




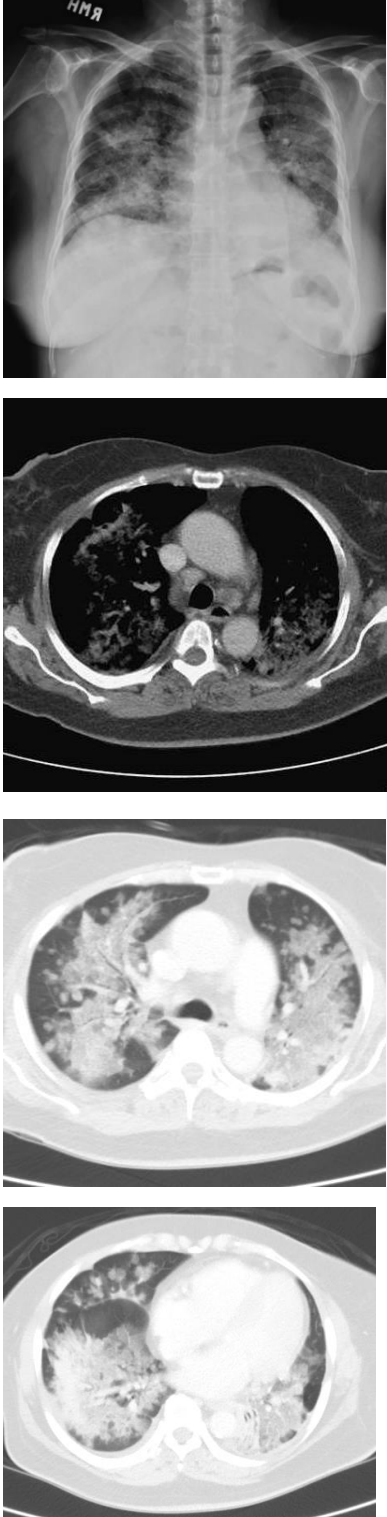
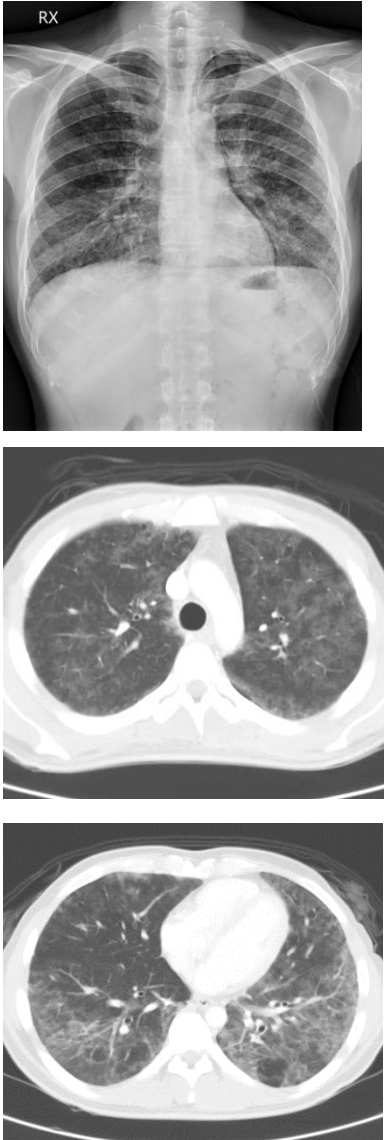
