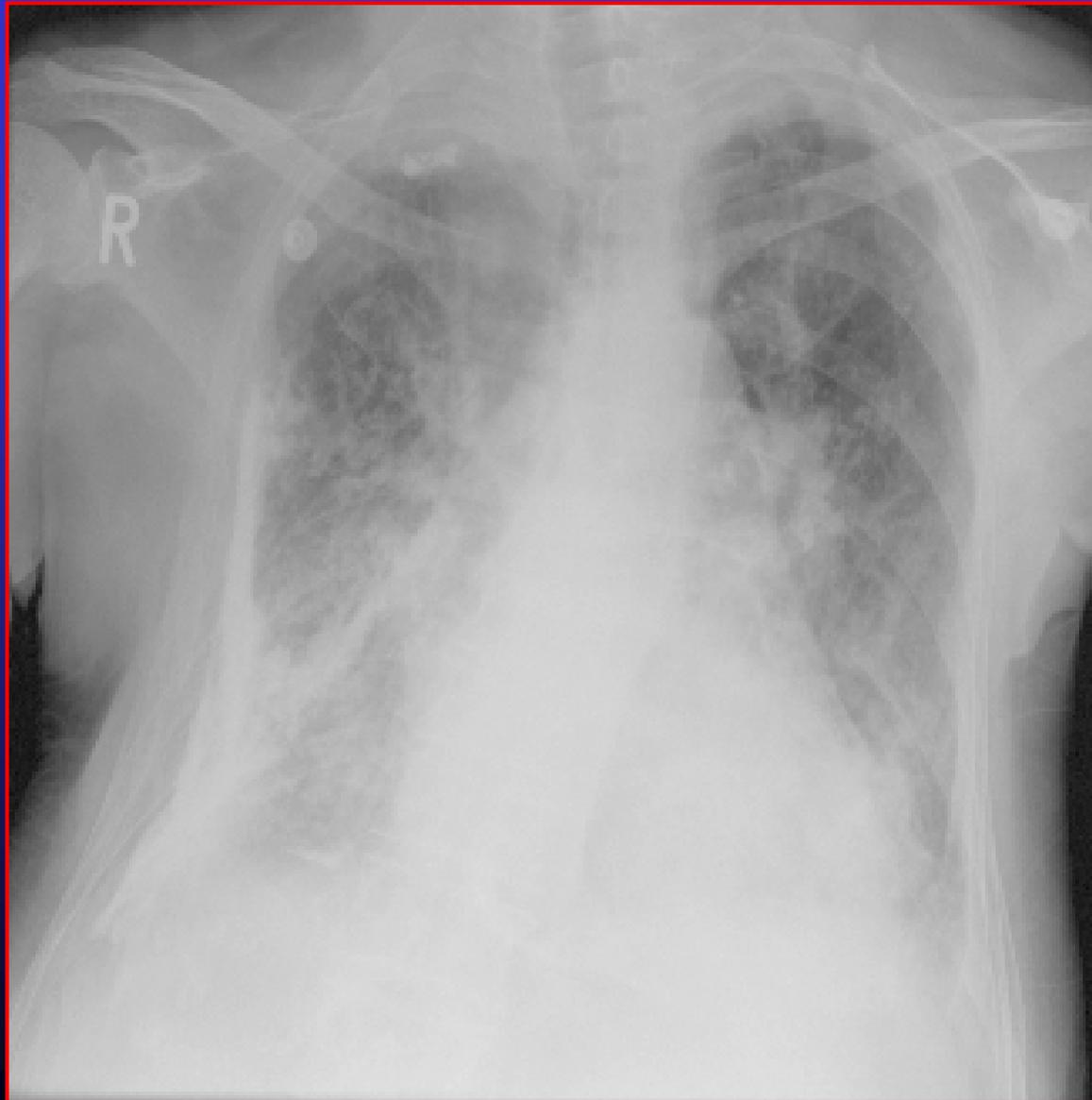
Bettaufnahme



Abgekapselte Pleuraergüsse

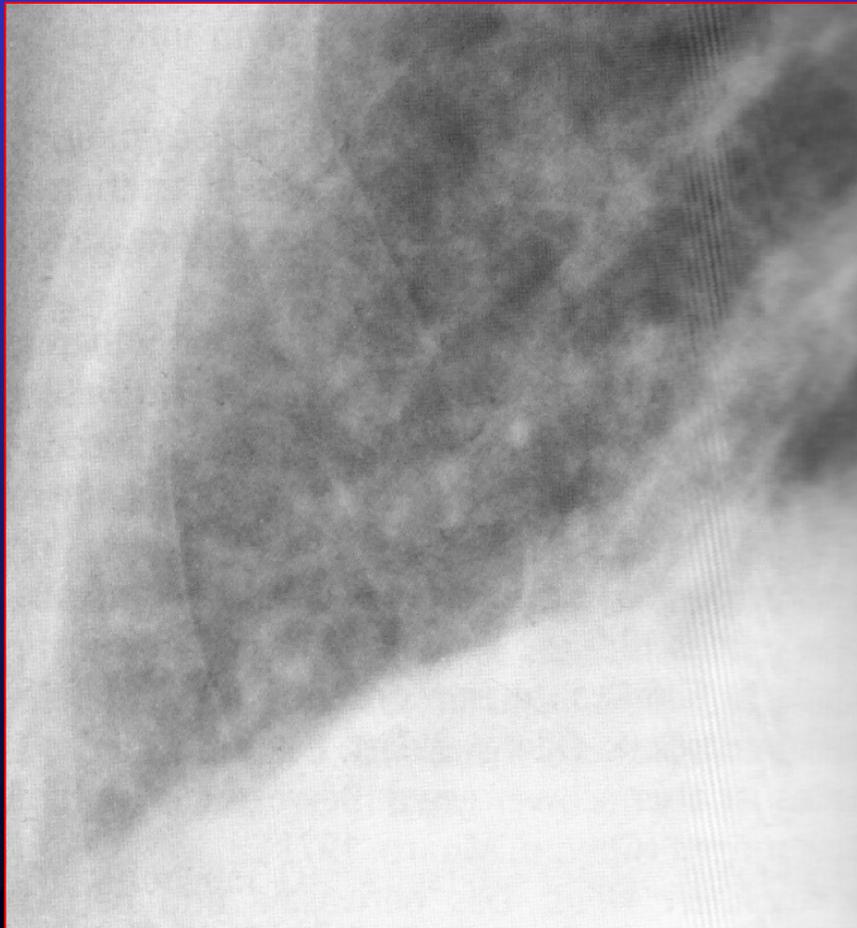


