



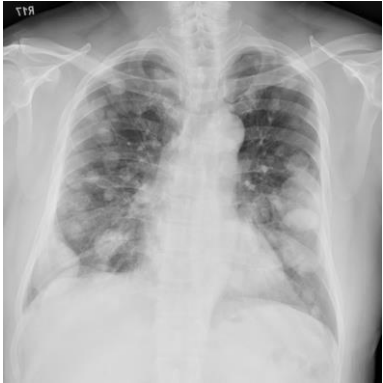
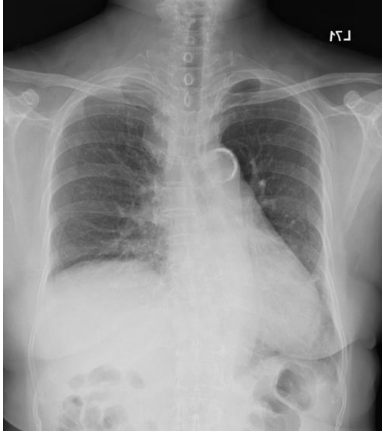


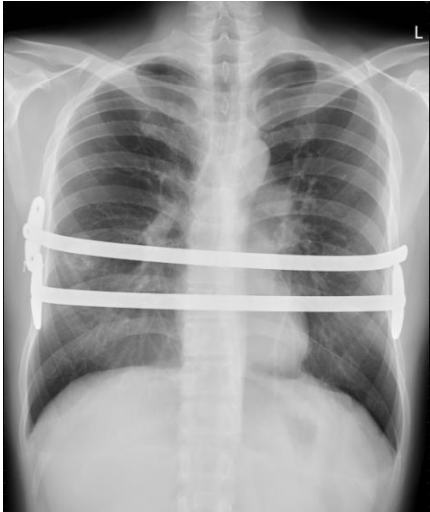








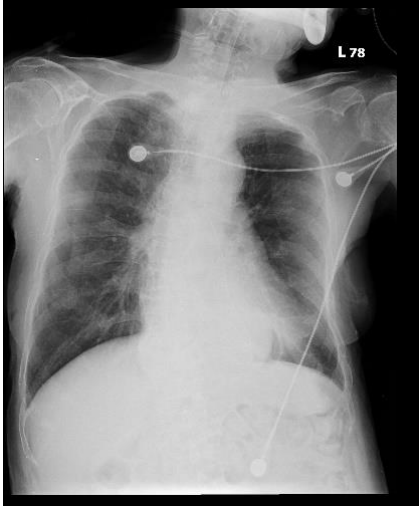

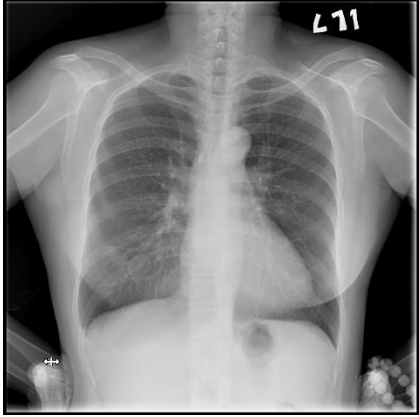
題目	答案	影像
<p>1. 63-year-old man had chest X-ray on health exam</p>	<p>Intrathoracic goiter</p>	 <p>A frontal chest X-ray showing a large, soft tissue mass in the upper mediastinum, consistent with an intrathoracic goiter. The mass is located anteriorly and appears to be displacing the trachea posteriorly. The lungs are clear, and the heart size is within normal limits. The text 'R - Sitting' is visible in the top left corner of the image.</p>
<p>2. 65-year-old woman</p>	<p>Achalasia</p>	 <p>A frontal chest X-ray showing a dilated esophagus, characteristic of achalasia. The esophagus is significantly widened and has a tapered termination at the diaphragm. The lungs are clear, and the heart size is within normal limits.</p>
<p>3. 35-year-old man, scanty cough for couple months</p>	<p>Sarcoidosis</p>	 <p>A frontal chest X-ray showing bilateral hilar lymphadenopathy, characteristic of sarcoidosis. The hila are enlarged and appear as soft tissue masses. The lungs are clear, and the heart size is within normal limits. A small 'R' marker is visible in the top right corner of the image.</p>