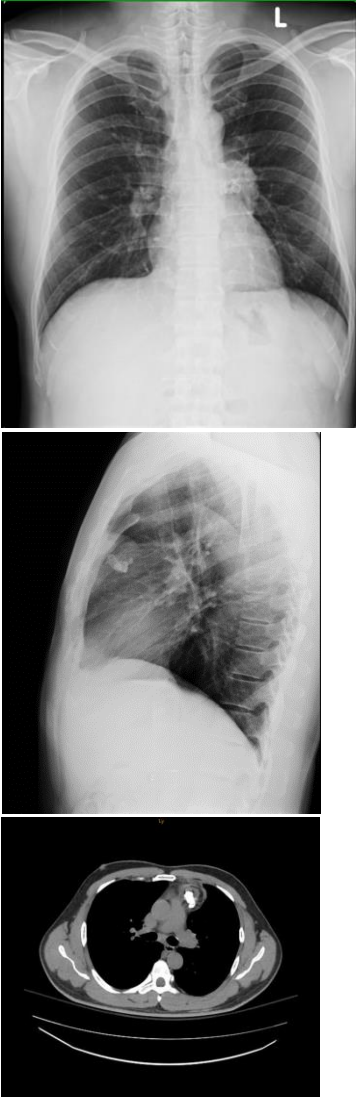
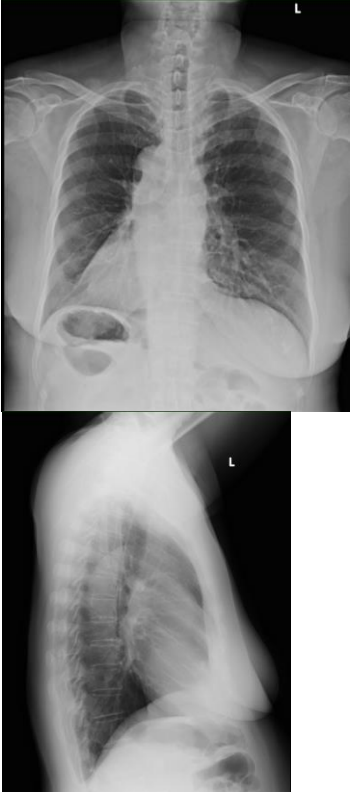
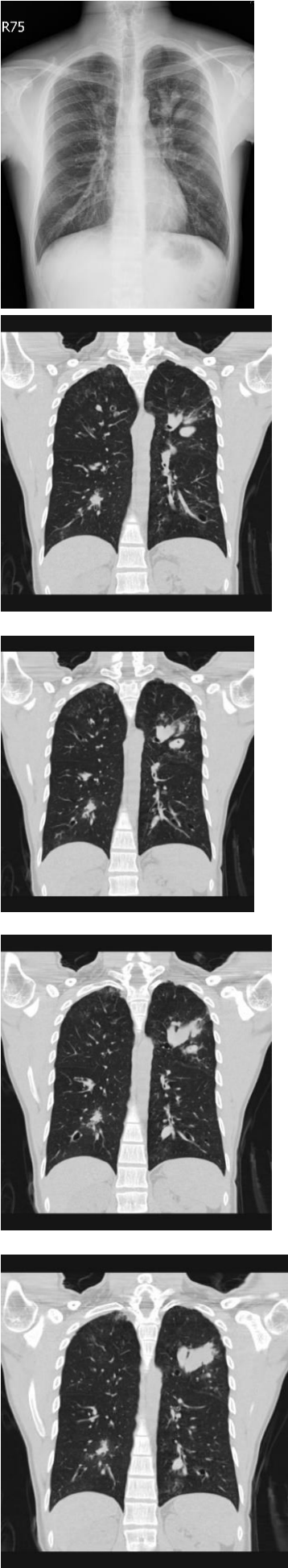