DD Schwielen



Stauungszeichen

Kerley-B-Linien

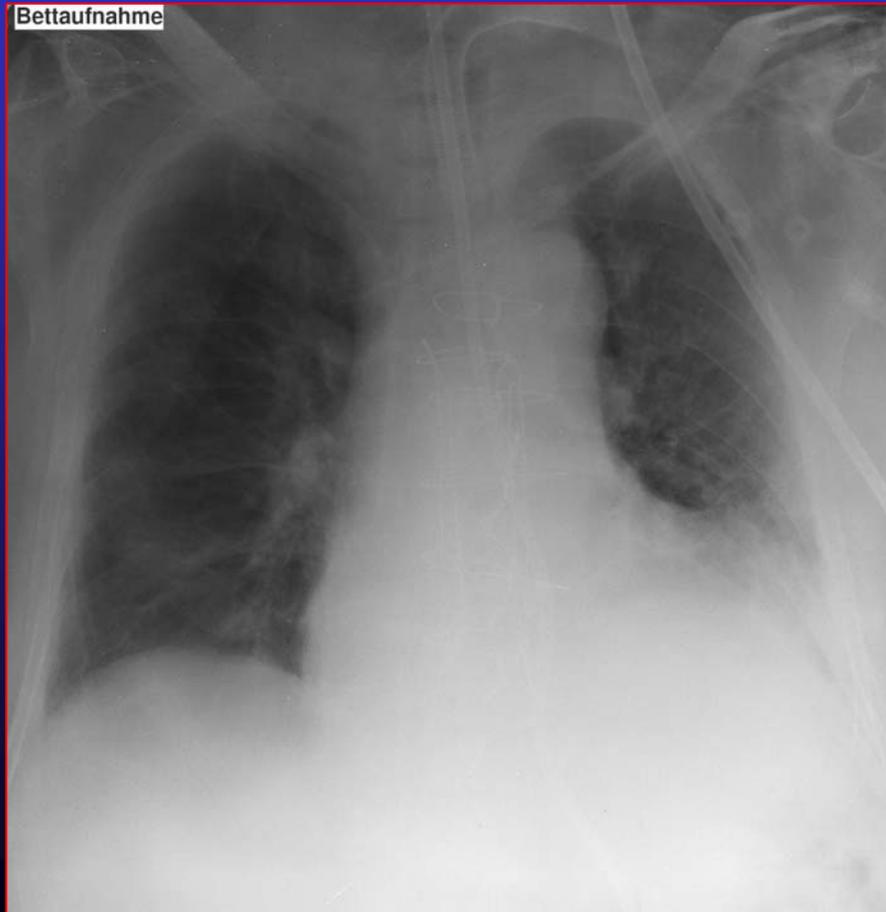


Bronchusmanschette



Kardiale Dekompensation

