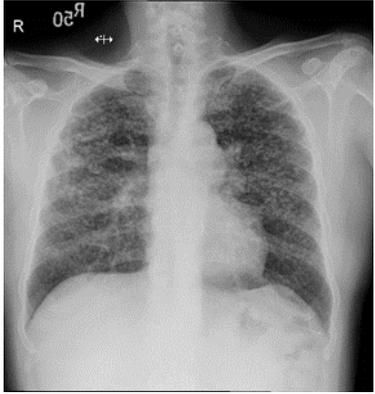
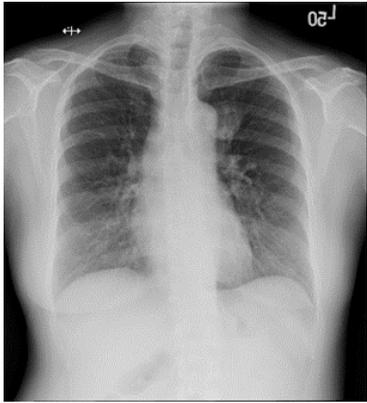
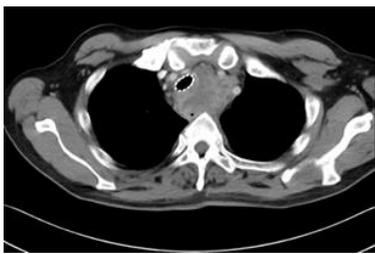
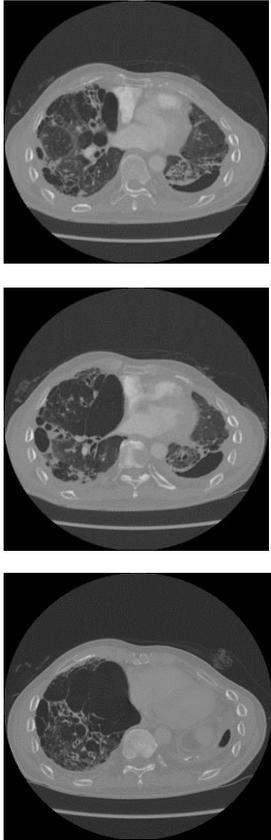
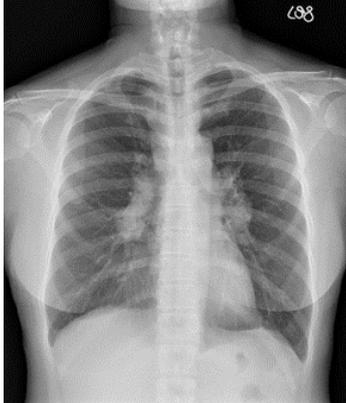
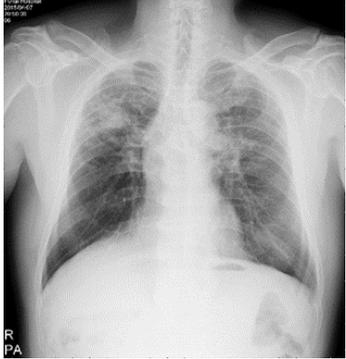
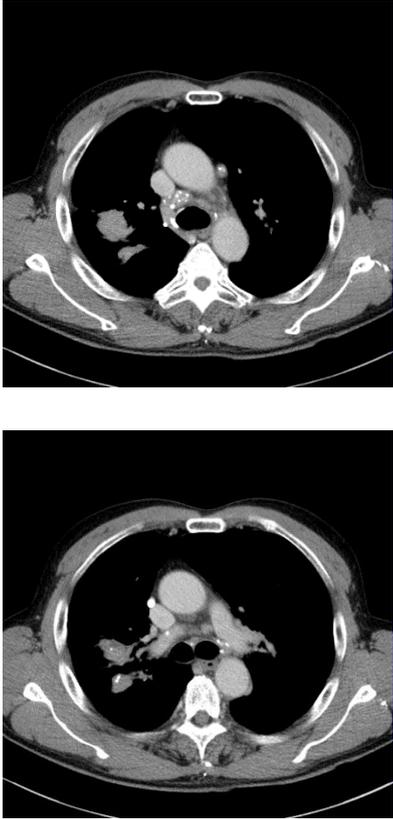