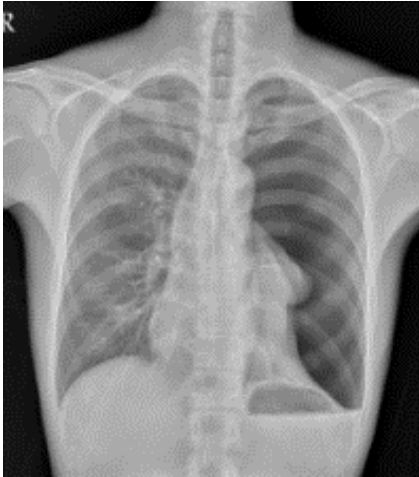

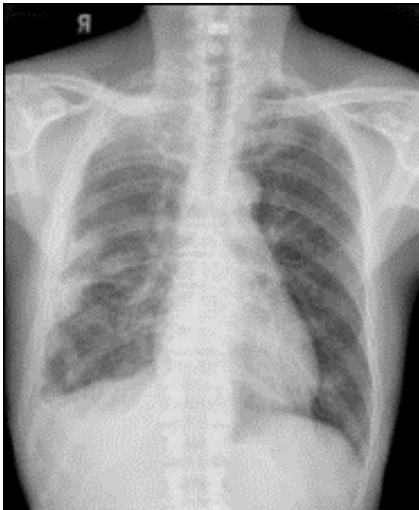
<p>4. This 47-year-old male patient presented with poor appetite, nausea, vomiting and body weight loss for 2 weeks.</p>	<ol style="list-style-type: none"> 1. Gastric cancer with causing dilatation of the proximal esophagus. 2. Fracture over left 7th-10th ribs with plate fixation. 	
<p>5. This 65-year-old male, who was a smoker with a history of 1+ pack per day for 40 years, presented with a cough, occasional sputum, and dyspnea.</p>	<p>Lung cancer with multiple lung metastasis</p>	
<p>6. A 71-year-old woman felt that her neck was swollen.</p>	<p>Lung squamous cell carcinoma extended to the neck.</p>	

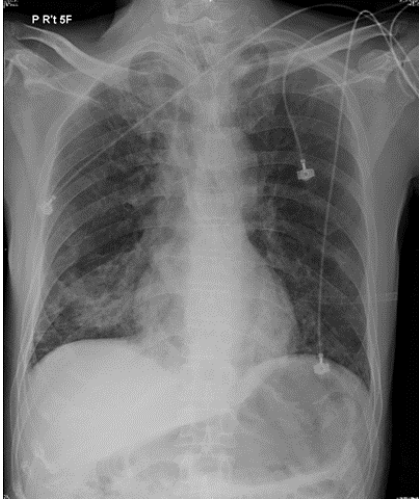
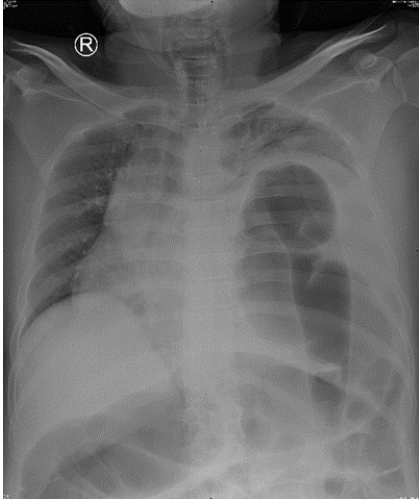


<p>7. This 73-year-old man was a heavy smoker and had a long-term cough and phlegm.</p>	<p>LLL lung cancer</p>	
<p>8. A 67-year-old man comes to chest OPD. With productive cough</p>	<p>Situs inversus, and bronchiolectasis Kartagener syndrome</p>	
<p>9. A 32-year-old man, no obvious discomfort.</p>	<p>Nuss procedure – surgery for pectus excavatum RLL cavitory nodule</p>	



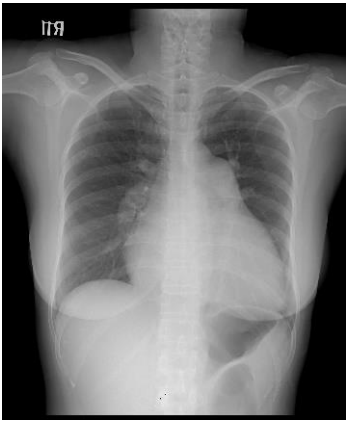

<p>10. 53 year old male, regular check</p>	<p>cement embolism</p>	 <p>A frontal chest X-ray showing a wedge-shaped opacity in the right lung base, consistent with a pulmonary embolism. The rest of the lung fields are clear, and the heart size is normal. A small 'L' marker is visible in the upper right corner.</p>
<p>11. 體檢 CXR</p>	<p>neurofibromatosis</p>	 <p>A frontal chest X-ray showing multiple small, well-defined nodules scattered throughout both lung fields, characteristic of neurofibromatosis. The heart size is normal. A small 'L/E' marker is visible in the upper right corner.</p>
<p>12. Shortness of breath</p>	<p>Pulmonary alveolar proteinosis</p>	 <p>A frontal chest X-ray showing bilateral, symmetric, perihilar opacities with a 'crazy paving' pattern, characteristic of pulmonary alveolar proteinosis. The heart size is normal. A small 'L35' marker is visible in the upper right corner.</p>