題目	答案	影像
<p>1. A 39-year-old man had this chest X-ray on his health exam. No any clinical symptoms.</p>	<p>Sarcoidosis</p>	
<p>2. A 27-year-old woman had productive cough for one month.</p>	<p>Pulmonary tuberculosis with RUL collapse</p>	
<p>3. This 72-year-old diabetic man was taken to ER for productive cough for 10 days, and rapid progressive dyspnea for 2 days. He also had fever and chill for a week.</p>	<p>Lung abscess in RUL. (Pathogen: Klebsiella pneumoniae) Pneumonia in right upper and lower lung fields.</p>	
<p>4. 39 y/o female, productive cough for 2 months</p>	<p>lymphangitis, adenoCa, GI tract origin</p>	

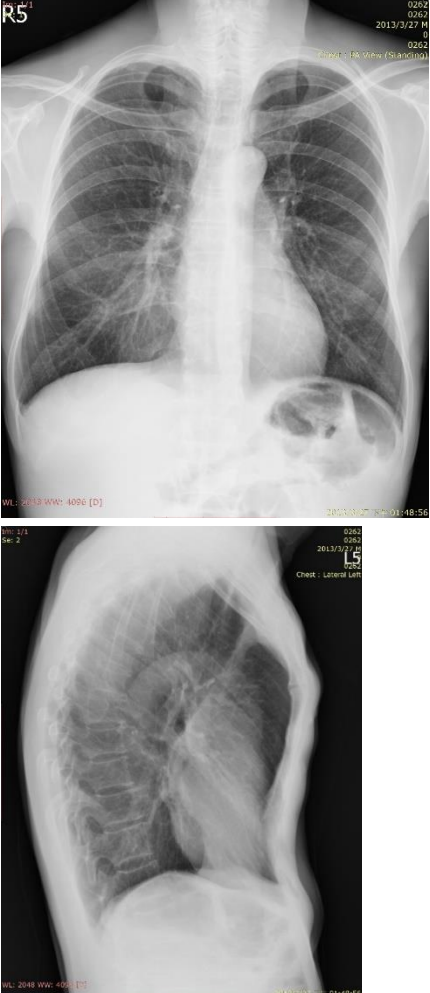
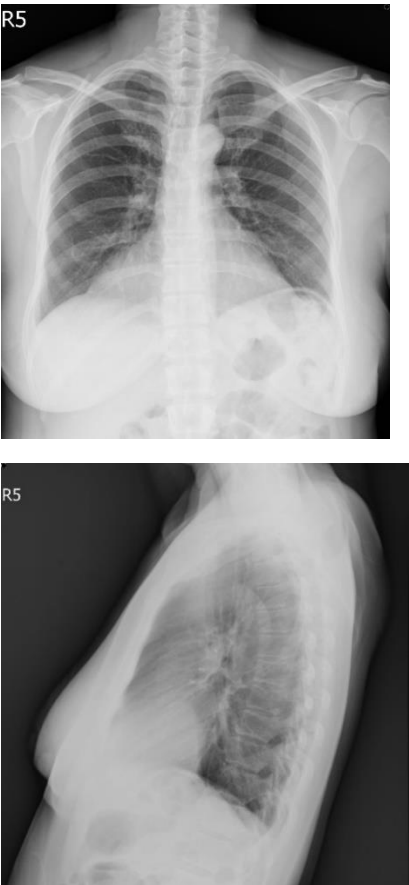
題目	答案	影像
<p>5. 57 y female, breast ca for survey</p>	<p>lung ca, left apex, adenoCa</p>	
<p>6. 61y/o F, dyspnea, productive cough for 2 months</p>	<p>Lung ca, adenoCa, favor BAC, bil. With lung to lung mets</p>	 <p>The image block for question 6 contains four sub-images. The top image is a frontal chest X-ray showing bilateral, dense, consolidative opacities in the lung fields, consistent with bronchioalveolar carcinoma (BAC). The second image is an axial CT scan at the level of the main bronchi, showing multiple peripheral, wedge-shaped consolidations in both lungs. The third and fourth images are additional axial CT scans at different levels, further demonstrating the extensive bilateral lung involvement and the presence of multiple lung-to-lung metastases.</p>

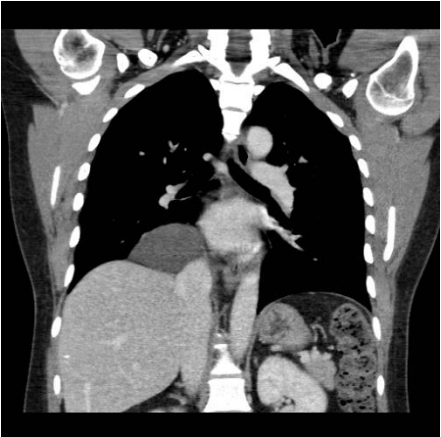
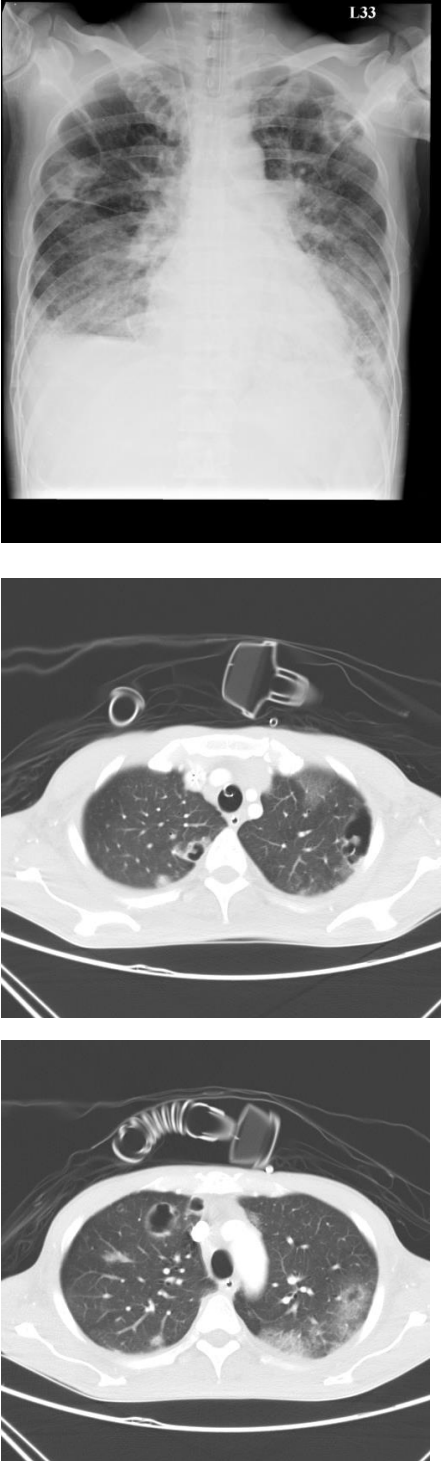
題目	答案	影像
7. 27 y/o male, progressive DOE for weeks	AIDS with PJP, pneumo- mediastinum	

