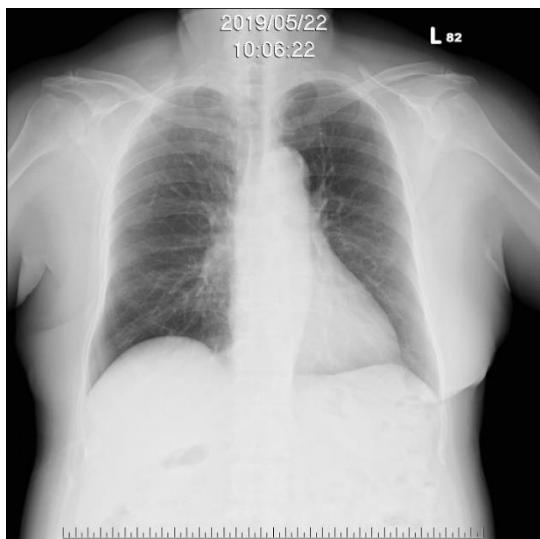
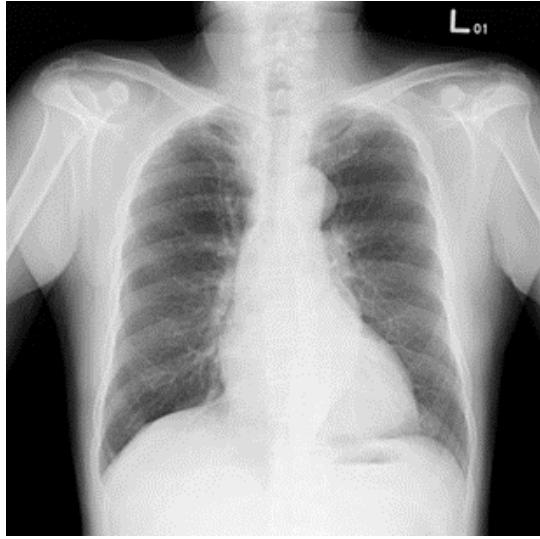
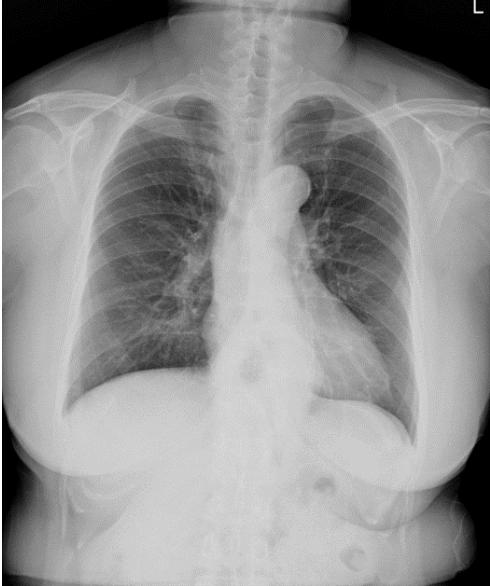
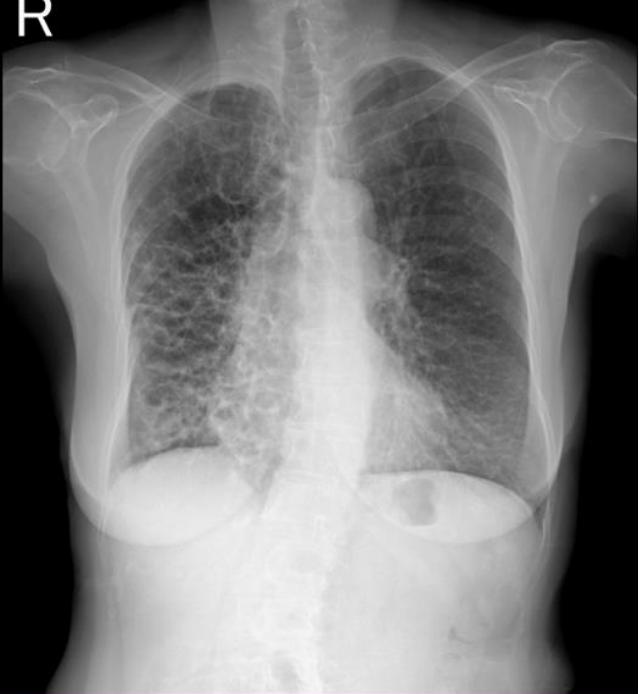
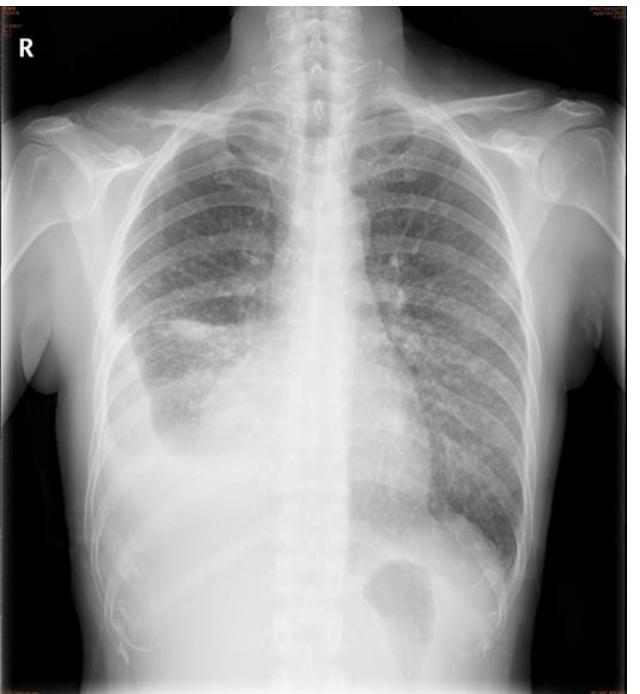