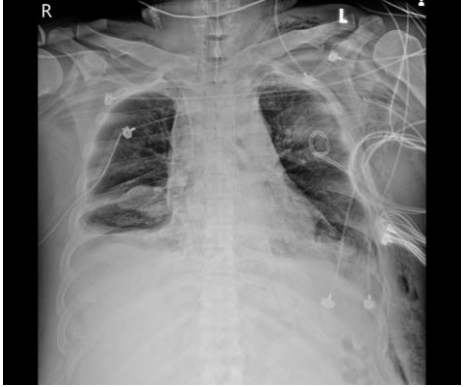
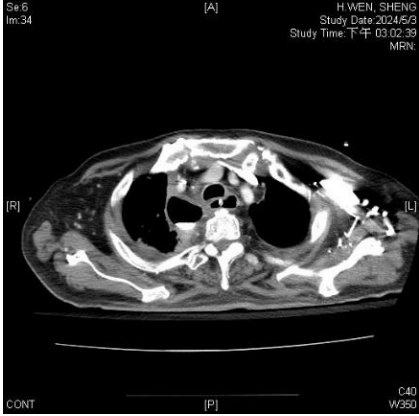
<p>13. 體檢 CXR</p>	<p>Swyer-James-MacLeod syndrome</p>	 <p>A frontal chest X-ray showing hyperlucency in the right lung field, characteristic of Swyer-James-MacLeod syndrome. The right lung appears abnormally clear compared to the left lung. A small 'L26' marker is visible in the upper right corner of the image.</p>
<p>14. Fever, cough with purulent sputum</p>	<p>Pulmonary sequestration</p>	 <p>A frontal chest X-ray showing a wedge-shaped opacity in the lower lung field, characteristic of pulmonary sequestration. The opacity is well-defined and has a base towards the chest wall. A small 'LWJ' marker is visible in the upper right corner of the image.</p>
<p>15. 體檢 CXR , ESRD on regular dialysis</p>	<p>Metastatic calcification</p>	 <p>A frontal chest X-ray showing bilateral pulmonary opacities, characteristic of metastatic calcification. The opacities are distributed throughout both lung fields. A small 'WJ' marker is visible in the upper right corner of the image.</p>

<p>16. Cough and repeated choking</p>	<p>Hiatal hernia s/p NG insertion Scoliosis</p>	 <p>A frontal chest X-ray showing a hiatal hernia with a nasogastric tube inserted. There is also evidence of scoliosis. The image is labeled 'L 78' in the top right corner.</p>
<p>17. Easy choking for 1 month</p>	<p>Thyroid ca with intrathoracic extension RLL nodular lesion r/o lung metastasis Lingual lobe and RML atelectasis</p>	 <p>A frontal chest X-ray showing a large, well-defined mass in the upper thorax, consistent with thyroid cancer with intrathoracic extension. There is also a nodular lesion in the right lower lung field, likely representing a lung metastasis. Atelectasis is noted in the lingual lobe and right middle lobe. The image is labeled 'L 28' in the top right corner.</p>
<p>18. Mild dyspnea</p>	<p>Enhanced tubular structure over RML, AVM</p>	 <p>A frontal chest X-ray showing an enhanced tubular structure over the right middle lobe, consistent with an arteriovenous malformation (AVM). The image is labeled 'L 11' in the top right corner.</p>

<p>19. Progressive dyspnea and dry cough</p>	<p>IPF (UIP): Subpleural distribution, Reticulation, traction bronchiectasis, honeycombing</p>	
<p>20. A 43 y/o male chest pain for 5 days. 5 hours after treatment</p>	<p>Re-expansion pulmonary edema</p>	
<p>21. 51 y/o female, breast tumor right for 2 weeks for breast check up</p>	<p>Neurogenic tumor (Schwannoma)</p>	
<p>22. 63/M coal worker. Chest pain</p>	<p>Rt mesothelioma and pneumoconiosis</p>	

<p>23.53 y/o man, hemoptysis episode, s/p treatment</p>	<p>tracheal tumor s/p stent RLL consolidation</p>	 <p>P R1 5F</p>
<p>24. 37 y/o man, poor oral intake for 1 week</p>	<p>diaphragmatic hernia</p>	 <p>®</p>
<p>25. A 43-year-old woman had chronic cough for 1 month.</p>	<p>TB</p>	 <p>089 H F</p>
<p>26. A 75-year-old man with DM had fever for 1 day.</p>	<p>Miliary TB</p>	 <p>hest AP AP F 4895 2047.5</p>

<p>27. 21 歲男性，左側胸痛至急診，CxR 如下:</p>	<p>Left pneumothorax</p>	
<p>28. 19 歲男性，胸痛一個月來門診就診，CxR 與 Chest CT 如下:</p>	<p>Teratoma</p>	
<p>29. 62 歲女性，接受 Flolan 治療已近 20 年，20 年前與 20 年後的 CxR 如下:</p>	<p>Idiopathic pulmonary arterial hypertension</p>	
<p>30. 40 歲女性，因呼吸逐年變喘，至醫院求診，Chest CT 如下:</p>	<p>lymphangiomyomatosis</p>	

<p>31. A 39 year-old man suffered from fever, cough, with dyspnea</p>	<p>Descending mediastinitis</p>	
<p>32. 61y/o male Esophageal cancer s/p surgery Fever and dyspnea 2 weeks after surgery</p>	<p>s/p gastric tube reconstruction with anastomotic leak and empyema</p>	
<p>33. 46 y/o female Right chest pain</p>	<p>Rib tumor</p>	