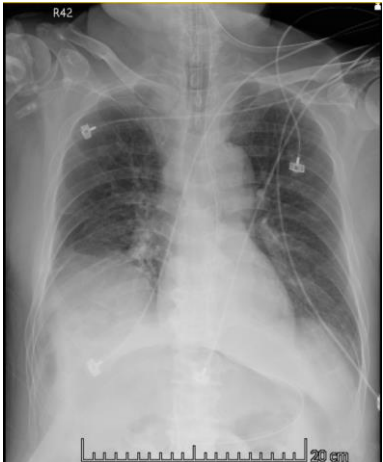






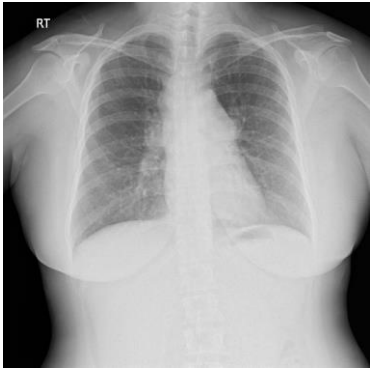



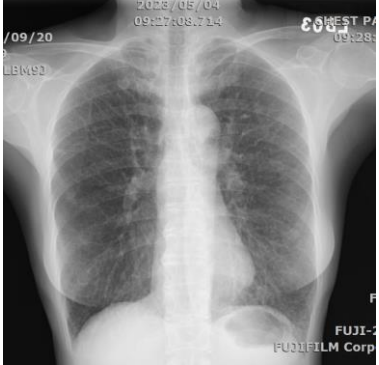
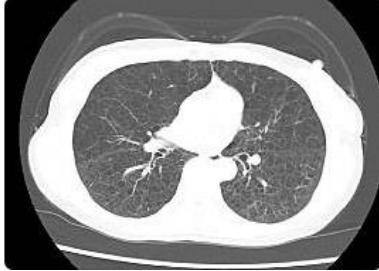




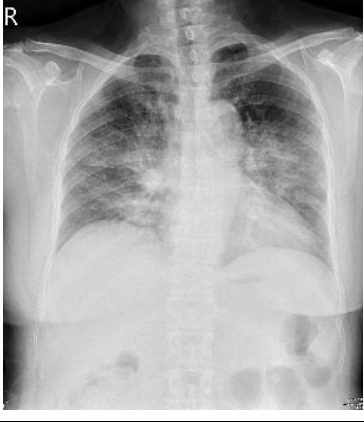


112 年胸腔暨重症專科醫師考試 - 影像學



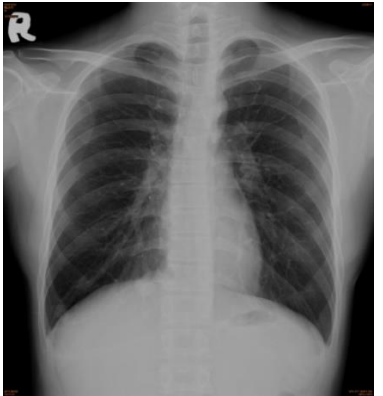
| 題目 | 答案 | 影像 |
|--|---|---|
| <p>1. A 59 y/o man had septic shock with multi-organ failure admitted to ICU</p> | <p>1.Hollow organ perforation(PPU, intestine perforation) 2.RLL consolidation</p> |  |
| <p>2. A 76 y/o man undergoing long-term H/D with respiratory distress</p> | <p>1.NG tube inserted into lung parenchyma(NG tube malposition) 2.LLL consolidation</p> |  |
| <p>3. A 68 y/o woman with acute respiratory distress</p> | <p>Acute pulmonary emboli</p> |  |




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| <p>4. A 72 y/o man with progressive respiratory distress</p> | <p>Cardiogenic pulmonary edema (CHF with interstitial edema)</p> |  |
| <p>5. 87 y/o male was sent to Emergency Department due to drowsiness.</p> | <p>LUL lung cancer with stomach foreign body(denture)</p> |  |
| <p>6. 60 y/o female visited Chest OPD due to dry cough for months</p> | <p>LUL cancer with breast augmentation</p> |  |