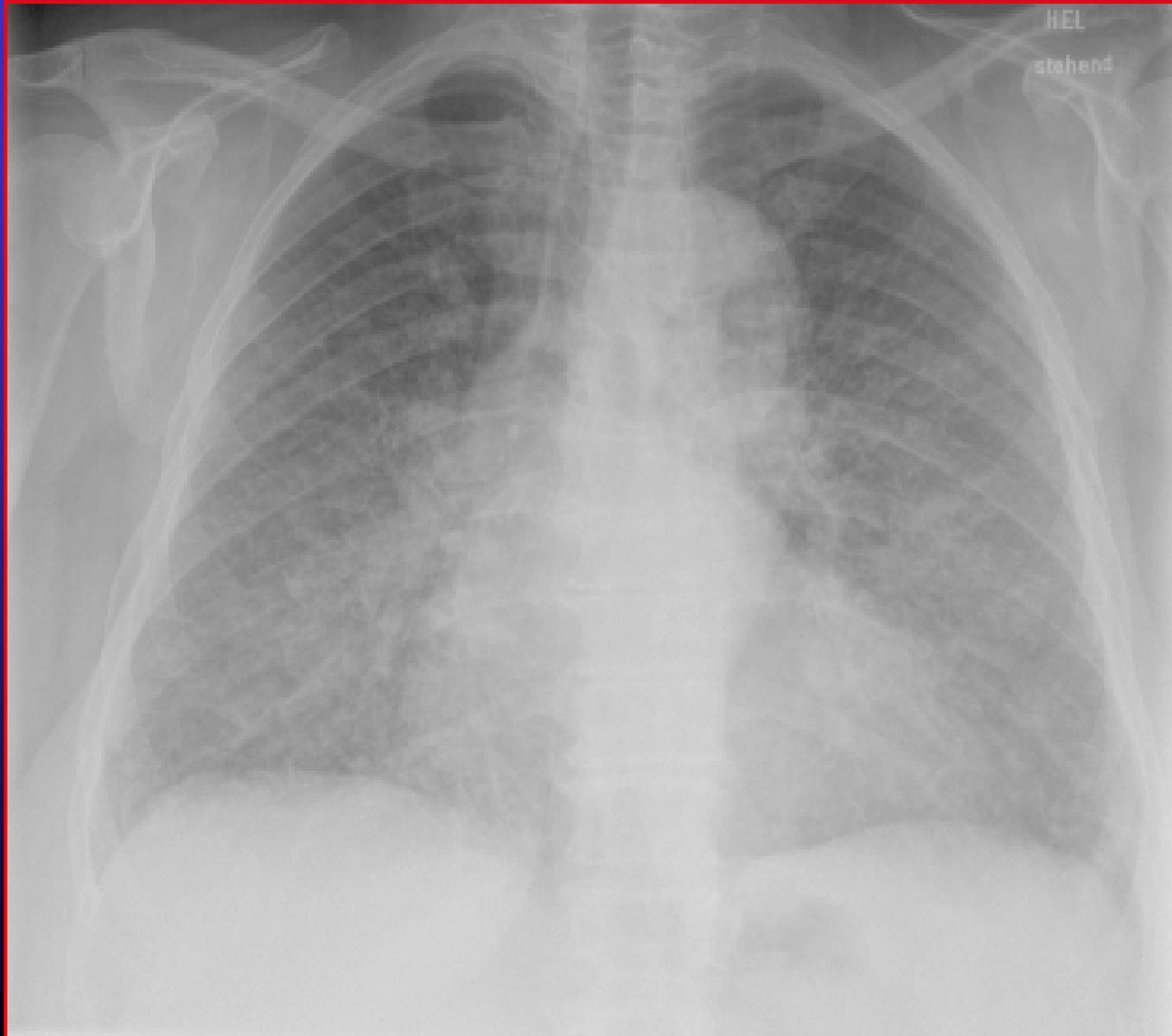
vor Dekompensation



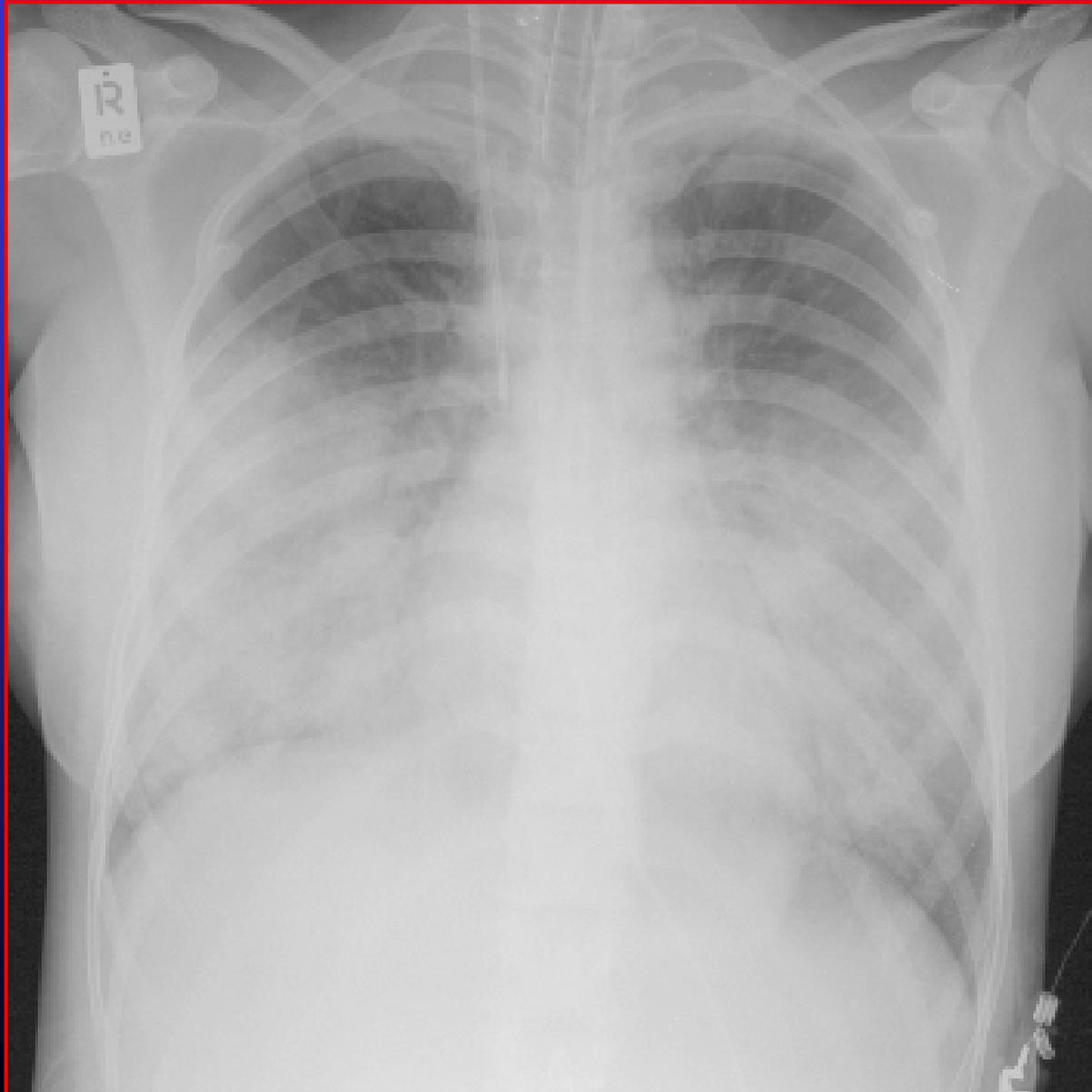
Dekompensation



