Lecture summaries

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Panel Discussion - Contentious POCUS Consensus Statements

Be an anonymous Delphi expert reviewer for an hour! This panel discussion with domain leads from the POCUS consensus statement will focus on the statements that were difficult to develop and those in which a consensus opinion was elusive. Topics covered will include gauging left atrial distension, formal diagnoses such as biliary mucocoele, pyometra and gastrointestinal obstruction, supporting diagnoses of neoplasia, and deciding when ultrasound 'can' be used, or 'should' be used…

Learning goals:
1. Appreciating which POCUS skills can be considered basic skills vs advanced skills.
2. Recognising the line between POCUS and formal ultrasonography or formal echocardiography.
3. Deciding whether procedural ultrasound guidance 'can' be used vs 'should' be used.
4. What is NOT covered in the POCUS consensus statement and why.

Mastering the Thorax: Foundational Lung & Pleural POCUS Every Vet Should Know

Lung and pleural point-of-care ultrasound (POCUS) has become an essential skill for veterinarians managing respiratory disease and unstable patients. This session provides a practical, clinically focused introduction to pleural and lung ultrasound (PLUS), emphasizing normal lung surface anatomy, key sonographic lines and signs, and interpretation of common artifacts. Attendees will learn how patient positioning influences where pathology accumulates, how to identify sonographically defined lung borders, and how to confidently recognize and interpret A-lines, B-lines, lung sliding, and the abdominal curtain sign. The goal is to equip clinicians with a reproducible, patient-centered framework for applying lung and pleural POCUS in everyday practice.

Learning goals
1. Describe how patient positioning affects the distribution and detection of pleural and lung pathology during POCUS.
2. Identify the sonographically defined pleural and lung borders, including the abdominal curtain sign.
3. Recognize the bat sign and use it to accurately locate the pleural line.
4. Define A-lines and B-lines and distinguish normal from abnormal lung surface findings.
5. Apply a clinically driven PLUS approach to answer key binary questions in dyspneic or unstable patients.

Beyond lung sliding: Key Concepts and Paradigm shifts for Lung & Pleural Pathology
Accurate diagnosis of pleural effusion, pneumothorax, and lung pathology using pleural and lung ultrasound (PLUS) requires moving beyond reliance on lung sliding alone. This session highlights key paradigm shifts in pleural and lung ultrasound (PLUS), emphasizing patient positioning, sonographically defined lung borders, optimized probe orientation, and interpretation of abnormal lung surface findings. Using a clinically driven, binary approach, attendees will learn how to improve sensitivity for detecting pleural effusion and pneumothorax, avoid common pitfalls, and correctly interpret increased B-lines and lung consolidation. The session focuses on practical concepts that enhance diagnostic confidence in unstable or dyspneic patients, and when radiography is impractical or delayed.

Learning goals
1. Explain how patient positioning influences the detection of pneumothorax and pleural effusion during PLUS.
2. Differentiate causes of increased B-lines and classify subpleural lung consolidations.
3. Recognize and avoid common pitfalls and false-positive findings when performing lung and pleural POCUS.
4. Discuss the rule in and rule out findings for assessment of pneumothorax using PLUS
5. Describe the different windows used to maximize sensitivity in finding pleural effusion and how to confidently differentiate it from pericardial effusion.