Witness Statement Ref. No. WS- 242

NAME OF CHILD: Adam Strain

Name: Louise Sweeney

Title: Dr

Present position and institution: Consultant Paediatric Radiologist, RBHSC

Previous position and institution: Consultant Paediatric Radiologist, RBHSC
[As at the time of the child's death]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995-December 2004]

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

OFFICIAL USE:
List of previous statement, depositions and reports attached:

Ref:	Date:	

Particular areas of interest
[Please attach additional sheets if more space is required]

I have been a Consultant Paediatric Radiologist at the Royal Belfast Hospital for Sick Children since 1985. My qualifications are:
MB BCh BAO, Queen's University, Belfast 1976
Diploma in Child Health, Royal College of Physicians, Glasgow 1978
Diploma in Radiodiagnosis, London 1980
Fellowship of the Royal College of Radiologists, 1983
Fellowship of the Faculty of Radiologists of the Royal College of Surgeons in Ireland 1987

The following is my report on two chest x-rays taken on 27th November, 1995, which were performed in the Intensive Care Unit of the Royal Belfast Hospital for Sick Children. Adam Strain died on 28th November, 1995 and the chest x-rays were never returned to the Radiology department to be reported by a Radiologist.

Both chest x-rays were portable x-rays performed in the Intensive Care Unit with the patient in the supine position. The radiographer watches the patient's respiration by observing movement of the abdomen and makes the exposure during inspiration. During inspiration, the diaphragm moves downwards, making the abdomen move outwards to become more protruberant. The two chest x-rays have been taken at a similar degree of inspiration. The degree of inflation of the lungs is such that the anterior end of the 5th rib is visible above the diaphragm on both chest x-rays which is satisfactory on a supine chest x-ray. On a chest x-ray taken in inspiration with a child in the erect position, the anterior end of the 6th rib should be visible above the diaphragm. The degree of inflation of the lungs on both x-rays is technically adequate for interpretation and comparison of the images.

Chest x-ray dated 27th November 1995 1:20 pm (hard copy). The tip of the endotracheal tube is at the level of the second thoracic vertebra. There is a central venous catheter in the right side of the neck extending cephalad (towards the head). Its tip is not visible on the x-ray, it lies beyond the upper margin of the x-ray. There is mild pulmonary oedema mainly in the right perihilar region. There is no evidence of a pleural effusion.

Chest x-ray dated 27th November, 1995 at 9:30 pm (hard copy). The tip of the endotracheal tube is at the level of the second thoracic vertebrae. The tip of the central venous catheter is visible projected over the right side of the neck and points cephalad. I have also viewed a digitized copy of this chest x-ray. The tip of the central venous catheter has not been included on the digitized image.

The tip of the nasogastric tube is projected over the left hypochondrium. On comparison of this x-ray with the earlier chest x-ray performed on 27th November 1995 at 1:20pm, there has been an increase in heart size and a deterioration in the appearance of the lungs due to an increase in pulmonary oedema in both lungs with evidence of interstitial and intra-alveolar pulmonary oedema. A trace of fluid is present in the horizontal fissure.

Other points you wish to make including additions to any previous Statements, Depositions and or Reports
[Please attach additional sheets if more space is required]

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: Louise G. Sweeney **Dated:** 28 February 2012.