題目	答案	影像
<p>8. 44 y/o male ,no discomfort</p>	<p>Teratoma</p>	 <p>The image displays three radiographic views of a chest. The top view is a frontal chest X-ray showing a small, well-defined opacity in the right lung field. The middle view is a lateral chest X-ray, which shows the opacity is located in the anterior segment of the right lung. The bottom view is an axial CT scan of the chest, showing a well-defined, heterogeneous mass in the right lung, consistent with a teratoma.</p>
<p>9. 73y/o female , allergic rhinitis, sneery</p>	<p>Situs inversus totalis</p>	 <p>The image displays two radiographic views of a chest. The top view is a frontal chest X-ray showing a mirror-image arrangement of the thoracic and abdominal organs, characteristic of situs inversus totalis. The bottom view is a lateral chest X-ray, also showing the mirror-image arrangement of the organs.</p>

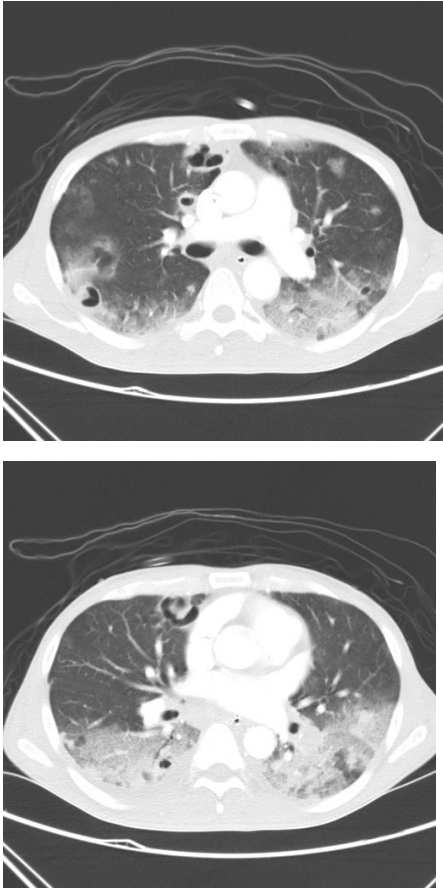
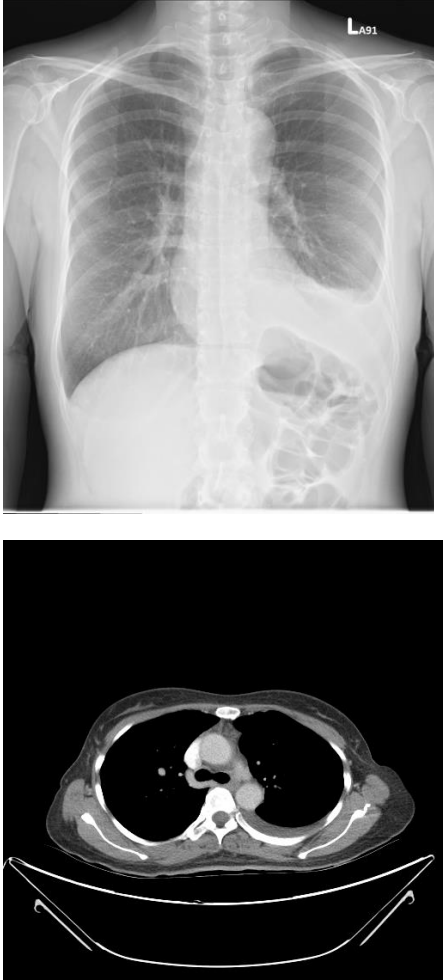
題目	答案	影像
10.	Allergic Bronchopulmonary Aspergillosis	<p>R75</p> 

