

For each viewpoint, **wet the fur** with alcohol, **part the fur** to prevent air trapping prior to placing the probe, and **add gel if needed**. There is no need to shave, or turn the room lights off. Unless otherwise indicated, orient the probe in the **sagittal** plane, with probe **maker toward the head**. Abdominal preset and microconvex probe are ideal. If video clips are always done in the same order, minimal alphanumeric labeling is needed, unless to clarify abnormal findings.



Tips for VetBLUE® 8 Point Lung Scan

- **Place** probe perpendicular to skin & centered in the intercostal space for each point.
- Standing or sternal/modified sternal recumbency are preferred. Laterally recumbency is OK if the patient is recumbent and sternal is not possible.
- . Set depth to 4-6 cm and adjust from there as needed.
- The **"Gator Sign"** is the target view for each point on the lung scan. The two eyes of the gator are created by rib shadows, with horizontal white lung line in between. Once the Gator Sign is optimized at each point, the probe is held stationary and a **video clip recorded**. Spend the first third of the clip in that **home intercostal space (ICS)**, the next

third in **one ICS caudal**, and the last third **one ICS cranial** to the home ICS.

- **Lung Pathology** that can be seen on VetBLUE® peripheral lung exam includes: **Ultrasound Lung Rockets** (aka ULRs, B Lines, wet lung); soft tissue **nodules**; shreds and **wedges** (partially consolidated lung with aerated bronchioles); and **tissue sign** (aka hepatized lung, atelectic lung, fully consolidated lung/airways). Pleural space pathology such as **pneumothorax** or **effusion** might also be seen.
- **ULRs are scored** for each Point, according to a representative ICS: **0, 1-3, >3** or infinity (&). ULR 1-3 are considered **soft positive** for interstitial fluid. ULR >3 and & are considered **strong positive** for interstitial fluid.



STEP 1: VetBLUE® Lung Scan Left Side

- **Point 1: Left Caudal Lung Lobe Point (LCd)** – Palpate the xyphoid and draw a line dorsally to where the lumbar muscles meet lung field. Place the probe here, and explore locally until you find the transition zone between lung and abdominal contents. Move 1-2 rib spaces toward the head to locate LCd, where abdominal contents are no longer visualized. Optimize the Gator Sign, and take **Video Clip 1**.
- **Point 2: Left Perihilar Point (LPh)** – Draw an imaginary line from LCd to the left elbow. Place the probe half way between LCd and the elbow, on this line to find LPh. Optimize the Gator Sign, and take **Video Clip 2**.
- **Point 3: Left Middle Lung Lobe Point (LMd)** – Place the probe just behind the left elbow to find LMD. If you are over the heart, slide toward the spine until you optimize the gator sign. Take **Video Clip 3**.
- **Point 4: Left Cranial Lung Lobe Point (LCr)** – Have the assistant pull the left front limb toward the head so the paw comes off the table. Slide the probe into the left axillary space until you reach the thoracic inlet, then slide 1-2 rib spaces caudally to find LCr, which is dorsal and cranial to LMD. Optimize the Gator Sign, and take **Video Clip 4**.



STEP 2: Take Blank Video Clip 5

to indicate that you are moving from the patient's left to right side.

STEP 3: VetBLUE® Lung Scan Right Side

- **Point 5: Right Caudal Lung Lobe Point (RCd)** – See Point 1 LCd on page 1 and repeat on the right side (see Figure at left). Take **Video Clip 6** of RCd.
- **Point 6: Right Perihilar Point (RPh)** – See Point 2 LPh. Take **Video Clip 7**.
- **Point 7: Right Middle Lung Lobe Point (RMd)** – See Point 3 LMD. Take **Video Clip 8**.
- **Point 8: Right Cranial Lung Lobe Point (RCr)** – See Point 4 LCr. Take **Video Clip 9**.

STEP 4: DH View – (see AFAST®, TFAST® or GlobalFAST®) - Video Clip 10.

Pulmonary Contusion Severity Score – is determined by adding up the ULR score for each of the 8 lung points, and keeping track of how many & were scored. DH View is not scored, as there is no Gator Sign for reference.