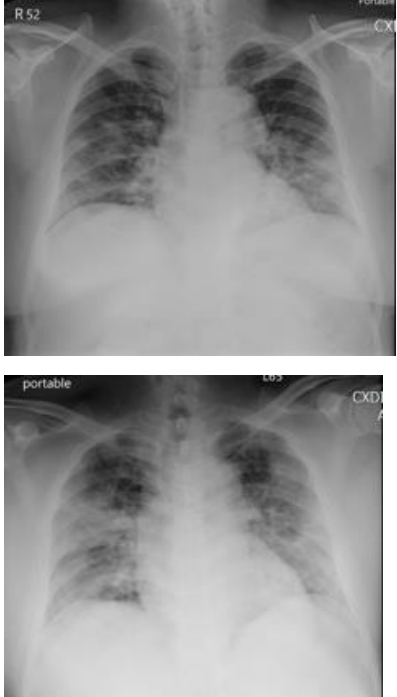
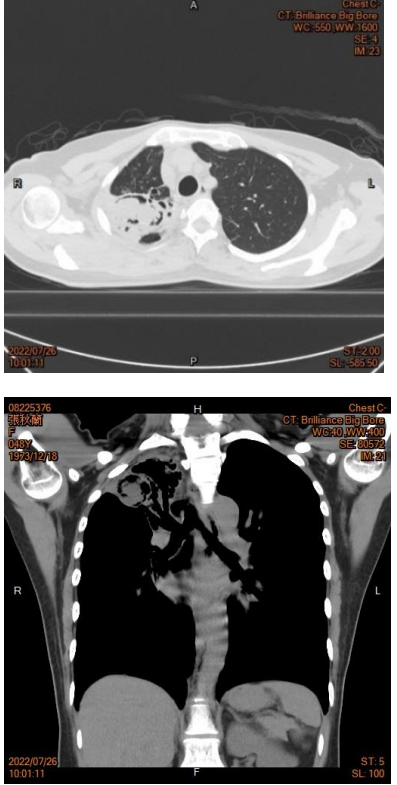
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| <p>7. 84 y/o male was referred to Chest OPD without any symptom and sign</p> | <p>LUL lung cancer</p> |  |
| <p>8. 33 y/o female had incidental findings on CXR and then CT follow-up</p> | <p>Sarcoidosis</p> |  |
| <p>9. 67 y/o male had hemoptysis for days</p> | <p>1. Endobronchial tumor over proximal left lower bronchus with obstructive pneumonitis over left lower lobe 2. Status post sternotomy with metallic suture (Hx of CAD s/p CABG)</p> |  |
| <p>10. 66 y/o male, a heavy smoker, was referred to ER from a local hospital. Initial presentation: progressive dyspnea for days</p> | <p>1. Diffuse emphysema (COPD) 2. Subcutaneous emphysema 3. Post pigtail catheter drainage</p> |  |

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| <p>11. 71 y/o female has hemoptysis for 10 yrs.</p> | <p>1.NTM-lung disease 2.Bronchiectasis 3.PICC</p> |  |
| <p>12. 57 y/o Female. Dyspnea on exertion (DOE) for yrs.</p> | <p>Lymphangioleiomyomatosis(LAM)</p> |  <p>更新圖</p>  |
| <p>13. 21 y/o M. Anterior chest pain for 1 day</p> | <p>pneumomediastinum</p> |  |

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| <p>14. Intermittent chest pain for 3 months</p> | <p>Achalasia</p> |  |
| <p>15. Dyspnea for 2 weeks</p> | <p>Pulmonary alveolar proteinosis</p> |  |
| <p>16. Cough with sputum for 2 months</p> | <p>Pulmonary tuberculosis</p> |  |
| <p>17. A 62 years-old man presented with cough with sputum for months. Exertional dyspnea(+) Smoking(+)</p> | <p>asbestosis</p> |  |

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| <p>18. A 73 years old male visit clinic with intermittent fever for 2 weeks. He also had poor sugar control due to poor drug compliance.</p> | <p>Liver abscess</p> |  |
| <p>19. 34 years old male visit clinic for abnormal chest imaging after health examination. No clinical symptoms/signs were noted.</p> | <p>Scimitar syndrome</p> |  |
| <p>20. 34 years old male visit clinic for abnormal chest imaging after health examination. No clinical symptoms/signs were noted.</p> | <p>Arteriovenous malformation</p> |  |