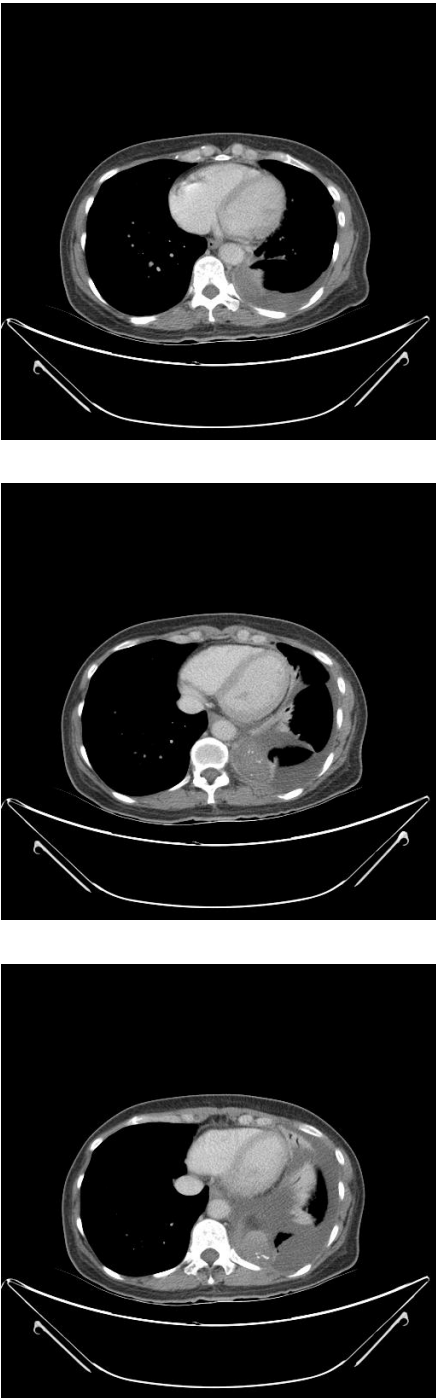
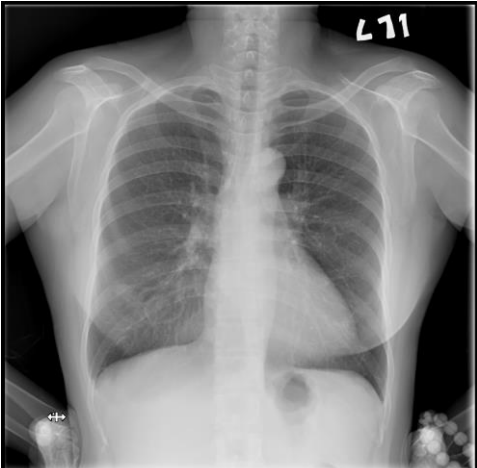
題目	答案	影像
11.	miliary TB	 A frontal chest X-ray showing miliary tuberculosis. The lungs are filled with numerous small, well-defined nodules, characteristic of miliary TB. The heart and mediastinum appear normal. A small 'L41' marker is visible in the upper right corner of the image.
12.	Dx: Pleural tumor	 A series of four images for case 12. The top image is a frontal chest X-ray showing a large, well-defined mass in the right pleural space, labeled 'R45'. Below the X-ray are three CT scans: an axial view showing the mass in cross-section, a coronal view showing the mass extending along the pleural surface, and a sagittal view showing the mass in profile. The mass is well-circumscribed and appears to be a solid tumor.



題目	答案	影像
13.	Dx: Funnel chest	 <p>The image displays two chest radiographs for case 13. The top image is an anterior-posterior (AP) view, showing a narrow chest with a high, narrow cardiac silhouette. The bottom image is a lateral view, showing a severely depressed sternum, characteristic of funnel chest (pectus excavatum). Both images include technical details such as 'R5', '0262', '0262', '2019/3/27 10:00:00', 'Chest - R View (Standard)', 'WL: 2283 WW: 4096 [D]', '18/03/2019 11:48:58', 'L5', '2019/3/27 10:00:00', 'Chest - Lateral Left', 'WL: 2048 WW: 4096 [L]', and '18/03/2019 11:49:58'.</p>
14.	Dx: Pericardial cyst	 <p>The image displays two chest radiographs for case 14. The top image is an anterior-posterior (AP) view, showing a well-defined, rounded opacity in the retrocardiac space. The bottom image is a lateral view, showing a well-defined, rounded opacity in the retrocardiac space, consistent with a pericardial cyst. Both images include technical details such as 'R5', '0262', '0262', '2019/3/27 10:00:00', 'Chest - R View (Standard)', 'WL: 2283 WW: 4096 [D]', '18/03/2019 11:48:58', 'L5', '2019/3/27 10:00:00', 'Chest - Lateral Left', 'WL: 2048 WW: 4096 [L]', and '18/03/2019 11:49:58'.</p>