111年胸腔暨重症專科醫師考試_影像學

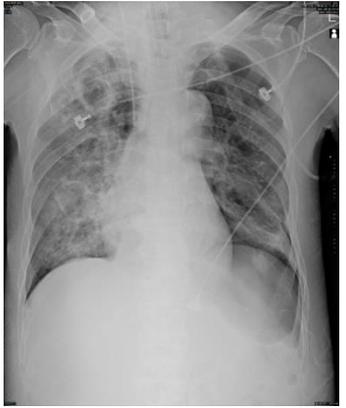
題目	答案	影像
<p>1. 69 y/o man had chronic cough for several years.</p>	<p>Pneumoconiosis</p>	
<p>2. 65-year-old man</p>	<p>Left flail chest with hemothorax</p>	
<p>3. 42-year-old woman, no symptoms</p>	<p>Left 2nd rib chondrosarcoma</p>	
<p>4. A 60 y/o male had suffered from shortness of breath and hoarseness for 2 weeks; dysphagia and BW loss for 3</p>	<p>Esophageal cancer with trachea invasion s/p trachea stent</p>	

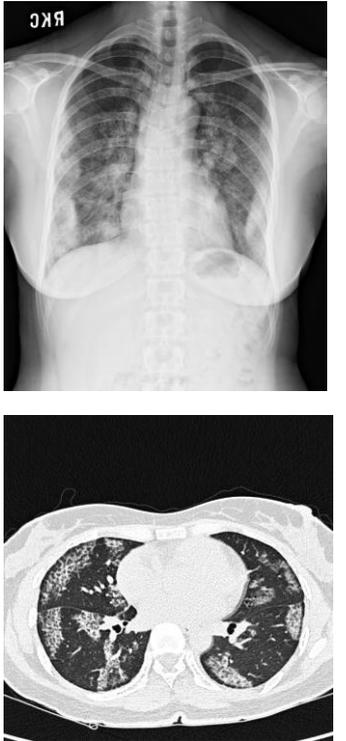
months.		
<p>5. This 59-year-old man had progressive dyspnea, initially on exertion then even at resting if without O2 supplement, for years. The condition progressed and he had been depended on O2 supplement at home.</p>	<p>Bronchiectasis/ chronic obstructive pulmonary disease</p>	 <p>The image consists of three axial CT scans of the chest, arranged vertically. The top scan shows the upper chest with the trachea and main bronchi. The middle scan shows the lower chest with the bronchi branching into the lung segments. The bottom scan shows the lower chest with the bronchi branching into the lung segments. All three scans show significant bronchiectasis, characterized by abnormally dilated and thick-walled bronchi, and chronic obstructive pulmonary disease, characterized by hyperinflation and destruction of lung tissue.</p>
<p>6. 60 y/o man had shock admitted to ICU.</p>	<p>Malposition of ET tube and NG tube</p>	 <p>The image is a frontal chest X-ray. It shows the lungs, heart, and diaphragm. There is a clear malposition of the endotracheal (ET) tube, which is inserted into the right main bronchus instead of the trachea. There is also a malposition of the nasogastric (NG) tube, which is inserted into the right main bronchus instead of the stomach. The patient's name 'R87' is visible in the top right corner.</p>
<p>7. Health exam. No any clinical symptoms.</p>	<p>Azygous fissure</p>	 <p>The image is a frontal chest X-ray. It shows the lungs, heart, and diaphragm. There is a clear azygous fissure, which is a deep fissure in the right lung that separates the upper and lower lobes. The patient's name 'R26' is visible in the top left corner.</p>

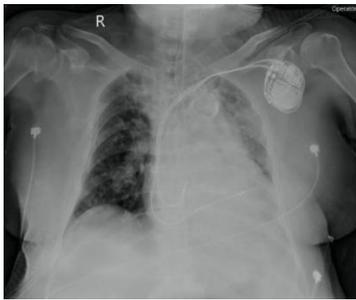
		
<p>8. 44-year-old man, Past smoker, 2ppd for two years Progressive exertional dyspnea in recent 3 months.</p>	<p>Trachea adenoid cystic carcinoma</p>	
<p>9. A 58 y/o woman had dry eye and discomfort for a long times. Panuveitis was impressed.</p>	<p>Sarcoidosis</p>	
<p>10. A 63-year-old man had chonic cough & progressive exertional dyspnea during recent 12 months.</p>	<p>pneumoconiosis</p>	