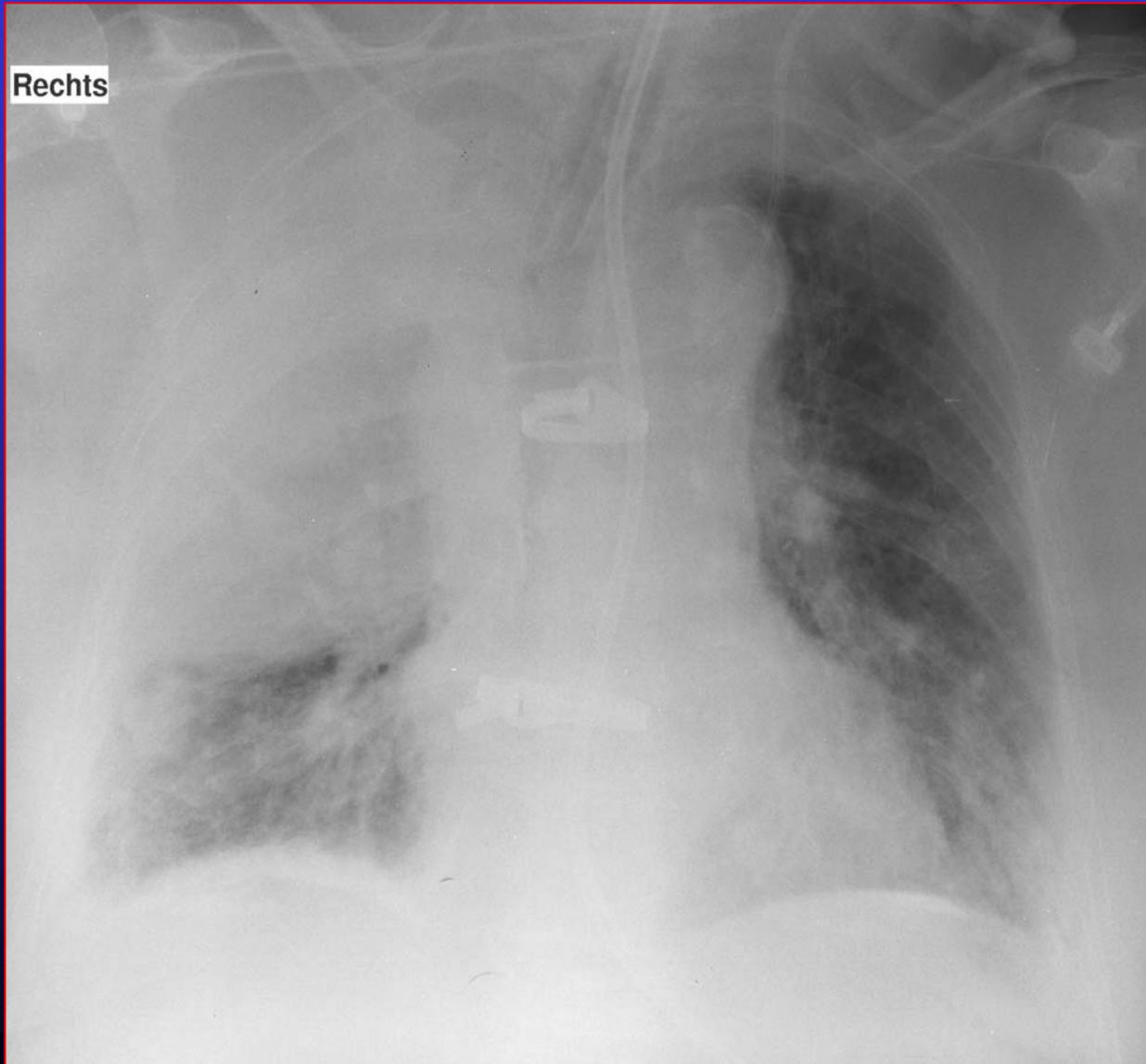
Interstitielles Lungenödem



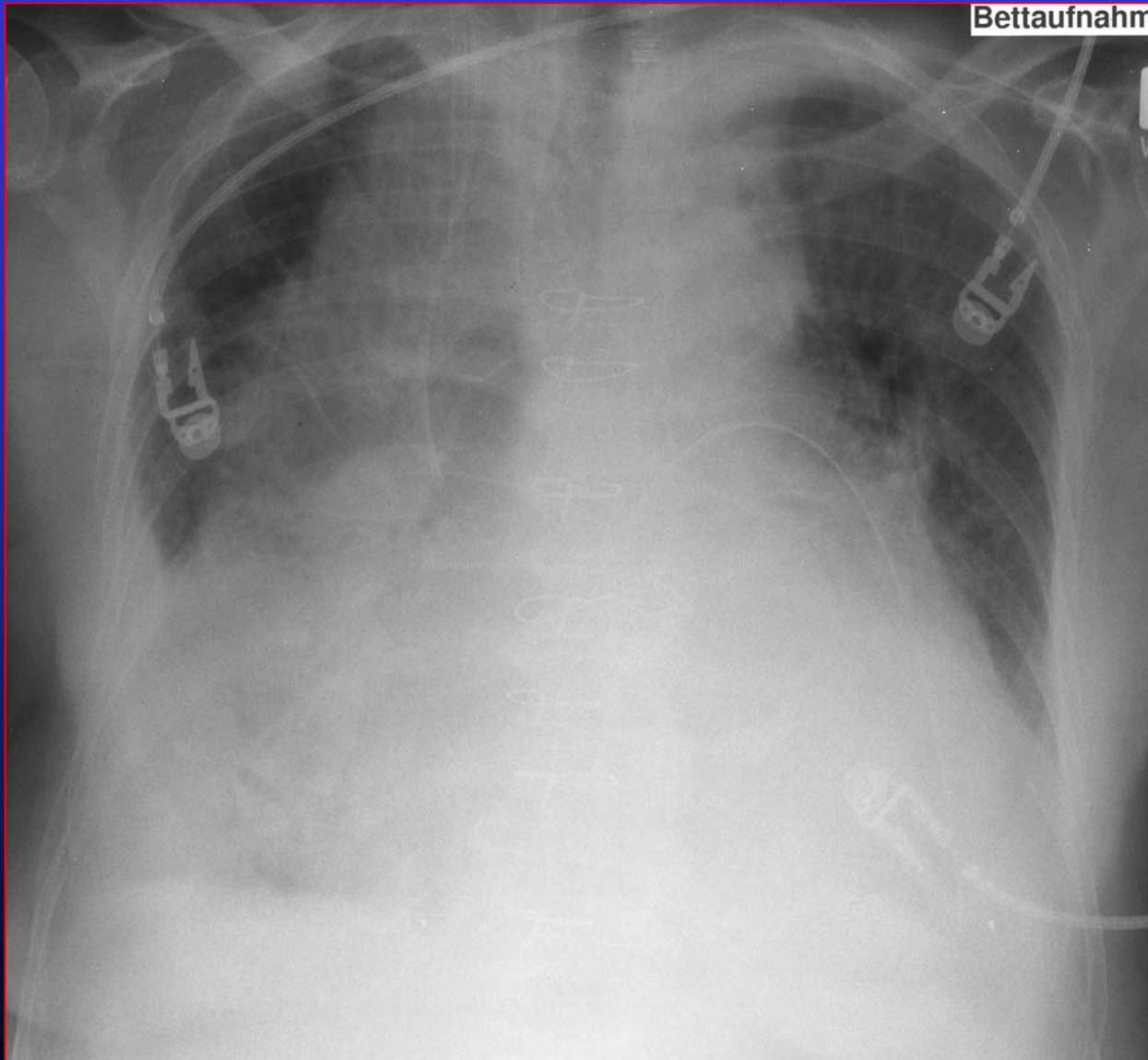
