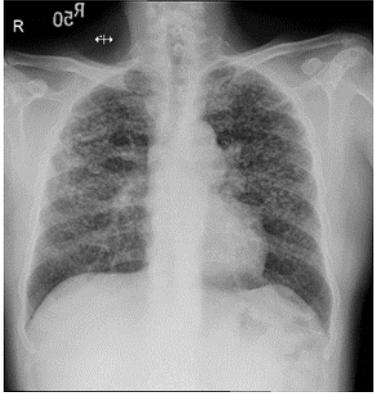
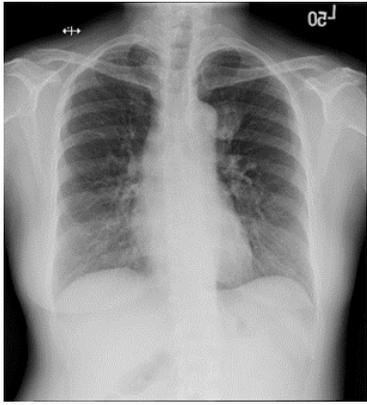
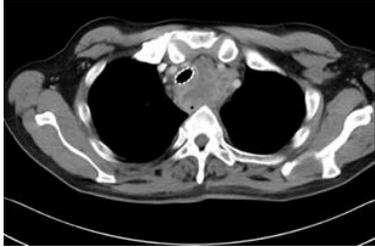
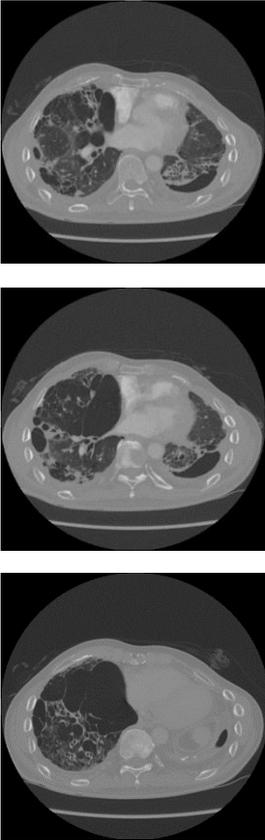
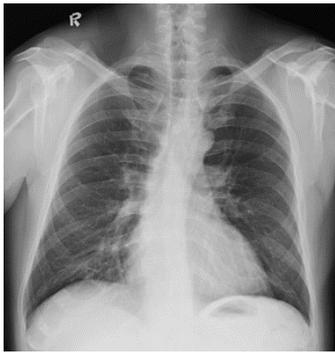
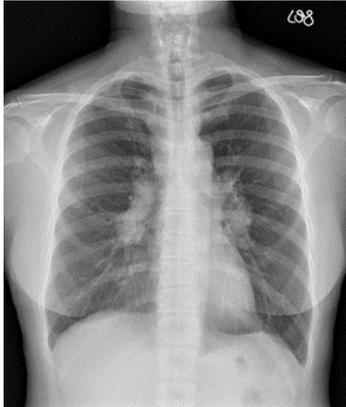
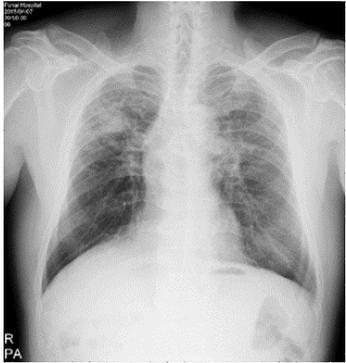
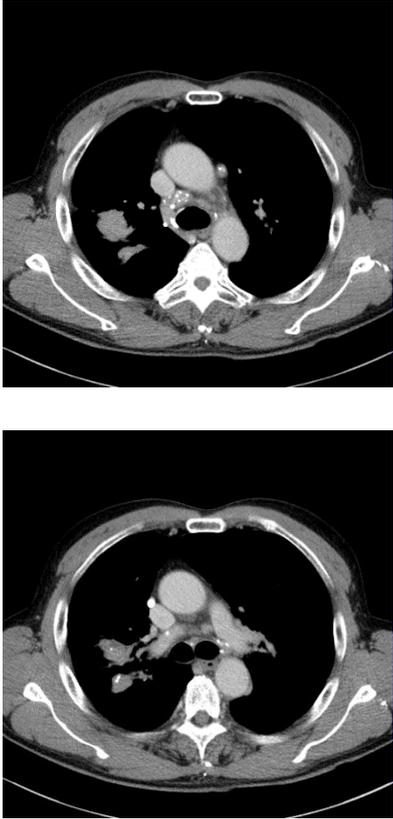