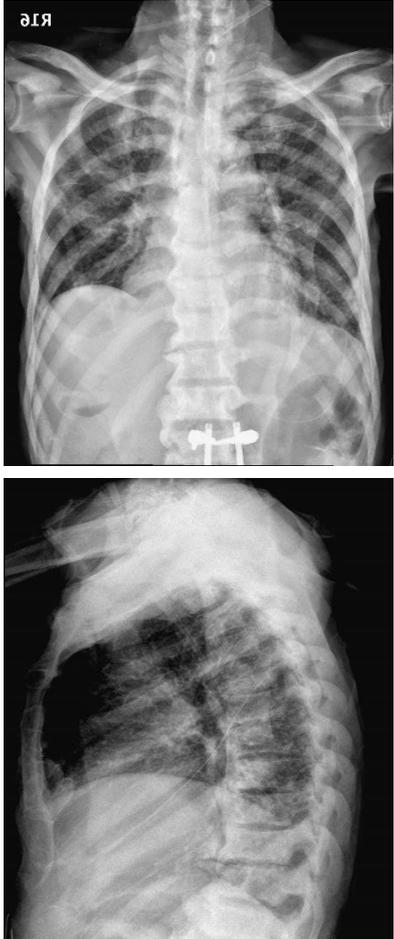
		
<p>11. A 68-year-old man complained chronic cough & chest tightness.</p>	<p>Pericardial cyst</p>	

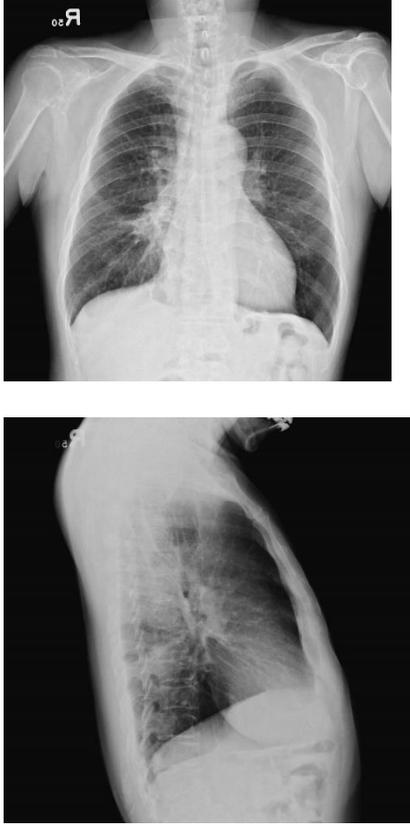
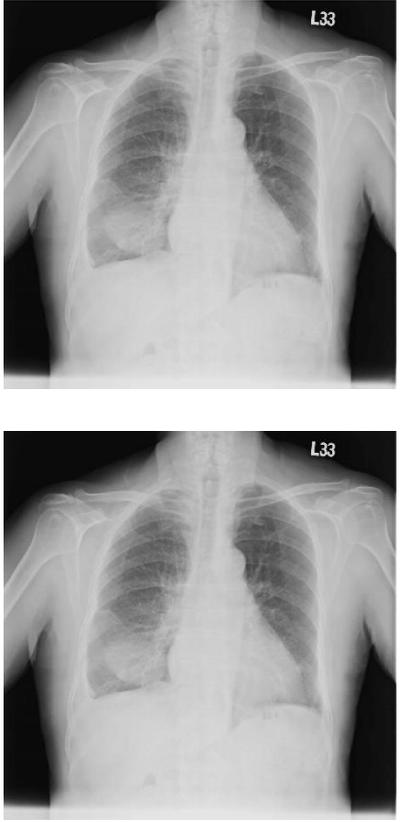
		
<p>12. A 71-year-old man had history of dysphagia. No fever, SOB or chest pain.</p>	<p>Esophageal cancer post colon interposition</p>	
<p>13. A 68-year-old man had dry cough & progressive exertional dyspnea during recent 6 months.</p>	<p>interstitial pneumonitis (idiopathic pulmonary fibrosis)</p>	
<p>14. 46 y/o male, general malaise, poor appetite for 2-3 weeks.</p>	<p>Germ cell tumor</p>	