akutes alveoläres Lungenödem



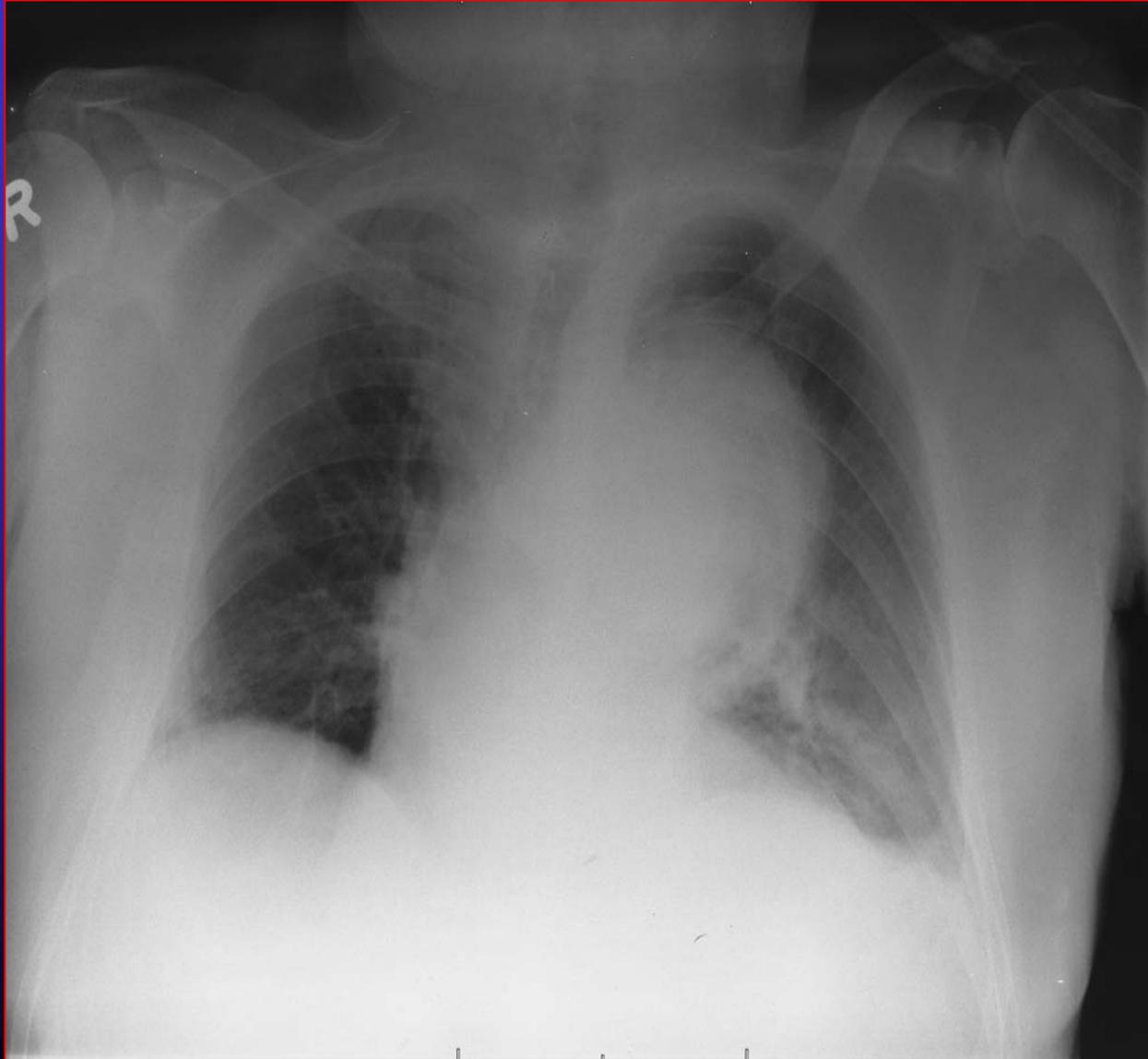
Einblutung nach ZVK-Anlage



Mediastinale Einblutung nach Thorakotomie

