ers, especially if they have a background in pathophysiology. The key terms, key points, chapter highlights, and questions emphasize the most critical aspects of auscultation.

Unfortunately, the problems with organization and missing or inaccurate content overshadow some of the text's good points. At times, the text lacks focus and wanders off into subjects other than auscultation. The chapter on bedside patient assessment is the best example of that problem. I found it odd that content about localization of auscultatory findings and assessment of infants, children, pregnant women, and older adults was missing. The dyspnea scale discussed in the book goes from 1 to 10, but my review of the literature indicates that a standard dyspnea scale is 0 to 10.

While I prepared this review I referred to several physical assessment texts, and I have some overall concerns about **Fundamentals of Lung and Heart Sounds**. Concepts and practices that are not strongly addressed include sequencing of the physical examination, the steps in listening at each cardiac auscultation area, and the use of techniques such as position change. As well, there should be a more complete description of lung-percussion sounds and a description of skeletal abnormalities and breathing patterns. Also, the book does not provide references to Web sites such as that of the American Thoracic Society, and many of the bibliographic references are outdated. For example, Chapter 4 referenced the 1991 edition of a physical assessment book edited by Seidel, and 3 editions of that book have been published since 1991!

In summary, I would not recommend this book for beginning students, primarily because of its organizational difficulties. Unfortunately, the CD-ROM—one of the strongest parts of this publication—must be purchased with the text. My review of physical assessment texts indicated that this material can be presented in a more clearly organized, succinct manner. It is unfortunate that the content was not put in a more readable publication; there is a lot of good information included, but the frustration of trying to follow it makes this book a challenge to read.

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Cardiopulmonary Imaging. Ella A Kazerooni MD MS and Barry H Gross MD. (*Core Curriculum* series). Philadelphia: Lippincott Williams & Wilkins. 2004. Hard cover, illustrated, 651 pages, $99.

The chest radiograph is the most commonly performed imaging study in the United States. Its utility extends from screening and diagnosis in the clinic patient to following the course of disease and therapy in the critically ill. Radiologists, other physicians, nurses, respiratory therapists, physician assistants, and other health professionals routinely use chest radiographs to guide patient care. Despite its popularity and ubiquity, the chest radiograph remains one of the most difficult diagnostic tests to interpret. Compound this with the ever-expanding number of complex modalities used to image the thorax, and you begin to comprehend the accomplishment of the authors, Kazerooni and Gross, in writing this concise and well organized text, **Cardiopulmonary Imaging**, which is part of the *Core Curriculum* series.

The first 3 chapters address basic chest anatomy and physiology, imaging modalities, and the approach to the chest radiograph. These topics serve as a primer to understand and interpret the pathophysiology of thoracic disease as manifest on radiograms, computed tomograms, magnetic resonance images, ultrasound images, and nuclear medicine imaging studies. The anatomy and physiology are broken down by organ and anatomic structure. Labeled radiographs, cross-sectional images, and 3-dimensional reconstructions accompany the discussion. A basic overview of the various modalities, their applications, and a brief explanation of their physics follows. Basic diagrams drive home key points. A simple approach to reading the entire radiograph is then given.

The fourth chapter addresses the radiology report—a topic about which, after years of practice, most radiologists consider themselves expert, but upon which they seldom agree. The authors stick with consensus recommendations and add a bit of humor when extolling their own biases on report format.

The chapters that follow, with 2 exceptions, are dedicated to discussion of specific categories of disease and are organized by the clinical scenario that best aids the reader in narrowing the differential diagnosis. For example, the section on pulmonary infection is divided into chapters that address infection in immunocompetent and immunocompromised hosts, while the chapters on lung carcinoma and mediastinal tumors separate the description of masses by anatomic location. This format helps the reader develop a useful framework for formulating diagnosis and clinical decision making based on imaging data.

These category-specific chapters also cover imaging of the critically-ill, trauma, pulmonary manifestations of systemic disease, congenital and acquired cardiac pathology, and diseases of the airways, pleura, pulmonary vasculature, and aorta.

The exceptions to the disease-focused chapters are Chapter 11, which addresses line, tube, and device placement and complications, and Chapter 22, which describes thoracic interventional procedures.

There was abundant thought put into making the text user-friendly. The book makes good use of tables, which list disease-specific findings and differential diagnoses, without making them so large as to become overwhelming or irrelevant. There are complete and current reference lists at the end of each chapter, organized in order of citation. The index is comprehensive and accurate. There is a wide outside page margin with brief summaries of important points and room for notes. The images are numerous and the reproductions are very good. When relevant, there is excellent correlation between plain radiographic findings and cross-sectional imaging. Examples of the more recent developments of 3-dimensional reconstruction and planar reformation are also demonstrated in appropriate cases.

This text is directed toward radiologists and radiology residents. Thus, other practitioners may discover this book to be too broad and detailed. However, the introductory chapters and the chapter on tubes and lines address topics immediately applicable to nursing, respiratory therapy, and other specialties. In addition, physicians whose practices involve chest imaging would find this book an excellent in-depth resource. I highly recommend **Cardiopulmonary Imaging** as a valuable addition to departmental and personal libraries.

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