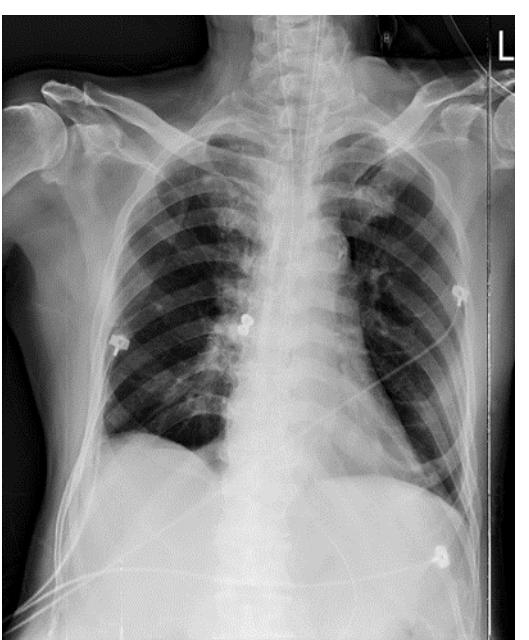
108 年度胸腔暨重症專科醫師_影像學考題答案

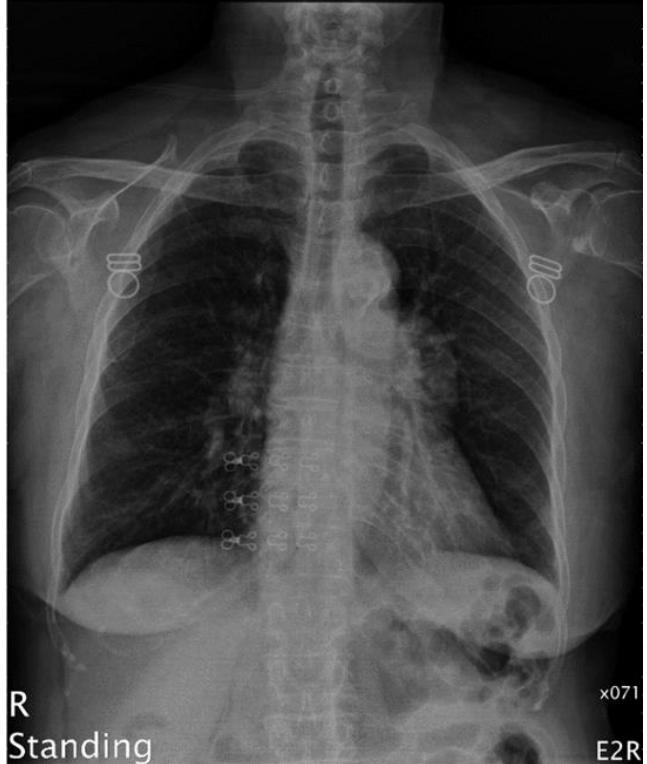
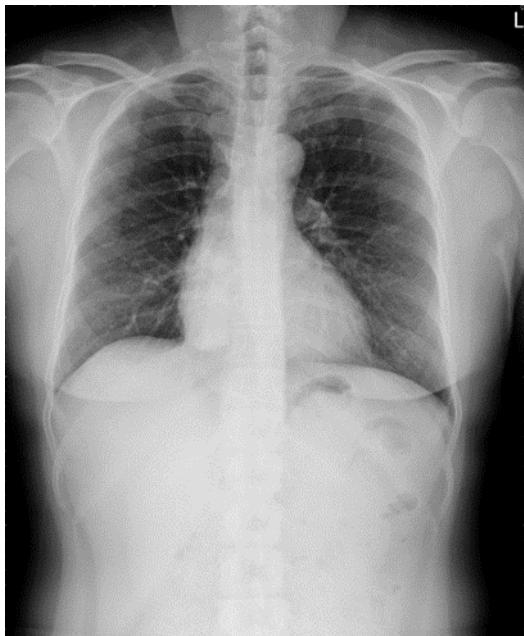
題號	答案	影像
1.	Right mastectomy	
2.	Aortic aneurysm	

3.	azygus fissure	 An anterior-posterior (AP) chest X-ray. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the thoracic spine. The lungs are visible as lighter areas. A prominent, horizontal, linear opacity is visible in the upper right quadrant, representing the azygus fissure. This fissure is a normal anatomical variation where the azygous vein crosses the heart. A small 'L' marker is present in the top right corner of the image.
4.	Pulmonary embolism with enlarged right hilum and cardiomegaly	 An anterior-posterior (AP) chest X-ray. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the thoracic spine. The lungs appear darker than normal, suggesting reduced blood flow (hypoperfusion). There is a visible enlargement of the right hilum, which is the area where the major blood vessels enter and leave the lung. The heart size appears enlarged (cardiomegaly). A small 'L' marker is present in the top right corner of the image.

5.	bronchiectasis	An anteroposterior (AP) supine chest X-ray. The image shows bilateral, predominantly lower lobe infiltrates and architectural distortion consistent with chronic bronchiectasis. The letters 'AP SUPINE' are visible in the top left corner, and a 'L' marker is in the top right corner.