111年胸腔暨重症專科醫師考試_影像學

| 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> |  |

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| 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 dilated and thick-walled bronchi, and chronic obstructive pulmonary disease, characterized by hyperinflation and emphysematous changes in the lung parenchyma.</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 left corner of the image.</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 lung that separates the azygos lobe from the rest of the lung. The patient's name 'R26' is visible in the top left corner of the image.</p> |

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| <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> |  |

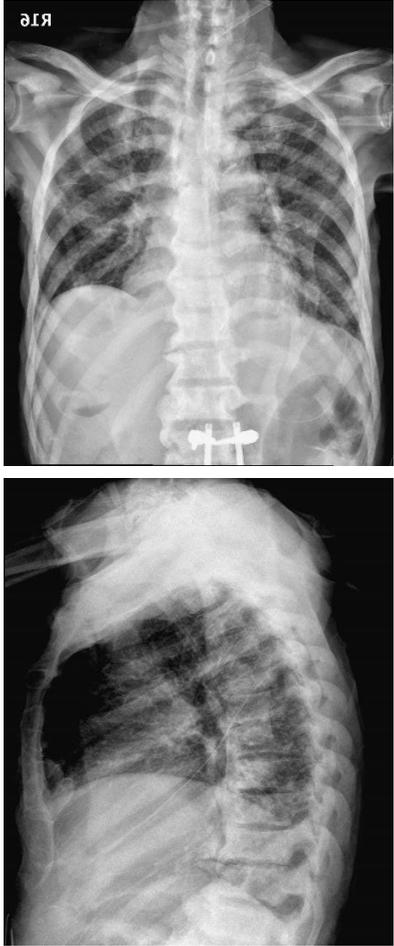
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| <p>11. A 68-year-old man complained chronic cough & chest tightness.</p> | <p>Pericardial cyst</p> |  |

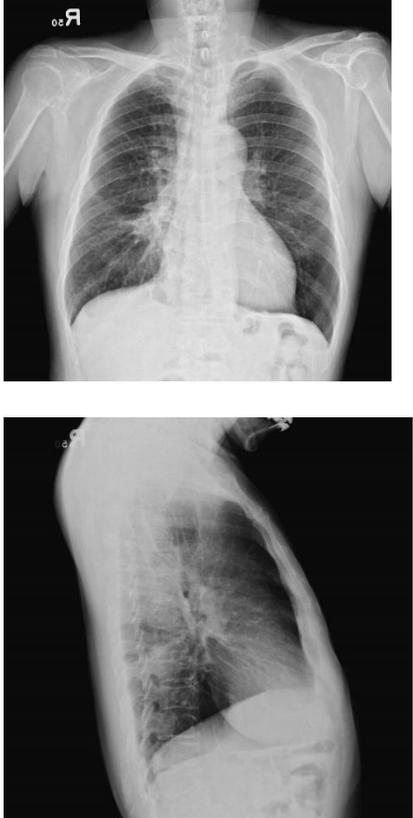
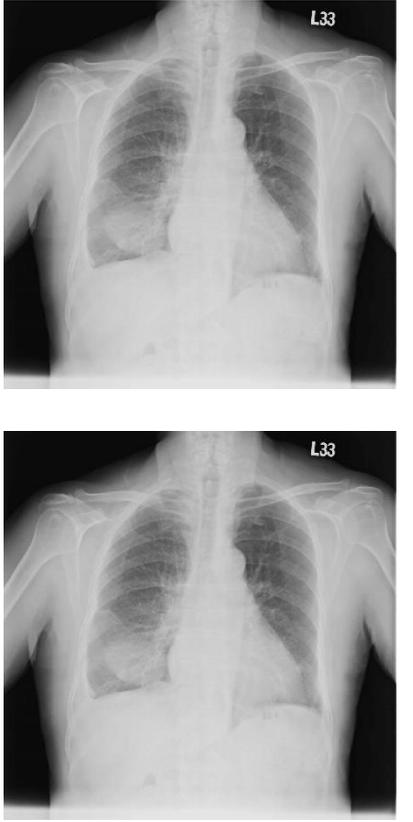
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| <p>12. A 71-year-old man had history of dysphagia. No fever, SOB or chest pain.</p> | <p>Esophageal cancer post colon interposition</p> |  |
| <p>13. A 68-year-old man had dry cough & progressive exertional dyspnea during recent 6 months.</p> | <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> |  |