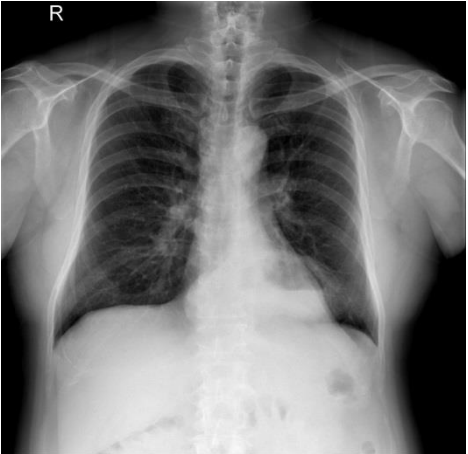
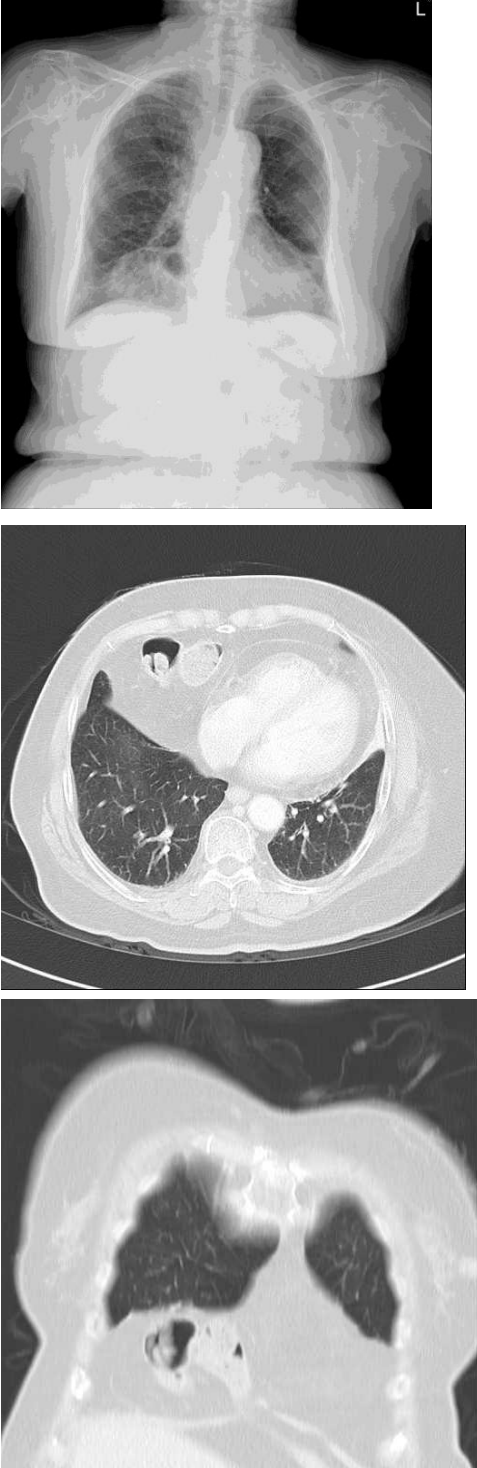
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<p>15. Fever and general weakness for one week</p>	<p>Septic pulmonary emboli Right empyema Bil basal lung consolidation/GGO and cavitation</p>	


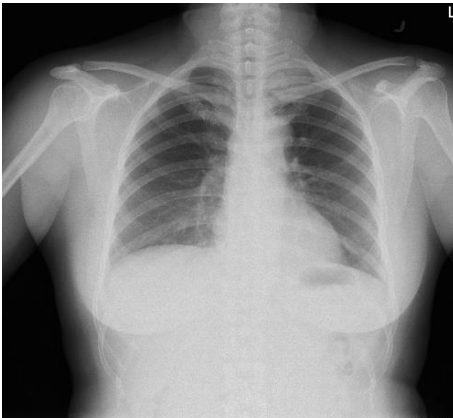






題目	答案	影像
		 <p>The top image is an axial CT scan at the level of the main bronchi, showing a wedge-shaped consolidation in the posterior basal segment of the lower lung fields, consistent with pulmonary sequestration. The bottom image is another axial CT scan at a slightly lower level, showing a similar wedge-shaped consolidation with associated pleural thickening and a small pleural effusion.</p>
<p>16. Recurrent dyspnea and fever</p>	<p>Pul sequestration of LLL and pleural effusion over LT</p>	 <p>The top image is a frontal chest X-ray showing a wedge-shaped consolidation in the lower lung field on the left side, with associated pleural effusion. The bottom image is an axial CT scan of the chest showing a wedge-shaped consolidation in the lower lung field, consistent with pulmonary sequestration, and a small pleural effusion.</p>