6.	Hiatal hernia	A coronal computed tomography (CT) scan of the thorax. It shows a large hiatal hernia where a portion of the stomach has prolapsed into the mediastinum through the esophageal hiatus of the diaphragm. The surrounding structures, including the lungs and heart, appear relatively normal.
7.	pneumoconiosis with PMF (progressive massive fibrosis)	A posterior-anterior (PA) chest X-ray. The image displays findings of pneumoconiosis, characterized by diffuse reticular and nodular opacities, particularly in the lower zones. A specific area of extensive fibrosis, known as progressive massive fibrosis (PMF), is visible in the upper right lung field. The letters 'PA' are in the top left corner, and a '+' marker is in the bottom left corner.

8.	Mesothelioma	 A posterior-anterior (PA) chest X-ray image. The image shows bilateral pleural effusions, which appear as dark, fluid-filled areas at the base of both lungs. There are also diffuse infiltrates throughout the lung fields, particularly in the lower zones. The heart size appears normal. A large, prominent 'R' is visible in the top left corner of the image area.	
9.	Tracheal and bronchial stenosis	 A posterior-anterior (PA) chest X-ray image. The image shows a prominent trachea, which is thickened and enlarged. There is hyperlucency, or decreased density, in the lower lung zones, particularly around the diaphragm. The heart size appears normal. A small 'R' is visible in the top left corner of the image area.	

