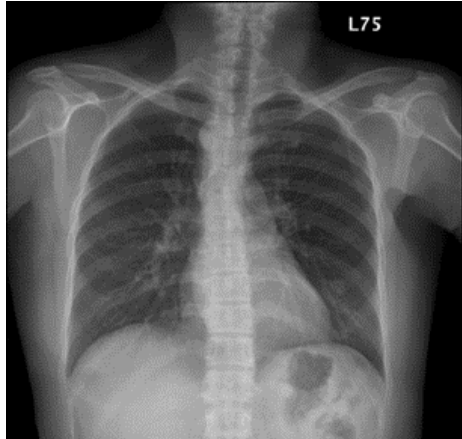


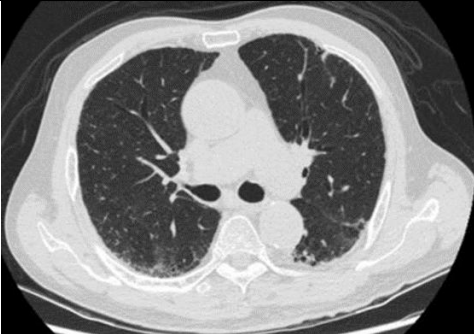



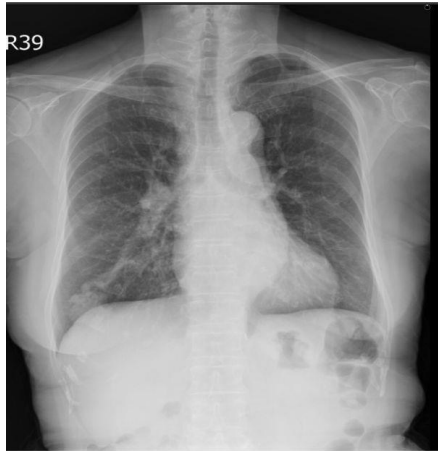
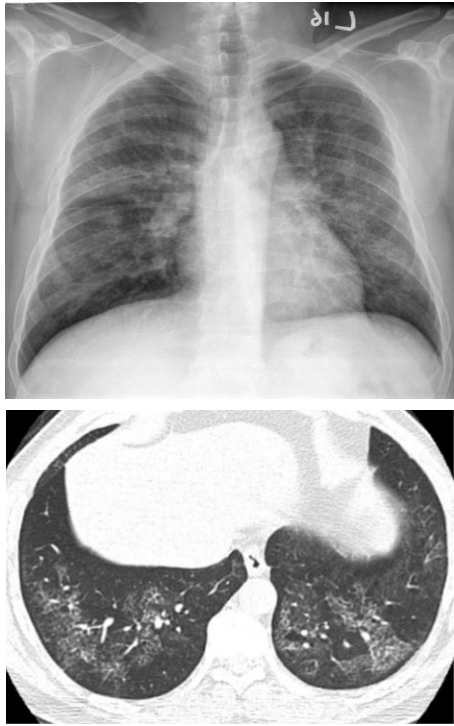





