

各位放射師:

您好.

Chest PA 是放射科最普遍且也是對診斷病灶很重要之攝影之一.

放射師要把 Chest PA 拍攝到能讓醫師得到最好的診斷資訊,那放射師最基本的體認是要知道一張 Chest PA 的影像,有無不正常的地方.

祁維廉主任,在台北市聯安健診中心服務多年,對 Chest PA 要如何拍攝,始能提供給醫師最好的資訊,有很多的經驗,因此,本會特別商請祁主任,在我們的網站,把 Chest PA 的簡易判讀,供大家參考.

另外,我們盼望先進們,對祁主任提供的資料有補充時,亦能加入,期望將來能整理出最好的資料供後來的放射師做參考.

秘書處

許世宗

敬上

認識胸部 x 光簡易判讀

祁維廉

聯安診所放射科

一. 正常胸部 x 光-男性

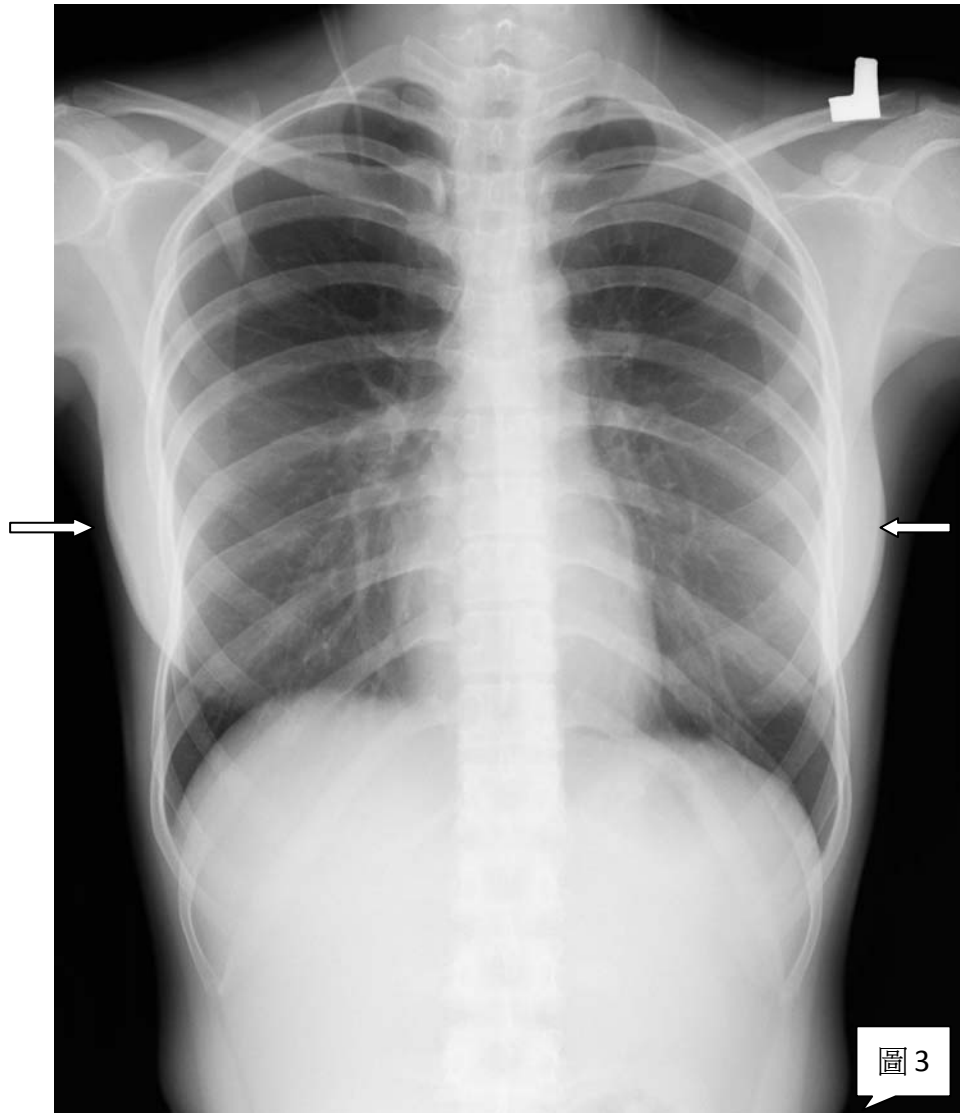


簡易判讀原則

1. 先看氣管是否在正中央.
2. 次看心臟是否肥大.心臟之最大寬度在兩邊肺野距離之二分之一以下.
3. 看兩邊肺門之大血管是否正常.
4. 看肺門上方血管是否成長條形.若變大或成密集的陰影則懷疑有問題.
5. 整體肺野之血管分佈,從肺門開始往外皆成細狀長條形陰影.若出現較圓形陰影或陰影密度增加則為異常.



二. 正常胸部 x 光-女性



看兩邊乳房之陰影(如箭頭所示)是否有消失.
其餘與男性相同.