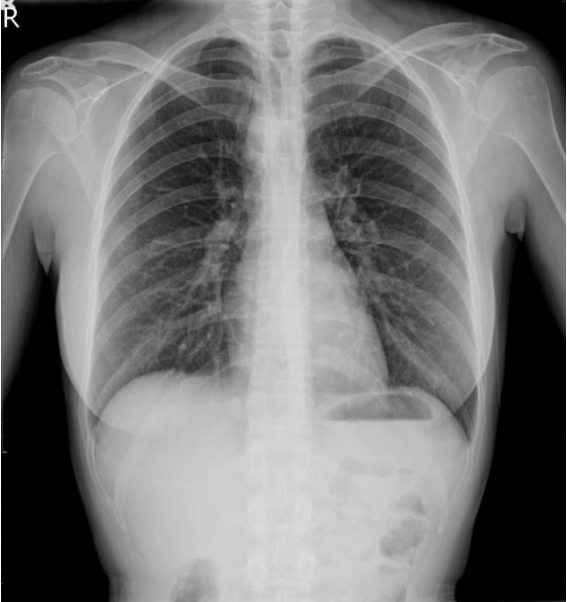

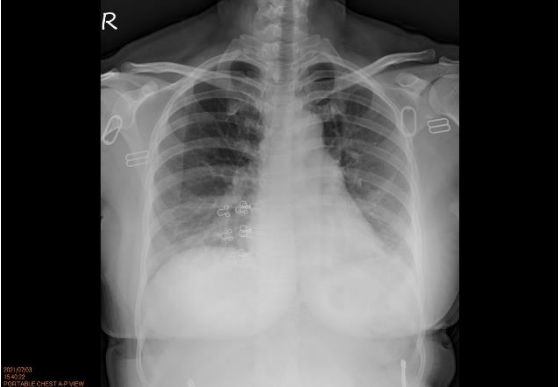
題目	答案	影像
		 <p>The image displays three sequential axial CT scans of the chest. Each scan shows a cross-section of the thorax with the heart and lungs. A distinct, enhancing tubular structure is visible in the right lung base, extending from the hilum towards the periphery. This structure is highlighted by the contrast enhancement, indicating its vascular nature. The surrounding lung parenchyma appears relatively normal, and the mediastinal structures are well-defined.</p>
17. Mild DOE	Enhanced tubular structure over RML, AVM	 <p>The image is a frontal chest X-ray showing the thoracic cavity. The lungs, heart, and bony structures are visible. A tubular structure is noted in the right lung base, consistent with the findings on the CT scans. The structure appears as a faint, elongated opacity. The overall lung fields are clear, and the heart size is within normal limits. The label 'L11' is visible in the upper right corner of the image.</p>