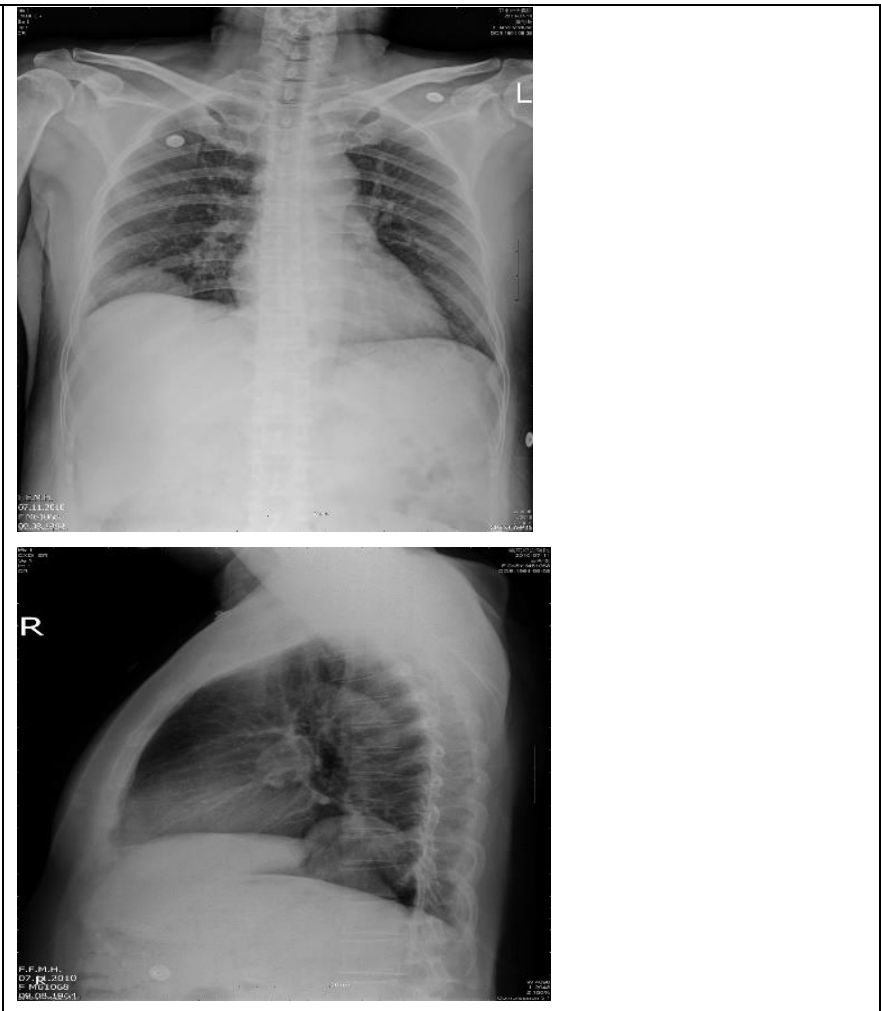

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題號	解答	影 像
1.	Right-sided aortic arch ANS: Right-sided aortic arch s/p Left mastectomy	 <p>A frontal chest X-ray showing a right-sided aortic arch. The aortic knob is located on the right side of the patient's chest. There is a surgical scar on the left side of the patient's chest, consistent with a left mastectomy. The label 'L75' is visible in the upper right corner of the image.</p>
2.	Histiocytosis X	 <p>Two images showing findings consistent with Histiocytosis X. The top image is a frontal chest X-ray showing bilateral perihilar opacities and a normal-sized heart. The label 'L37' is visible in the upper right corner. The bottom image is an axial CT scan of the chest showing bilateral perihilar opacities and a normal-sized heart.</p>

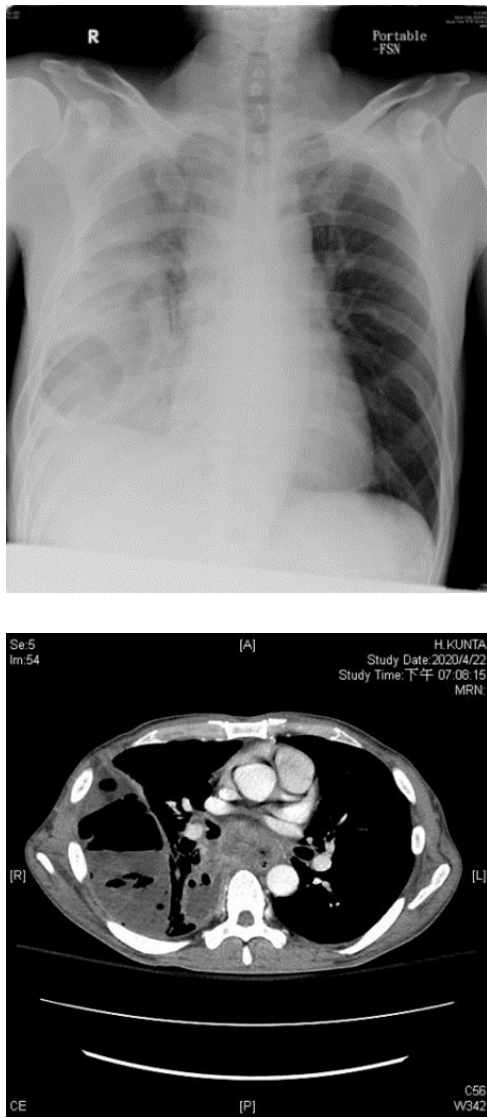

		
<p>3. UIP</p> <ol style="list-style-type: none"> <li>1. Subpleural reticulation, bilateral, lower lobe predominance.</li> <li>2. Traction bronchiectasis and bronchiolectasis</li> <li>3. Honeycombing formation at bilateral basal lower lobes</li> </ol> <p>→The pattern is consistent with usual interstitial pneumonitis(UIP)pattern</p>	  	