三. 吸氣未吸飽

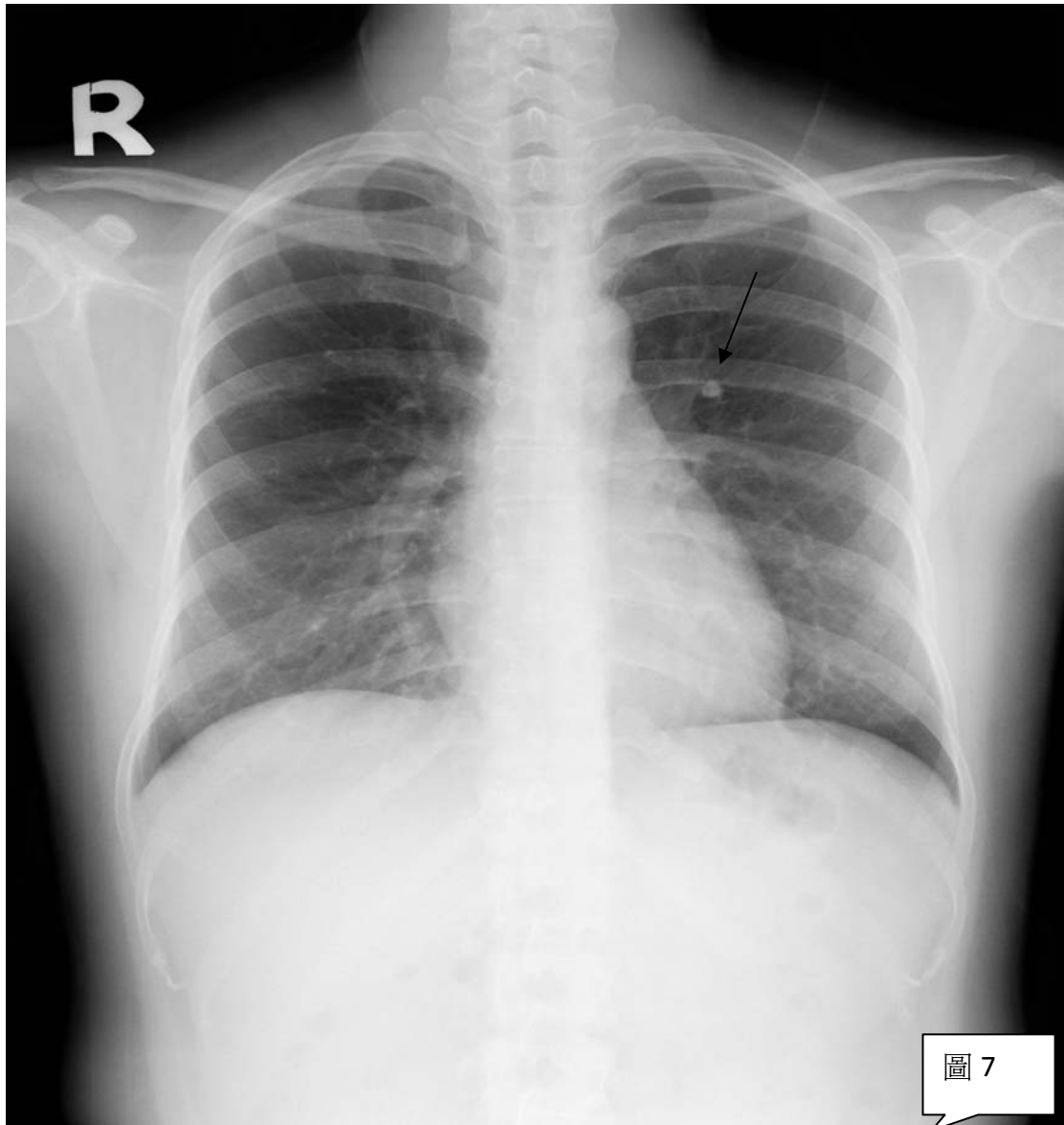


未吸氣吸飽,則心臟會有假性心臟肥大(與圖 6 比較,即可瞭解).

四. 吸氣吸飽



五. 正常血管陰影



肺門區域血管的轉折處,可能出現圓形陰影(如箭頭所示),此為血管正常現象.