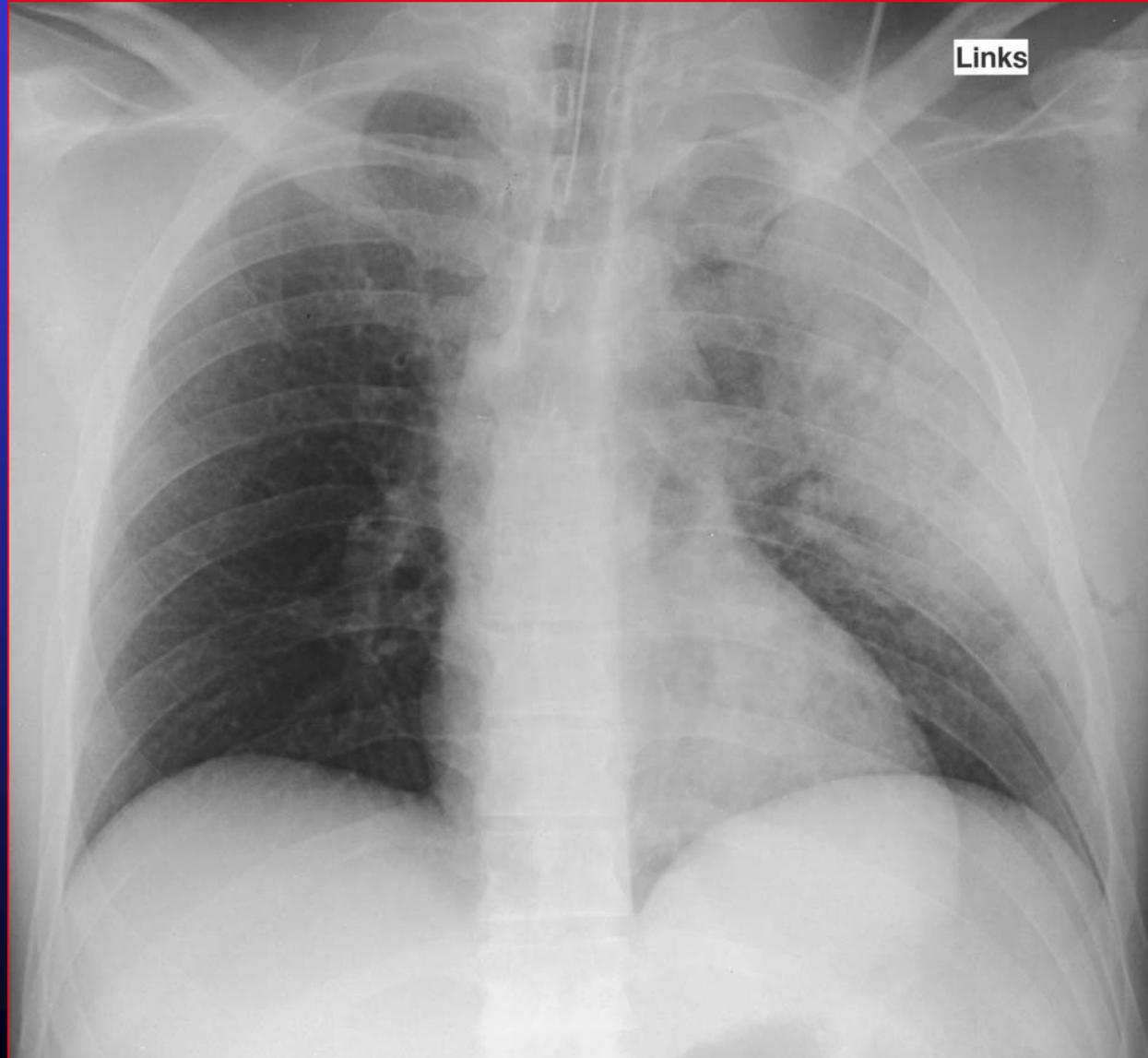


Aortenruptur

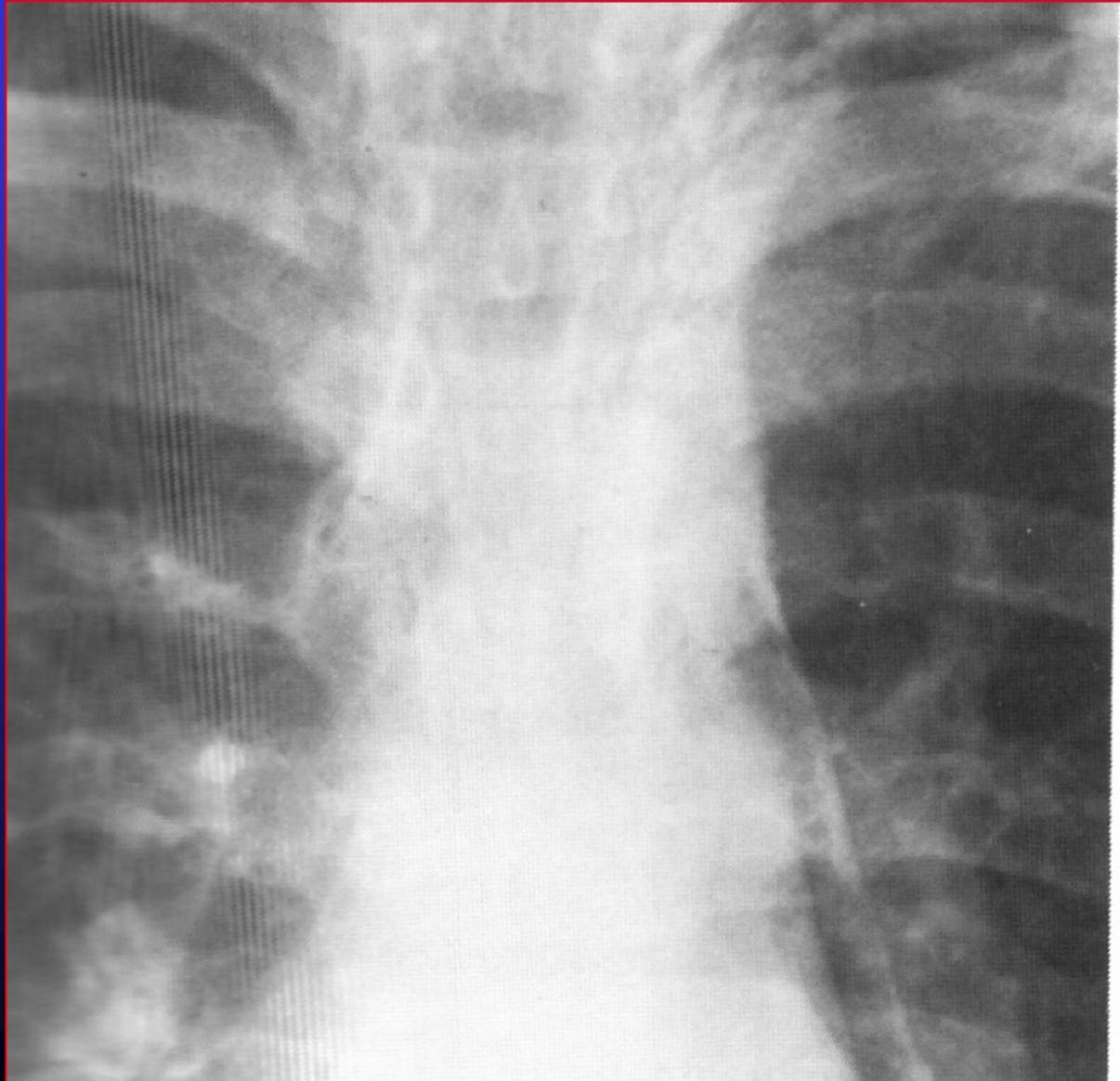


Lungenkontusionen