		
4.	<p>AVM AV malformation (AVM) over RML</p>	
5.	<p>Pulmonary alveolar proteinosis Crazy-paving pattern→ consistent with pulmonary alveolar proteinosis (PAP)</p>	<p>CC : productive cough for 6 months</p> 

		
6.	<p>prostate cancer with bone metastasis</p>	<p>CC: chronic cough for 4 months</p> 
7.	<p>pulmonary TB and paraspinal abscess</p>	<p>CC: cough for one year and back pain</p> 
8.	<p>diaphragm hernia</p>	<p>右胸痛 3 個月</p>

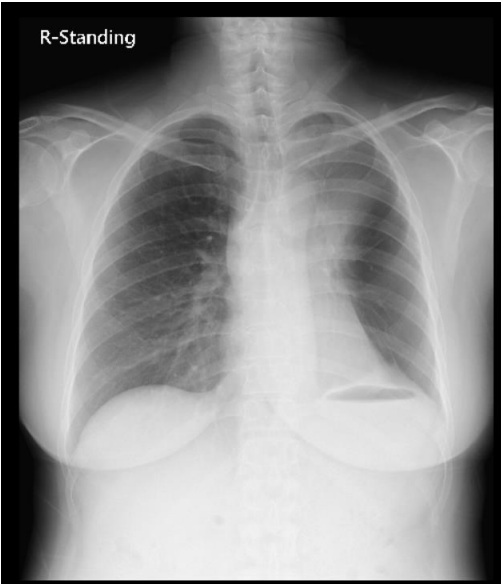

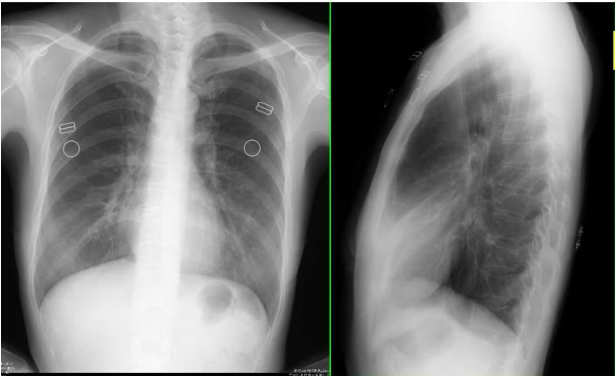
	
<p>9. s/p Rt MRM and breast augmentation</p>	<p>CC: 咳嗽 4 周，有痰</p> 
<p>10. colon bypass</p>	<p>CC: 咳嗽 1 周，有痰</p>

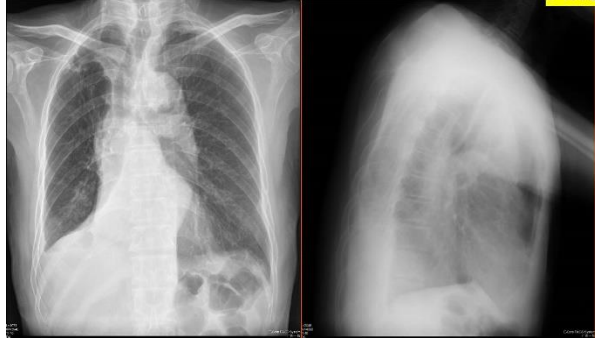



		 <p>AP view of the chest. The lungs are clear with no evidence of consolidation, effusion, or pneumothorax. The heart size is within normal limits. The diaphragm is well-defined. Technical details: F.E.M.H., 2009/10/27 2:0, 15 AL SU CHING, P 348669, 15356403-1.0.</p>
11.	<p>Findings: right pneumothorax with deep sulcus sign, sharpness of right diaphragm, catheter insertion.</p> <p>Diagnosis: right pneumothorax.</p>	 <p>AP view of the chest. A right-sided pneumothorax is present, indicated by a deep sulcus sign and a sharp, well-defined right hemidiaphragm. A catheter is visible in the right hemithorax. Technical details: R: SFP.</p>
12.	<p>Findings: bilateral pleural effusion, multiple cavitary lung lesions (pneumatocele)</p> <p>Diagnosis: infectious endocarditis with septic lung (pneumatocoles), staphylococcus aureus sepsis, empyema.</p>	 <p>AP view of the chest. There is bilateral pleural effusion and multiple cavitary lung lesions (pneumatocoles) visible in both lung fields. Technical details: DEPMH KS Radiology, 1505/12/09, 13 05 59, 65494, ISM, CHUAN, LUN, Study Date: 2009/12/09, Study Time: 13:05:59, 1505160000191.</p>
13.	<p>Dx: esophageal cancer with esophageo-bronchial/pleura fistula and right empyema</p>	<p>47 y/o male; CC: intermittent fever for 2 weeks</p>