六. Nipple shadow

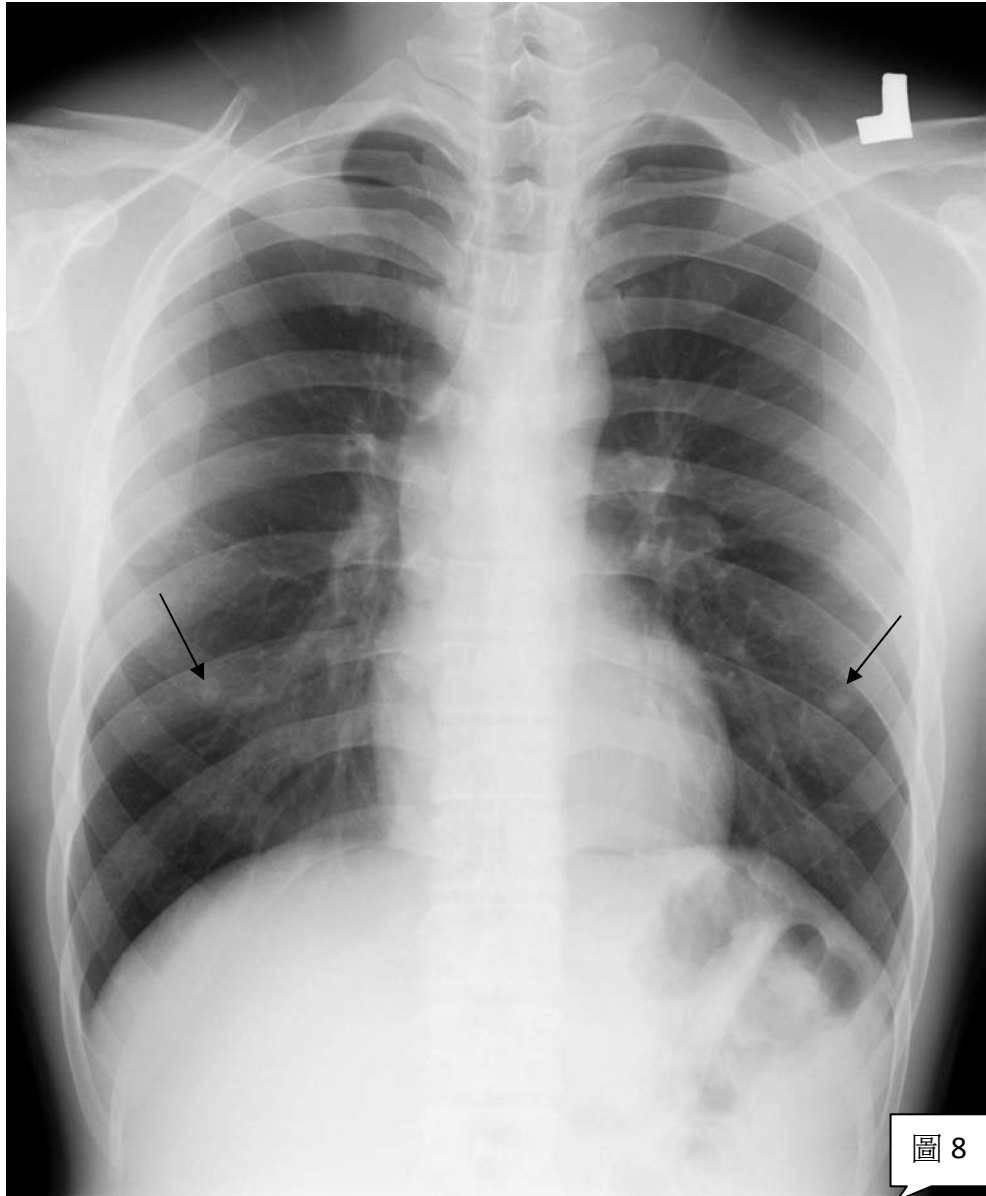


圖 8