10.	CHF (Congestive heart failure) with loculated effusion		
11.	CHF (Congestive heart failure) with localized lung edema		

12.	Right pulmonary artery atresia	 <p>R Standing</p> <p>x071 E2R</p>
13.	Pancoast tumor	 <p>L</p>

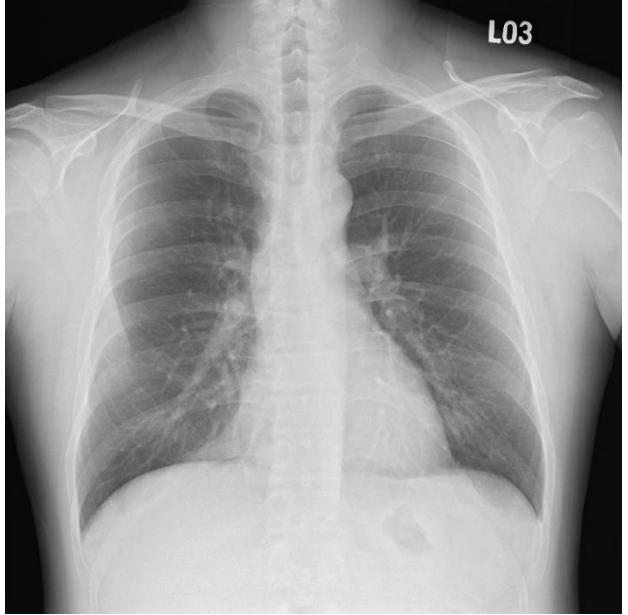
14.