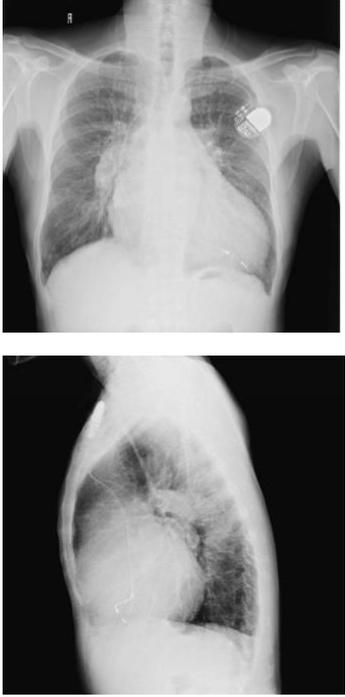
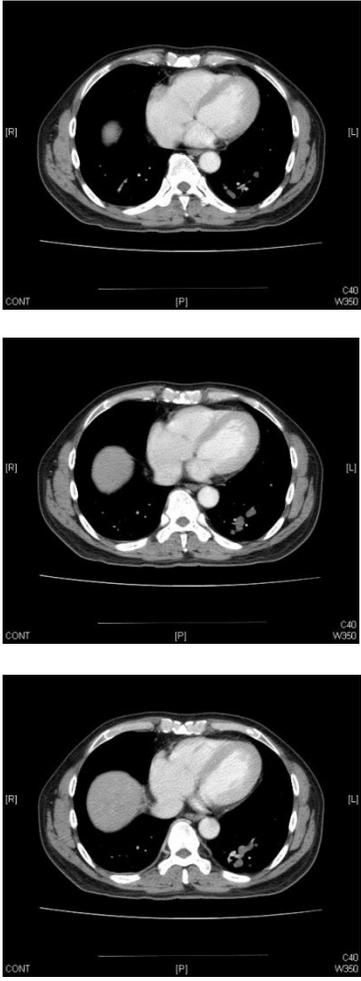
		
<p>15. 62 y/o male, fever and dyspnea for 1 week Underlying tongue ca.</p>	<p>Left pneumothorax Right lung abscess Endotracheal tube too shallow R jugular CVP in situ</p>	
<p>16. 76 y/o male, hemoptysis, BW loss.</p>	<p>RUL lung ca, endobronchial obstruction and first rib destruction</p>	
<p>17. 80 y/o female, productive cough for 1 month.</p>	<p>Military TB</p>	

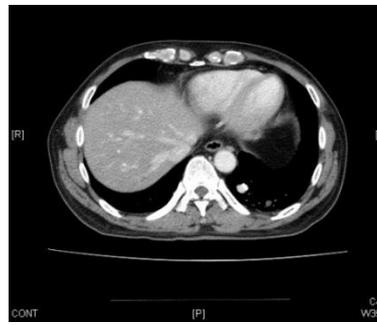
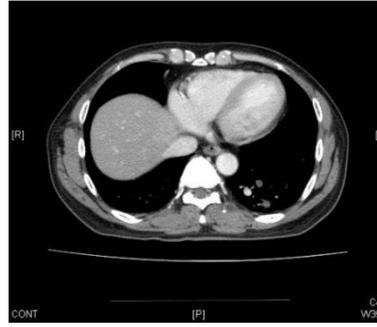
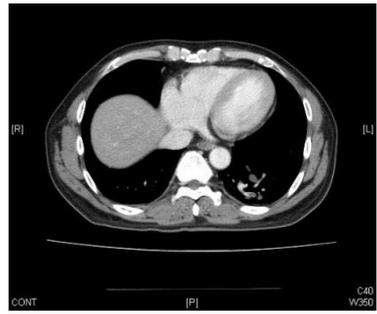
<p>18. 49 y/o male, no symptoms.</p>	<p>Esophageal ca s/p gastric tube reconstruction</p>	
<p>19. 62 y/o female, shortness of breath, 呼吸有異音.</p>	<p>Tracheal stenosis, post TB infection</p>	
<p>20. 32 y/o female, shortness of breath.</p>	<p>Pulmonary alveolar proteinosis</p>	

<p>21. 52 y/o male, dysphagia.</p>	<p>Esophageal cancer</p>	
<p>22. 64 y/o male, chest pain.</p>	<p>Hiatal hernia and achalasia</p>	
<p>23.</p>	<p>1. One lung intubation with LLL collapse 2. s/p pacemaker implantation</p>	