兩邊男性乳頭之陰影是以正中矢狀成對稱

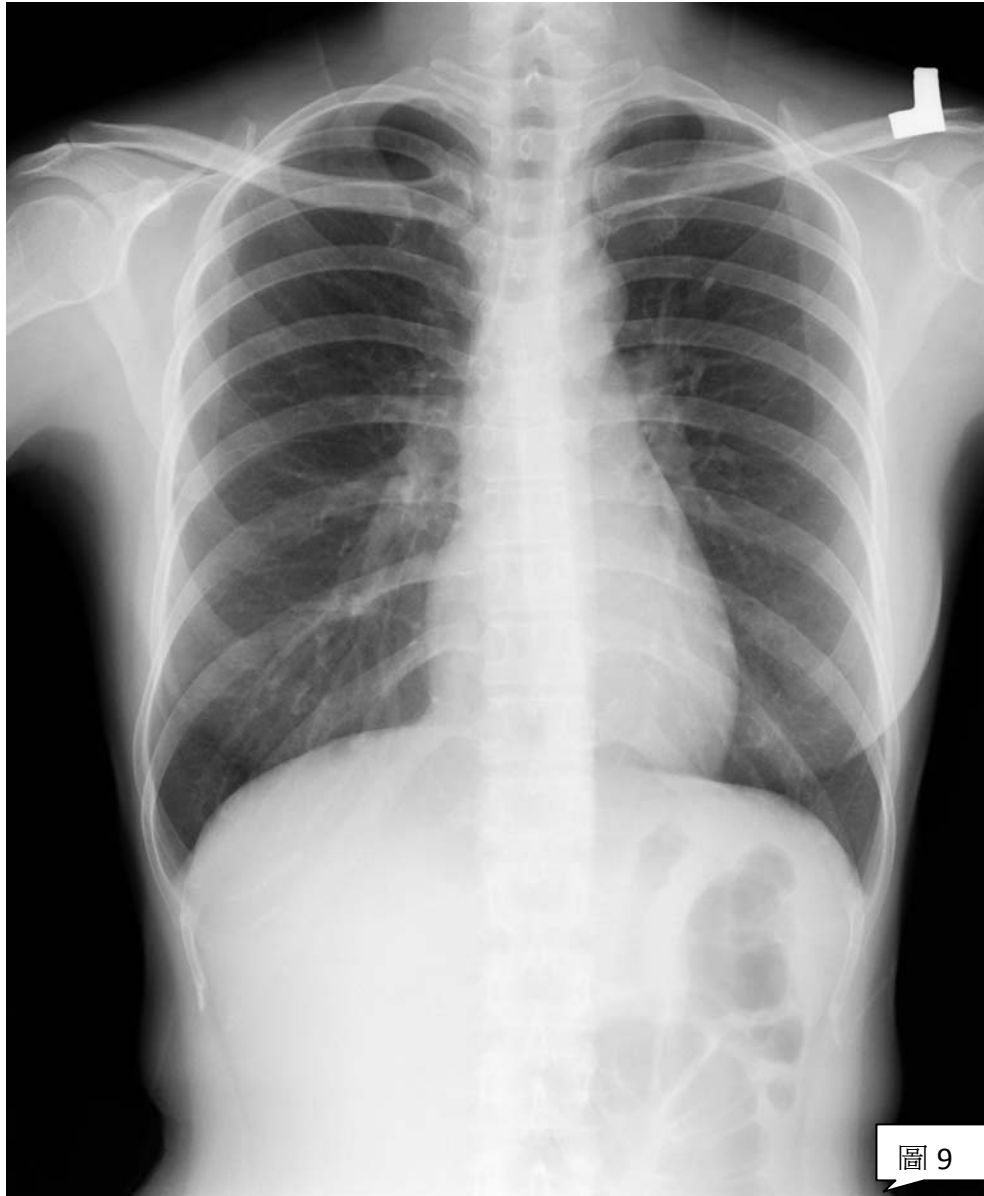


圖 9