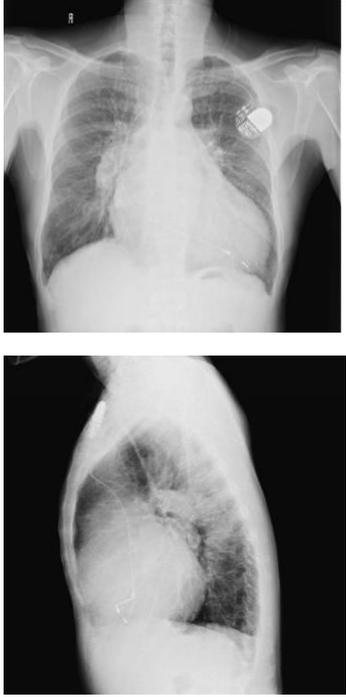
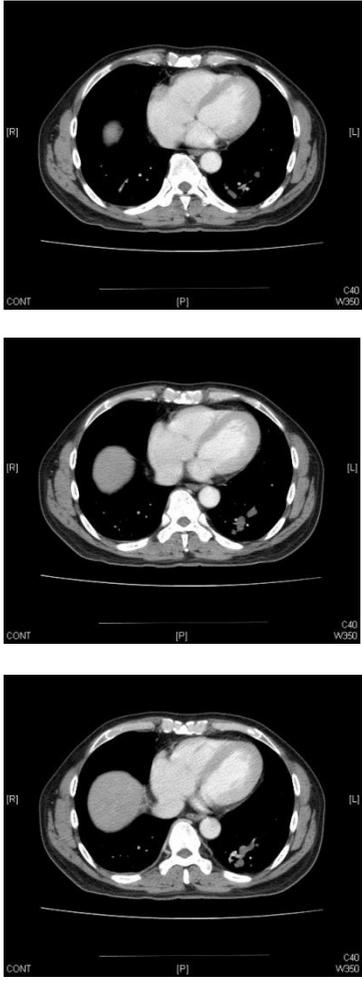
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| <p>15. 62 y/o male, fever and dyspnea for 1 week Underlying tongue ca.</p> | <p>Left pneumothorax Right lung abscess Endotracheal tube too shallow R jugular CVP in situ</p> |  |
| <p>16. 76 y/o male, hemoptysis, BW loss.</p> | <p>RUL lung ca, endobronchial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

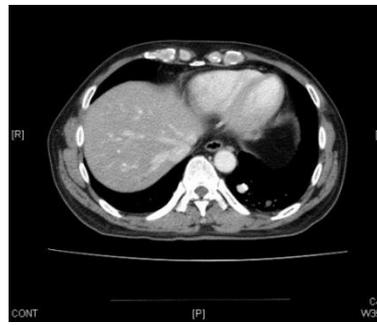
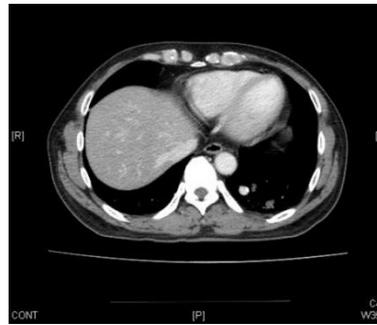
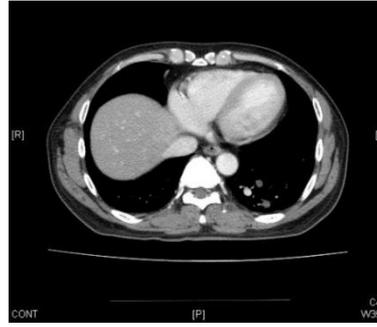
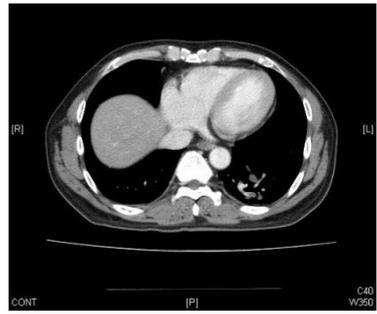
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| <p>18. 49 y/o male, no symptoms.</p> | <p>Esophageal ca s/p gastric tube reconstruction</p> |  A frontal chest X-ray showing a gastric tube reconstruction. The tube is visible as a vertical line in the midline, extending from the upper abdomen through the diaphragm into the chest. The lungs are clear, and the heart size is normal. |
| <p>19. 62 y/o female, shortness of breath, 呼吸有異音.</p> | <p>Tracheal stenosis, post TB infection</p> |  A frontal chest X-ray showing tracheal stenosis. The trachea is significantly narrowed in the upper and middle thoracic regions. The lungs show some hyperinflation and scattered opacities, consistent with post-tuberculous changes. |
| <p>20. 32 y/o female, shortness of breath.</p> | <p>Pulmonary alveolar proteinosis</p> |  Two images showing pulmonary alveolar proteinosis. The top image is a frontal chest X-ray with bilateral, symmetric, perihilar opacities and a 'crazy paving' pattern. The bottom image is an axial CT scan of the chest, showing extensive, bilateral, peripheral and subpleural consolidation with a characteristic 'crazy paving' appearance, representing alveolar filling with proteinaceous material. |