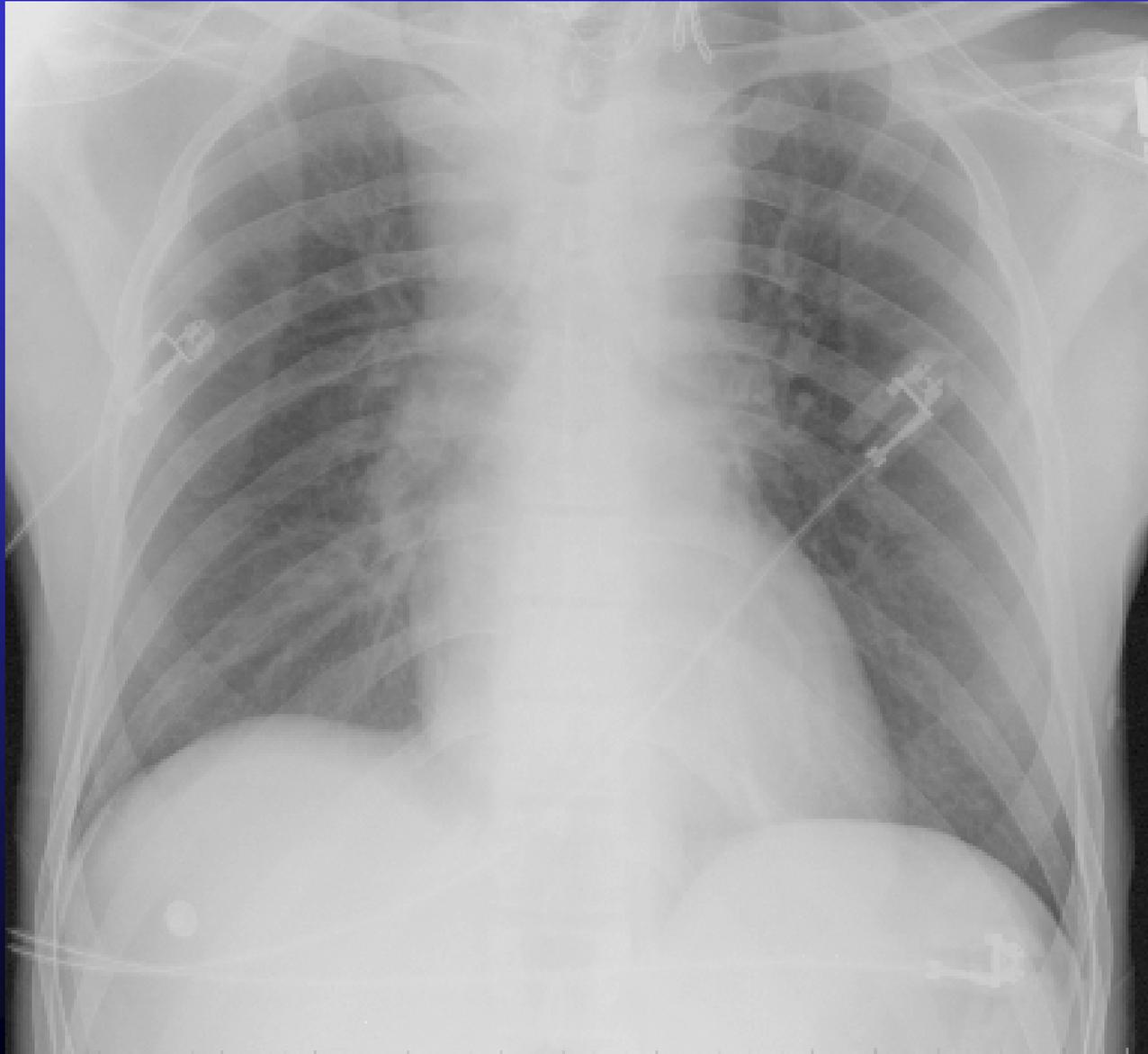
- Entstehung interstitieller und intraalveolärer Einblutungen und Ödeme
- fleckig konfluierende Verschattungsbezirke
- Rückbildung innerhalb 2 - 4 Tage



Pneumomediastinum



oberes Mediastinum verbreitert



Pericarderguss

