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What the Stethoscope Can Tell Us

By Gigi Reed, MD November 19, 2026

A stethoscope around the neck invariably denotes one as a healthcare worker. With that, “take a deep breath” is probably one of the most familiar instructions in medicine. So—what are we listening for? The stethoscope amplifies the sounds inside the body and listening to that is called auscultation. We can hear the heart’s “lub-dub,” the movement of air through the lungs, sounds of the digestive system, and more.

The normal “lub-dub” comes mainly from heart valves closing as blood is pumped through the heart. Listening helps assess the heartbeat’s speed, rhythm and unexpected sounds.

A possible finding is a murmur—a whooshing, swishing or humming sound produced by blood flow. The word may sound alarming, but a murmur is a finding, not a diagnosis. Some are harmless; others signal a problem requiring investigation.

So-called “innocent” murmurs occur in structurally healthy hearts. Common in children, as well as during pregnancy, with fever or rapid growth. They generally require no treatment.

Other murmurs develop because a valve is narrowed or leaky, or because an opening between heart chambers has changed the blood flow: Valves are one-way doors and a valve that does not open fully or close tightly changes the flow—and sometimes the sound. Hearing the sounds takes a lot of practice. I am always reminded of this when supervising students who often cannot differentiate or even hear the different heart sounds.

When a murmur occurs, we consider where it is loudest and whether it travels toward the neck or back. Loudness alone does not determine seriousness. When needed, an echocardiogram—an ultrasound of the heart—shows the heart’s structures, valve movement and blood flow. Treatment addresses the underlying problem, not simply the noise.

The lungs have their own vocabulary. Wheezing, rhonchi and rales describe different sounds, not interchangeable diagnoses.

Wheezing is a high-pitched, musical whistle, noticeable when breathing in or out. It occurs as air moves through narrowed airways. Asthma is often considered when this happens during inspiration and COPD when it occurs during expiration. A wheeze alone does not establish any diagnosis, though.

Rhonchi are lower-pitched, continuous sounds resembling rumbling or snoring. They reflect airway obstruction and vibration, often associated with larger-airway conditions such as chronic bronchitis.

Rales, also called crackles, are brief, separate pops, usually heard while breathing in. They may resemble crinkling plastic or opening Velcro. Fine crackles are shorter and higher-pitched; coarse crackles are longer and lower-pitched.

Crackles can occur as small airways or air sacs reopen. Possible explanations include fluid in the lungs, partially collapsed lung tissue or scarring. Just as wheezing does not automatically mean asthma, crackles do not automatically mean fluid.

We also can compare breath sounds across the front, back and sides of the chest. Reduced or absent sounds may mean little air is moving, or that air or fluid around a lung is interfering with sound transmission. A quiet chest is not necessarily a healthy chest.

Bowel sounds are also important to hear and can hint to why someone has abdominal pain.

Ultimately, a stethoscope supplies clues, not a complete answer. We always interpret those sounds alongside symptoms, medical history and, when necessary, additional tests.

That familiar request to “take a deep breath” is more than a ritual. It begins an investigation—one heartbeat and one breath at a time.

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