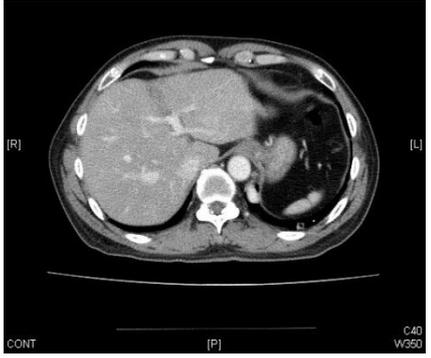
<p>24.</p>	<p>Ganglioneuroma (posterior mediastinal mass)</p>	 <p>A frontal chest X-ray showing a large, well-defined, soft tissue mass in the posterior mediastinum, displacing the trachea anteriorly. The lungs are clear, and the heart size is normal. Labels 'R', 'STANDING', and 'L' are visible.</p>
<p>25. 44 y/o man had CXR on health examination.</p>	<p>Right side aorta</p>	 <p>A frontal chest X-ray showing a right-sided aorta, which is a congenital anomaly. The aortic arch is on the right side of the patient. The lungs and heart are otherwise normal. Label 'R' is visible.</p>
<p>26. A 86-year-old man complained of weakness, no chest discomfort.</p>	<p>Prostate cancer with diffuse bony osteoblastic metastases.</p>	 <p>Two chest X-rays showing diffuse bony osteoblastic metastases. The top image is a frontal view showing multiple sclerotic lesions throughout the thoracic and lumbar spine. The bottom image is a lateral view showing similar sclerotic lesions in the vertebral bodies. Labels 'R' and 'L' are visible.</p>

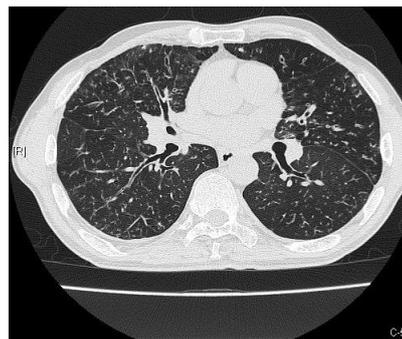
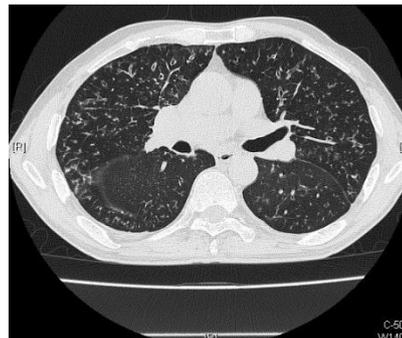
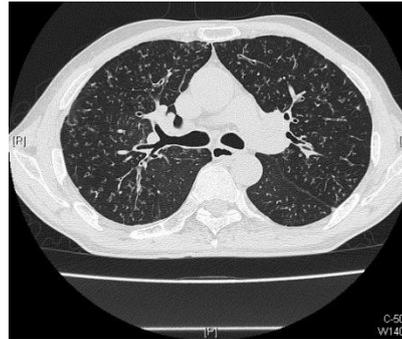
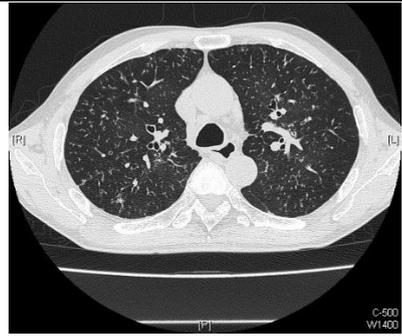
<p>27. A 63-year-old man complained of cough for months.</p>	<p>Lung cancer, RLL, Lt 3rd rib metastasis</p>	
<p>28. A 84-year-old man complained of dyspnea for weeks.</p>	<p>Interlobar pleural effusion (lentiform mass-like lesion in Rt major fissure), Rt side pleural effusion, (+Congestive heart failure), Other names: Phantom tumour, Pseudotumour, (incomplete border sign on PA)</p>	

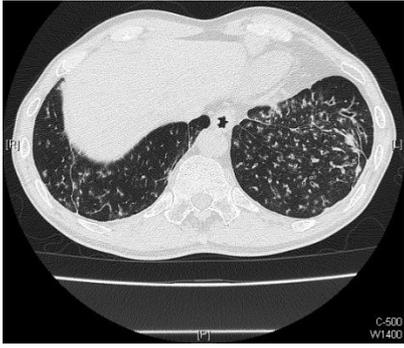
<p>29. A 55-year-old man was admitted to a CV ward. A CM specialist was consulted for abnormal CXR finding.</p>	<p>Coarctation of aorta (figure of 3 sign on PA & Lat), others: cardiomegaly, s/p pacemaker</p>	
<p>30. 56 y/o male 請問 CT 的診斷為何 ?</p>	<p>Pulmonary sequestration, LLL</p>	