Sarcoidosis



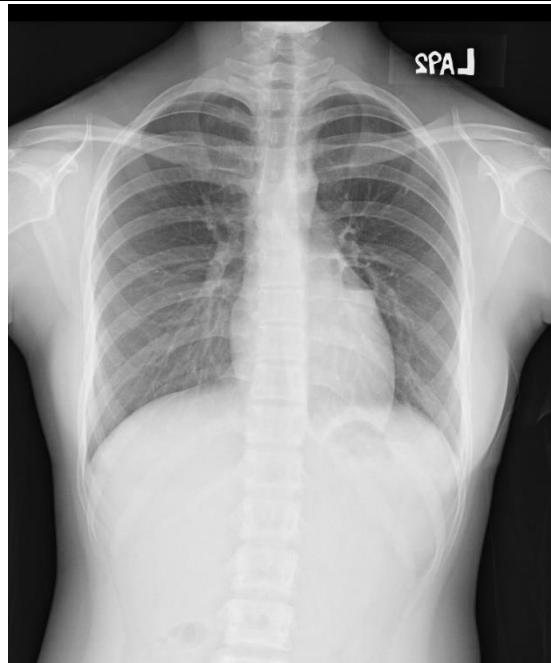


		
15.	Omentum herniation	

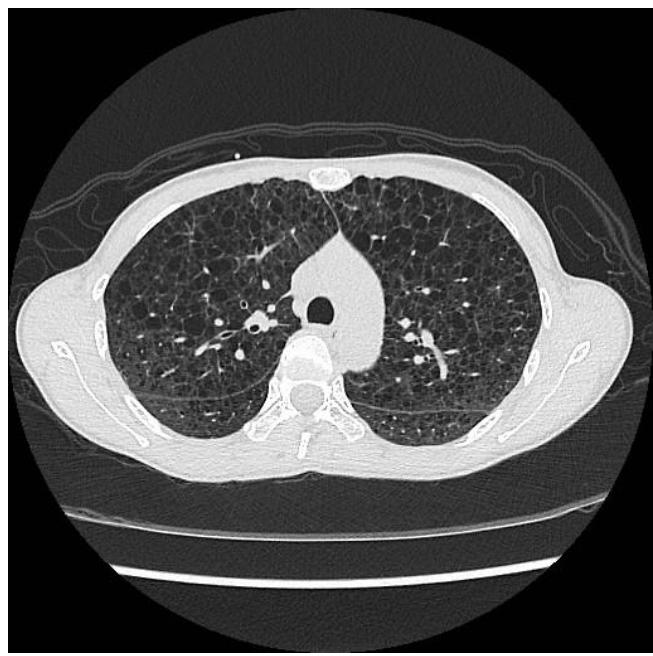
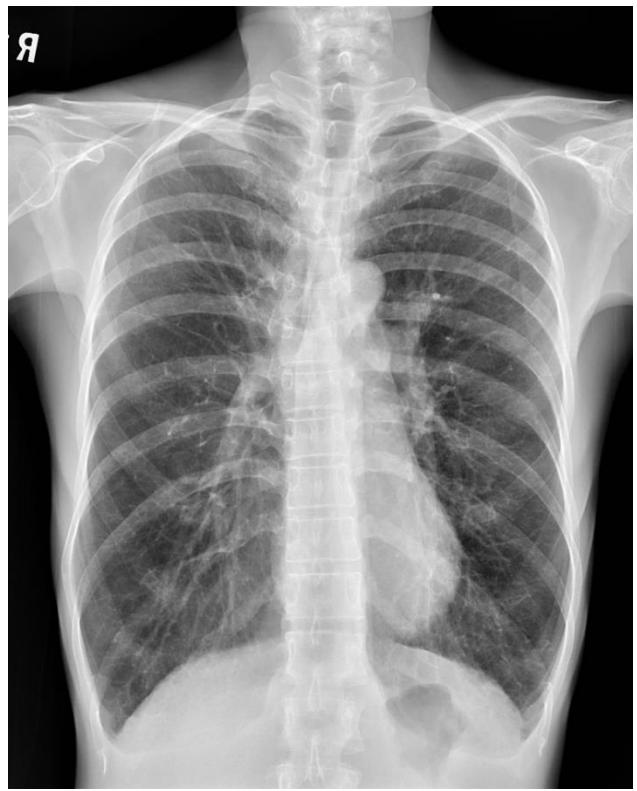
16.	prostate cancer bone meta	 An anterior-posterior (AP) chest X-ray. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the rib cage. There are no visible abnormalities in the lungs. A small 'L' is present in the top right corner of the image area.
17.	Cystic bronchiectasis	 An anterior-posterior (AP) chest X-ray. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the rib cage. There are multiple areas of increased opacity and branching airways (cystic changes) visible in the lower lobe of the left lung. The identifier 'L03' is visible in the top right corner of the image area.

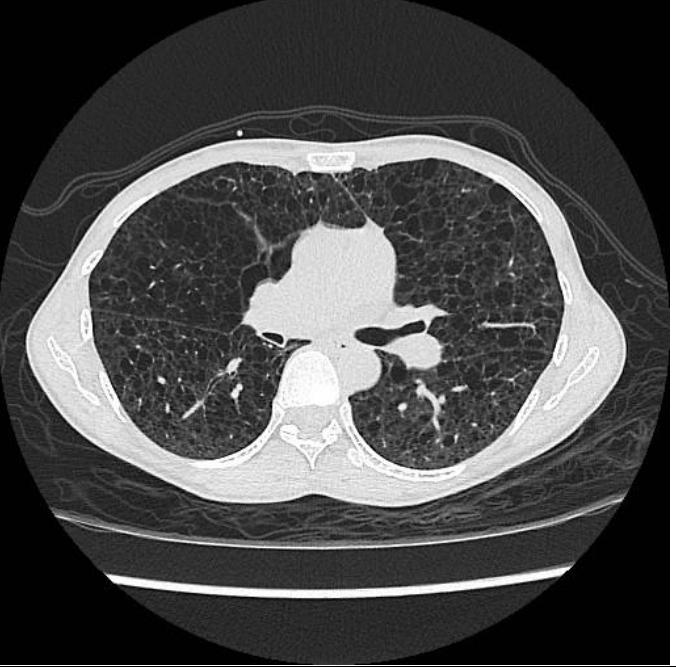
18.