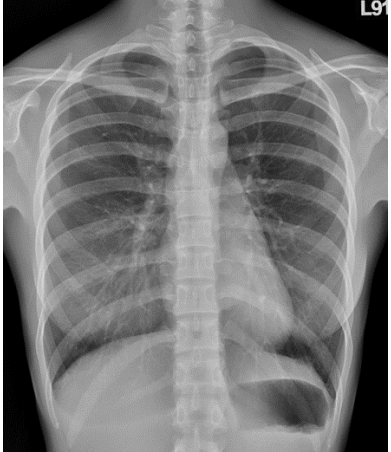


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| <p>21. A 39-year-old man had cough and dyspnea for 2 months</p> | <p>Diffuse panbronchiolitis</p> |  <p>The image displays two radiological views of the chest. The top view is a frontal chest X-ray showing bilateral, diffuse, peribronchovascular thickening and small centrilobular nodules, characteristic of diffuse panbronchiolitis. The bottom view is an axial CT scan of the chest at the level of the main bronchi, showing thickened bronchovascular bundles and small centrilobular nodules, further confirming the diagnosis.</p> |
| <p>22. 58 year-old woman have cough for 2 months</p> | <p>Thyroid cancer with tracheal compression</p> |  <p>The image is a frontal chest X-ray showing a significant narrowing of the tracheal lumen, which is a sign of tracheal compression. The lungs appear clear, and the heart size is within normal limits.</p> |
| <p>23. 37 year-old man do health examinations without symptoms</p> | <p>Right aorta</p> |  <p>The image is a frontal chest X-ray showing a right aorta, which is a congenital anomaly where the aorta is located on the right side of the vertebral column. The rest of the thoracic structures appear normal.</p> |

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| <p>27. A 59 y/o male who had hypertension and adrenal gland tumor s/p resection. He lived at Wanhua. He had fever (39.2 °C), cough, myalgia and diarrhea since 2021/06/05. He visited ER, CXR was performed (fig A). He admitted to ward. Due to progressive dyspnea, CXR was followed later (fig B). What is the diagnosis?</p> | <p>COVID-19</p> |  |
| <p>28. 48 歲女性,本身有支氣管擴張症,數年前有肺結核經過完整藥物治療,定期於胸內門診追蹤。近期咳嗽加劇,有輕微運動性呼吸困難(exertional dyspnea),無其他症狀,無旅遊史。定期追蹤的胸部 X 光發現右上肺野纖維化範圍變大,安排胸腔電腦斷層檢查(如圖一與圖二),則最可能的診斷為何?</p> | <p>肺結核後繼發黴菌感染</p> |  |

29. 一位 59 歲黃小姐之前無吸菸史，家族史無肺癌。10 年前接受過第三期甲狀腺癌手術根除術。5 年前曾接受胸部低劑量電腦斷層檢查 (chest LDCT)，發現有左下肺毛玻璃狀結節 (0.8cm) (如圖 1)。近期接受健康檢查時，再行 chest LDCT 發現原來的左下肺結節有增大 (0.8cm → 1.2cm)，而且於兩側肺部看見新增加的毛玻璃結節 (大小介於 0.5~1.5cm) (如圖 2-5)。進一步 PET/CT scan 檢查，上述結節皆呈現 slight increase of FDG uptake (FDG-avid: 2.7~3.2) 不等。病史詢問並無呼吸道症狀例如咳嗽或是呼吸喘的情形。請問根據 Chest CT scan 及臨床表現，最可能的診斷為何？

IgG-4 related lung disease



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| <p>30. During a routine health check, a 27-year-old patient was found to have a mass on their chest X-ray.</p> | <p>Bronchogenic cyst or esophageal cyst</p> |  |
| <p>31. Five years ago, this 65-year-old male started experiencing acid regurgitation and heartburn. Recently, he has developed a persistent dry cough and dyspnea.</p> | <p>Hiatal hernia</p> |  |
| <p>32. A 65-year-old female had her CXR on her health examination. There was no any clinical symptoms</p> | <p>1. Anterior mediastinum tumor 2. RUL nodule</p> |  |

33. A 60-year-old female with incidental finding.

1. Right thyroid goiter with tracheal indentation
2. Left thyroid calcifications