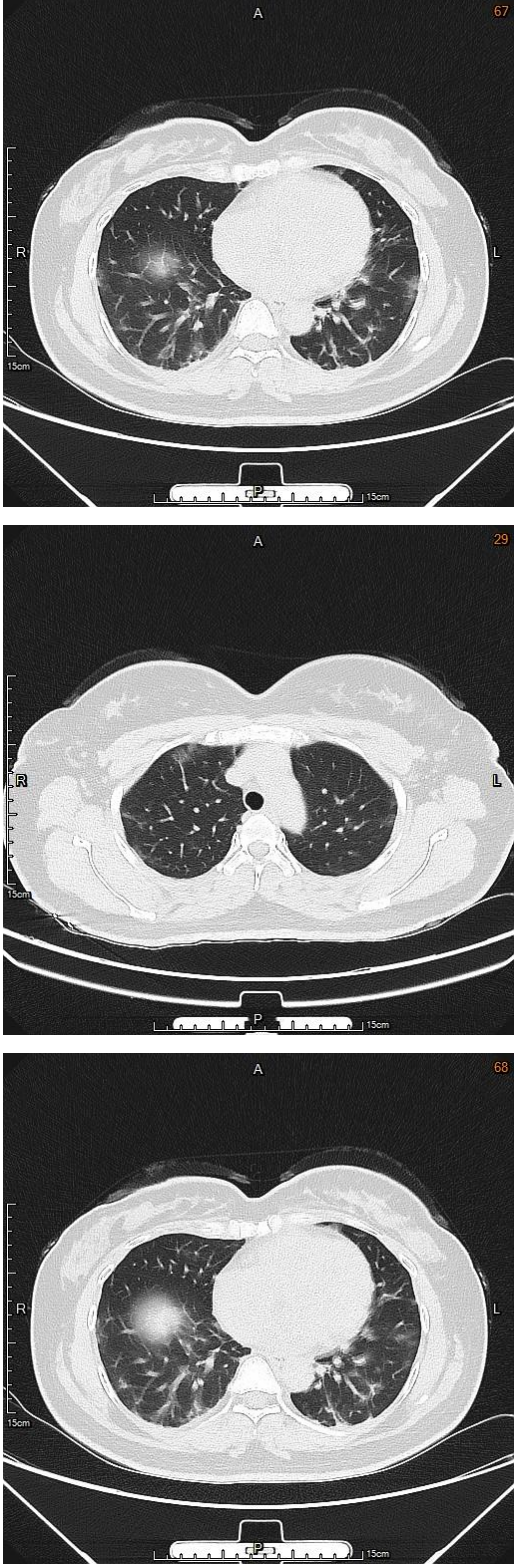
題目	答案	影像
		
<p>18. 男性，56 歲，呼吸急促、咳嗽、發燒、咽喉疼痛。</p>	<p>Esophageal perforation with mediastinitis.</p>	

題目	答案	影像
<p>19. 男性，51 歲，咳嗽、胃酸逆流、飯後胸悶。</p>	<p>Type II , paraesophageal hernia.</p>	
<p>20. 76 years old female, mild dyspnea.</p>	<p>Morgagni's hernia</p>	





題目	答案	影像
<p>21. 18 years old male. Sudden onset dull chest pain 1 day.</p>	<p>Pneumomediastinum</p>	
<p>22.</p>	<p>Pancoast tumor, LUL, lung cancer</p>	
<p>23. 44 y/o, PHx: anemia</p>	<p>Thalassemia</p>	


題目	答案	影像
24.	pneumoconiosis	
25.	Right subphrenic free air LUL infiltration	
26. 70 y/o female	LAM	

題目	答案	影像
27. 25/F Asthma history	Right side aorta	 <p>A frontal chest X-ray showing a normal-sized heart and clear lung fields. The aorta is visible as a vertical line in the center, with a slight curve to the right, indicating aortic tortuosity. A small 'R' marker is visible in the top left corner.</p>
28. 68/F Cough for 3 days	Neurofibromatosis (Skin lesions)	 <p>A frontal chest X-ray showing a normal-sized heart and clear lung fields. The aorta is visible as a vertical line in the center, with a slight curve to the right, indicating aortic tortuosity. A small 'R' marker is visible in the top left corner.</p>
29. 33/F Mild shortness of breath for three days	COVID-19 pneumonia, bilateral	 <p>A frontal chest X-ray showing bilateral opacities in the lower lung zones, consistent with COVID-19 pneumonia. The heart size is normal. A small 'R' marker is visible in the top left corner. There are also some technical markers at the bottom left of the image.</p>

題目	答案	影像
		 <p>The image displays three axial CT scan slices of the chest, labeled 67, 29, and 68 from top to bottom. Each slice shows a cross-section of the thorax with the heart and lungs. In slice 67, a large, well-defined, rounded mass is visible in the central mediastinal region, and a smaller, denser nodule is present in the peripheral lung field on the right side. Slice 29 shows a similar view but with a different level of the chest, where the central mass is less prominent. Slice 68 shows the central mass again, similar to slice 67. Each image includes a 15cm scale bar and anatomical markers for Right (R), Left (L), and Anterior (A).</p>



題目	答案	影像
30. 50 y/o Male, with chest pain	Mediastinal Thymoma	
31. 61 y/o male, physical check up	Solitary fibrous tumor	
32. 72 y/o male with back pain for 3 months	Posterior neurogenic tumor	 

題目	答案	影像
33. 43 y/o female with S.O.B for months	TB with bronchial stenosis	 A frontal chest X-ray showing the thoracic cavity. The right lung (viewer's left) appears relatively normal. The left lung (viewer's right) shows a significant area of consolidation in the upper lobe, consistent with tuberculosis. There is also evidence of bronchial stenosis, indicated by the narrowed and irregular bronchovascular markings in the affected area. The spine and ribs are visible, and the diaphragm is at a normal level. A small 'R' marker is visible in the upper left corner of the image.