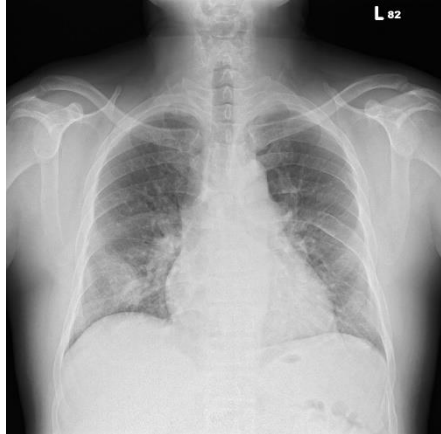

	 <p>The top image is a portable frontal chest X-ray showing the thoracic cavity. The right side is labeled 'R' and the text 'Portable -FSN' is visible in the upper right corner. The bottom image is an axial CT scan of the chest at the level of the main bronchi. It shows the heart, major vessels, and lung parenchyma. Technical details include 'Se:5', 'Im:54', '[A]', 'H.KUNTA', 'Study Date:2020/4/22', 'Study Time:下午 07:08:15', 'MRN:', '[R]', '[L]', '[P]', 'C56', and 'W342'.</p>
<p>14. Diffuse bronchiectasis, esp the RLL &amp; LLL</p>	<p>69 years female, recurrent purulent sputum</p>  <p>The image is a frontal chest X-ray showing diffuse bronchiectasis, characterized by increased lung markings and hyperinflation throughout both lung fields. The right side is labeled 'R'.</p>
<p>15. Diagnosis: Pulmonary, lymphangioliomyomatosis</p>	<p>39y/o Female, progressive dyspnea and chest tightness for several days</p>




<p>s(LAM)</p>	
<p>16. Diffuse Panbronchiolitis(DPB)</p>	
<p>17. LUL collapse</p>	<p>50 y/o Female, Progressive dyspnea and cough for months.</p>






		<p>R-Standing</p> 
18.	Cervical rib, right; LLL nodule	<p>Age 50, woman, cough</p> 
19.	Right middle lobe collapse	<p>Age 50, woman, cough with blood-tinged sputum</p> 

<p>20. Right lower lobe collapse</p>	<p>Age 77, man, cough with blood-tinged sputum <b>Findin</b></p> 
<p>21. Fork rib, right 5th</p>	<p>Age 37, woman, incidental finding</p> 
<p>22. Free air noted in neck, paratracheal space, mediastinum, and subdiaphragm area</p>	
<p>23. CHF with pulmonary edema s/p IABP</p>	<p>49 y/o male, acute onset of shortness of breath</p> 
<p>24. Pulmonary embolism with</p>	<p>60 y/o male, acute onset of shortness of breath and general weakness</p>

	<p>multiple infarction</p> 
<p>25. Multiple myeloma with rib metastasis and plasmacytoma</p>	<p>48 Y/O male, left hip fracture</p> 
<p>26. Hepatoma s/p TACE</p>	

27.	diffuse, soft miliary lesions	 A frontal chest X-ray showing diffuse, soft miliary lesions throughout both lung fields. The lesions are small, well-defined nodules distributed evenly. A small 'L' marker is visible in the upper right corner of the image.
28.	tracheal stenosis; LUL fibronodular infiltrates	 A frontal chest X-ray showing tracheal stenosis and LUL fibronodular infiltrates. The trachea is significantly narrowed in the upper thoracic region. There are also fibronodular infiltrates in the left upper lung zone. A small 'L71' marker is visible in the upper right corner of the image.
29.	RUL fibronodular infiltrates	 A frontal chest X-ray showing RUL fibronodular infiltrates. There are fibronodular infiltrates in the right upper lung zone. A small 'L15' marker is visible in the upper right corner of the image.

<p>30. cavitary lesion with ball in hole</p>	
<p>31. foreign body over Rt hilum</p>	<p>咳嗽 3 週</p> 
<p>32. Pneumoconiosis</p>	
<p>33. RML &amp; RLL bronchiectasis with tree-in-buds pattern</p>	