Lung tumor below the diaphragm



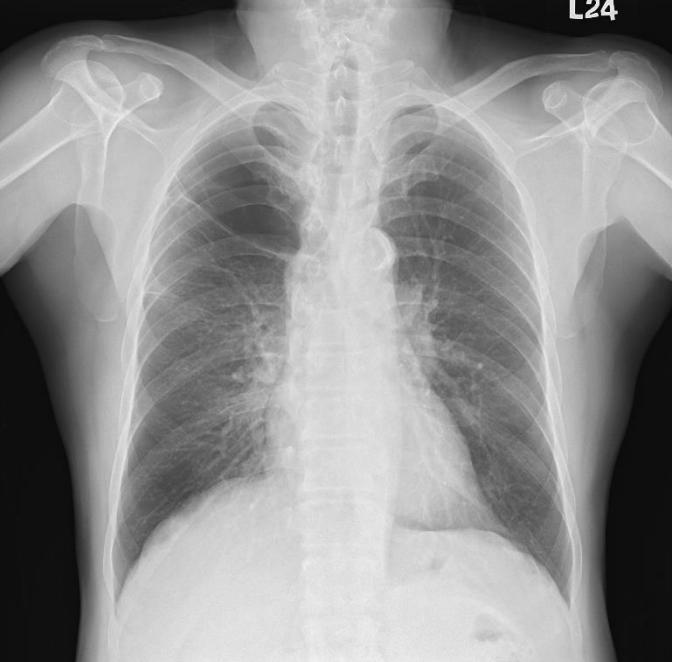
19. Cancer with bone metastases, effusion and lung nodules



		 An axial CT scan of the chest showing bilateral infiltrates, particularly in the lower lobes, which are consistent with pneumonia or edema.	
20.	esophageal intubation	 A posterior-anterior (PA) chest X-ray showing findings consistent with esophageal intubation. The trachea is midline, and the heart size appears normal. The diaphragm is visible. The identifier "R54" is present in the upper left corner of the image.	

21. denture (teeth) in the
truncus intermedius



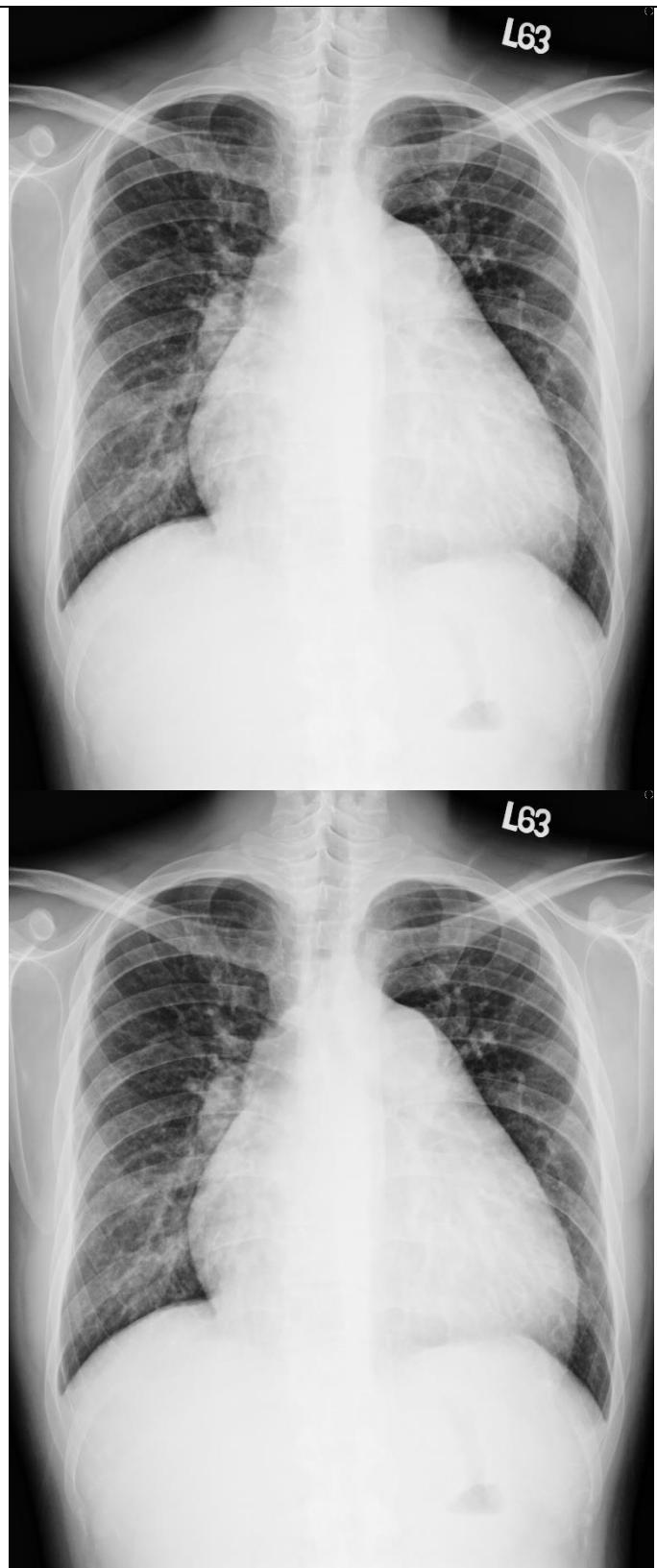
22.	IPF (idiopathic pulmonary fibrosis) with AE (acute exacerbation)		
23.	Pneumocystis jiroveci pneumonia (PJP)		