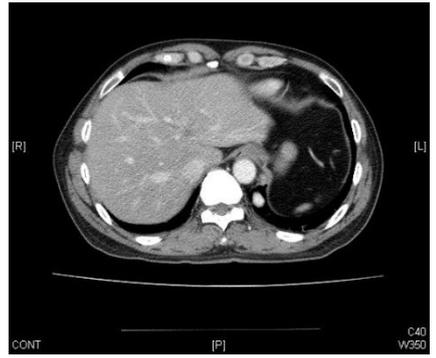
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| <p>21. 52 y/o male, dysphagia.</p> | <p>Esophageal cancer</p> |  |
| <p>22. 64 y/o male, chest pain.</p> | <p>Hiatal hernia and achalasia</p> |  |
| <p>23.</p> | <p>1. One lung intubation with LLL collapse 2. s/p pacemaker implantation</p> |  |

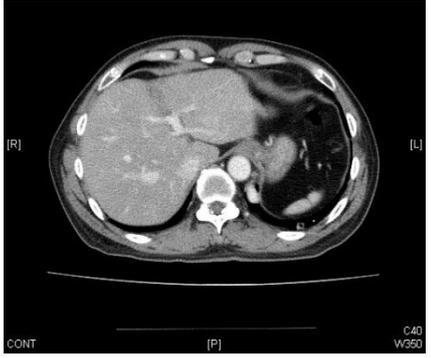
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| <p>24.</p> | <p>Ganglioneuroma (posterior mediastinal mass)</p> |  <p>A frontal chest X-ray showing a large, well-defined, soft tissue mass in the posterior mediastinum. The mass is located behind the heart shadow and extends superiorly. The lungs are clear, and the diaphragm is visible. Labels 'R', 'STANDING', and 'L' are present in the top left corner.</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. The aortic shadow is located to the right of the midline, which is an anatomical variation. The lungs are clear, and the diaphragm is visible. A label 'R' is present in the top left corner.</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 present in the top left corner of the frontal view.</p> |

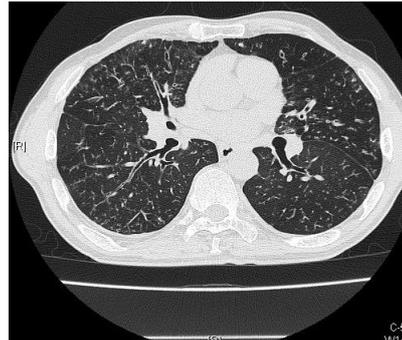
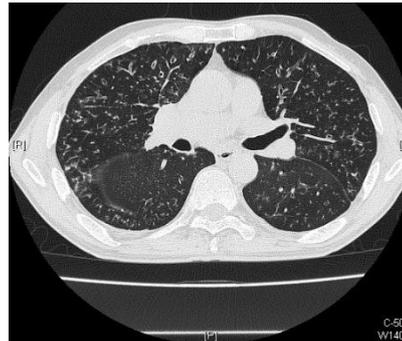
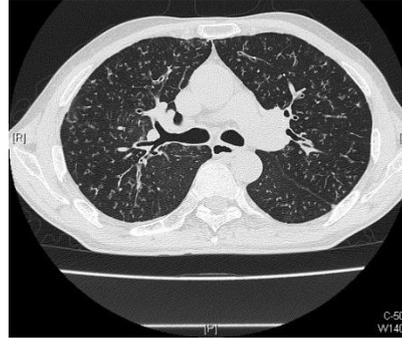
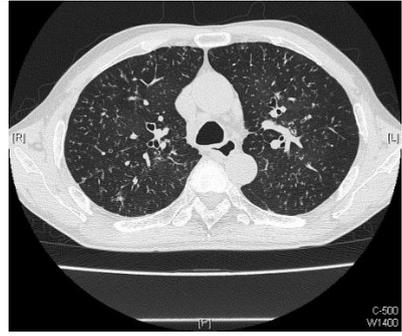
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| <p>27. A 63-year-old man complained of cough for months.</p> | <p>Lung cancer, RLL, Lt 3rd rib metastasis</p> |  |
| <p>28. A 84-year-old man complained of dyspnea for weeks.</p> | <p>Interlobar pleural effusion (lentiform mass-like lesion in Rt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