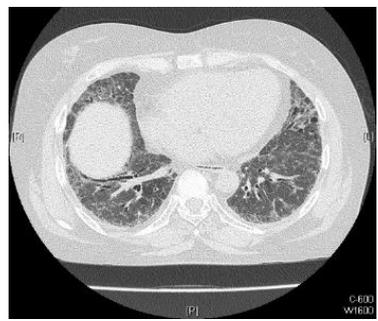
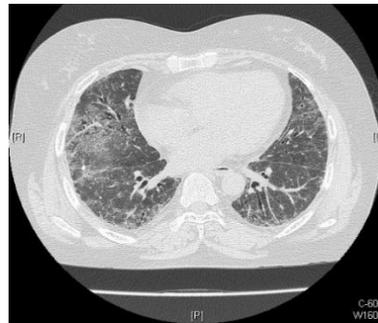
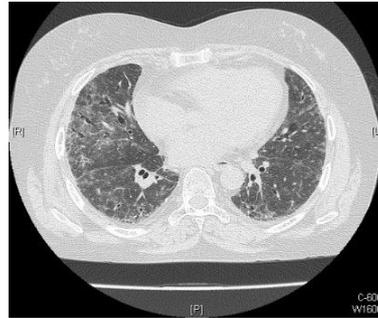
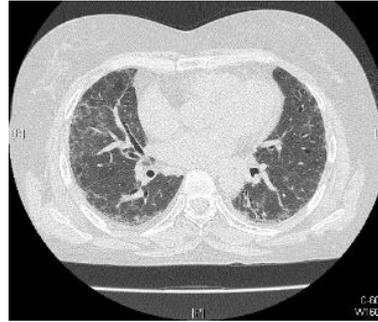
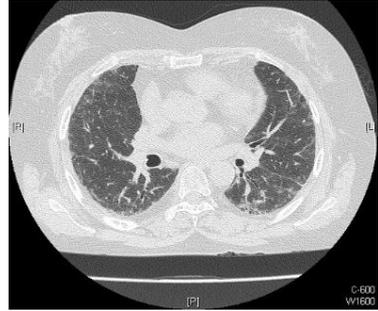


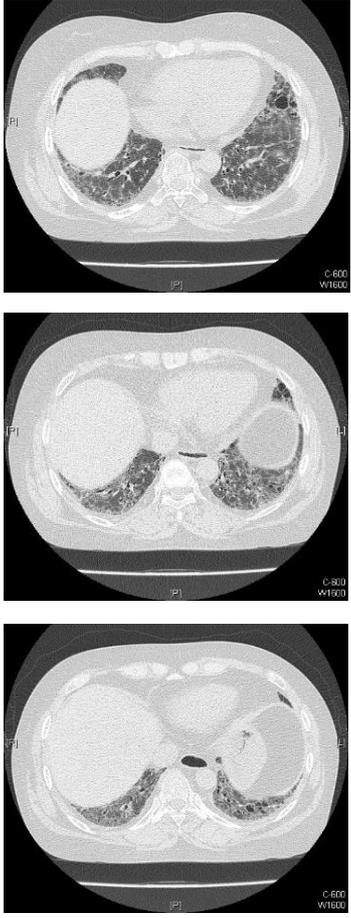


		
<p>31. 61 y/o male with productive for many years 請問就 CXR 及 CT 的表現, 其診斷為何?</p>	<p>Diffuse Panbronchiolitis</p>	



		
<p>32. 49 y/o female, Connective tissue disease history 請 問其 CT 的診斷 為何?</p>	<p>Nonspecific Interstitial Pneumonia (NSIP)</p>	



		 <p>The image displays three sequential axial CT scans of the chest. Each scan shows a wedge-shaped area of consolidation in the posterior (dependent) portion of the left lung base, which is a classic radiological sign of atelectasis. The consolidation is denser than the surrounding aerated lung tissue. The heart and mediastinal structures are visible in the center of the scans.</p>
<p>33. 65 y/o male, dry cough for 3 months 請問就 CXR 的表現, 其診斷為何?</p>	<p>LUL collapse</p>	 <p>The image is a frontal chest X-ray (CXR) labeled 'R-Standing'. It shows a wedge-shaped opacity in the left lower lung zone, which is consistent with atelectasis. The rest of the lung fields appear clear, and the heart size is within normal limits.</p>