24.	Pulmonary Langerhans cell histiocytosis	
25.	Ant mediastinal tumor (thymic carcinoma)	

		
26.	Right retrocardiac tumor	



27. Right lung nodule and
s/p CT- guided biopsy
gas embolism



28.	Neurofibromatosis	
29.	Pneumomediastinum	



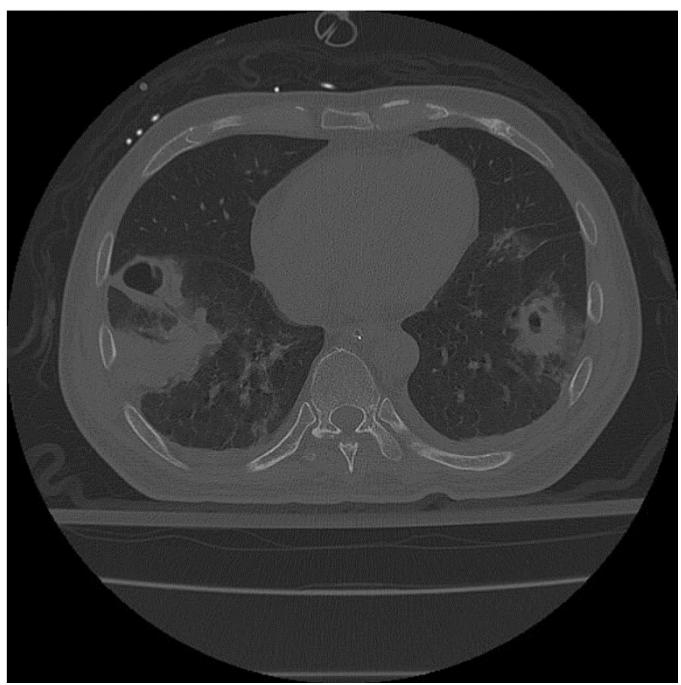
30. Osteogenic tumor





31. Pericardial pseudocyst





		 An axial CT scan of the abdomen showing bilateral renal angiomyolipomas. The kidneys appear enlarged and contain large, well-circumscribed, fatty (hypodense) masses, characteristic of angiomyolipomas. The surrounding renal parenchyma and other abdominal structures are visible.	
32.	LAM (Lymphangioleiomyomatosis)	 A posteroanterior (PA) chest X-ray. The image shows the bony structures of the thorax, including the clavicles, scapulae, and the thoracic spine. The lungs are visible with their normal vascular markings. There are no obvious findings of pulmonary nodules or infiltrates that would be typical for LAM. A small label "Semi-Erect" with a circled "L" is visible in the upper right corner of the image.	

33.

chronic
thromboembolic
pulmonary
hypertension (CTEPH)