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| <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> |  |

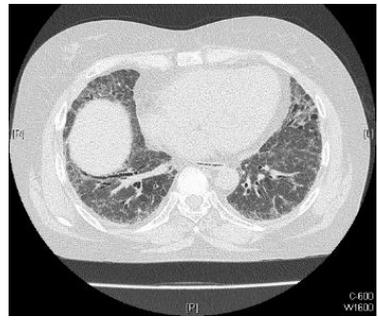
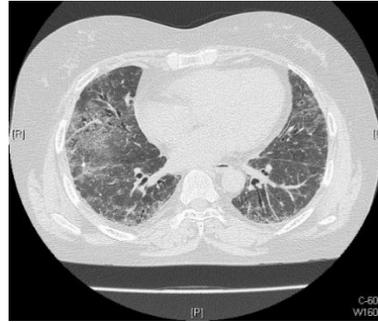
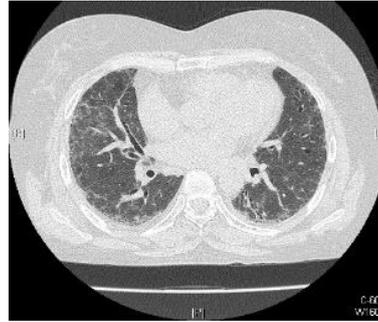
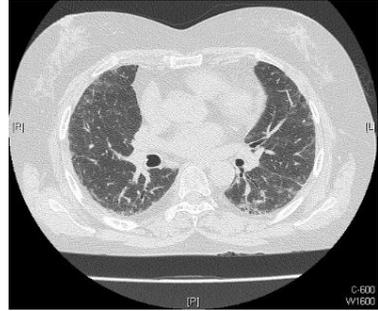


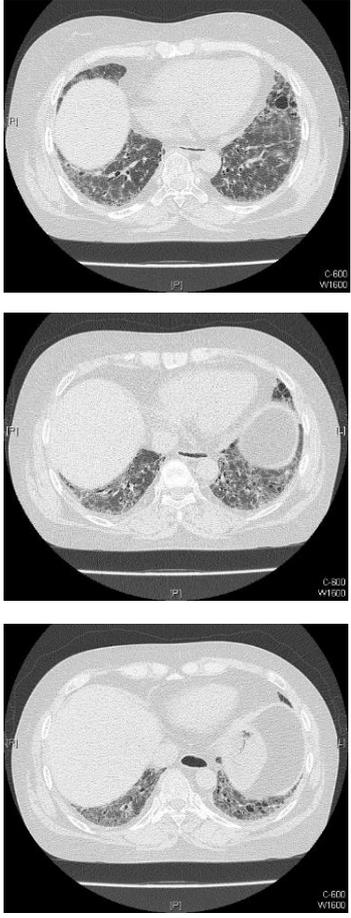


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| <p>31. 61 y/o male with productive for many years 請問就 CXR 及 CT 的表現, 其診斷為何?</p> | <p>Diffuse Panbronchiolitis</p> |  |



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| <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> |  |



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| | |  <p>The image consists of three axial CT scans of the chest. The top scan shows a wedge-shaped consolidation in the left lung base. The middle scan shows a similar wedge-shaped consolidation in the left lung base. The bottom scan shows a similar wedge-shaped consolidation in the left lung base.</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 chest X-ray (CXR) showing a wedge-shaped opacity in the left lung base, consistent with atelectasis. The text 'R-Standing' is visible in the top left corner of the image.</p> |