兩邊 nipple shadow 不很清楚

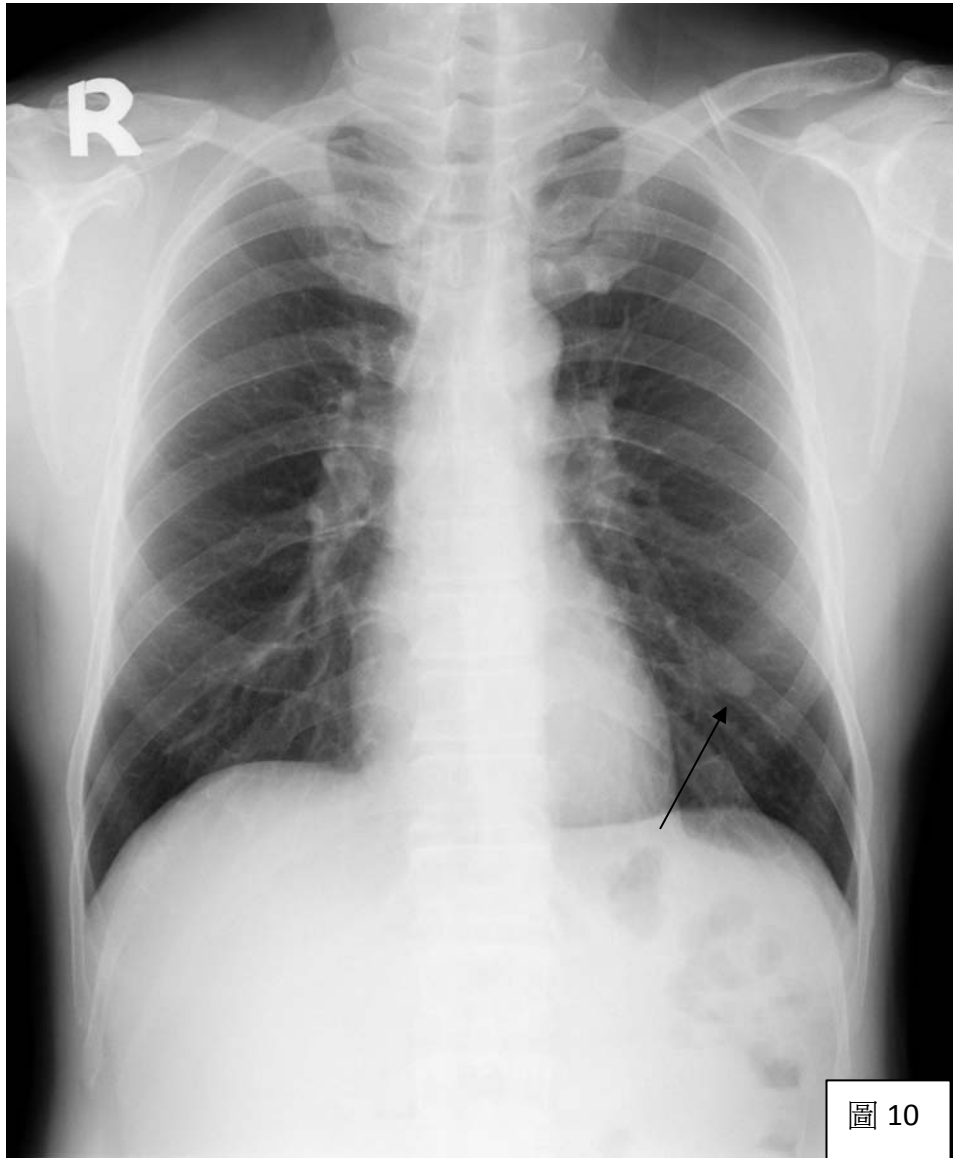
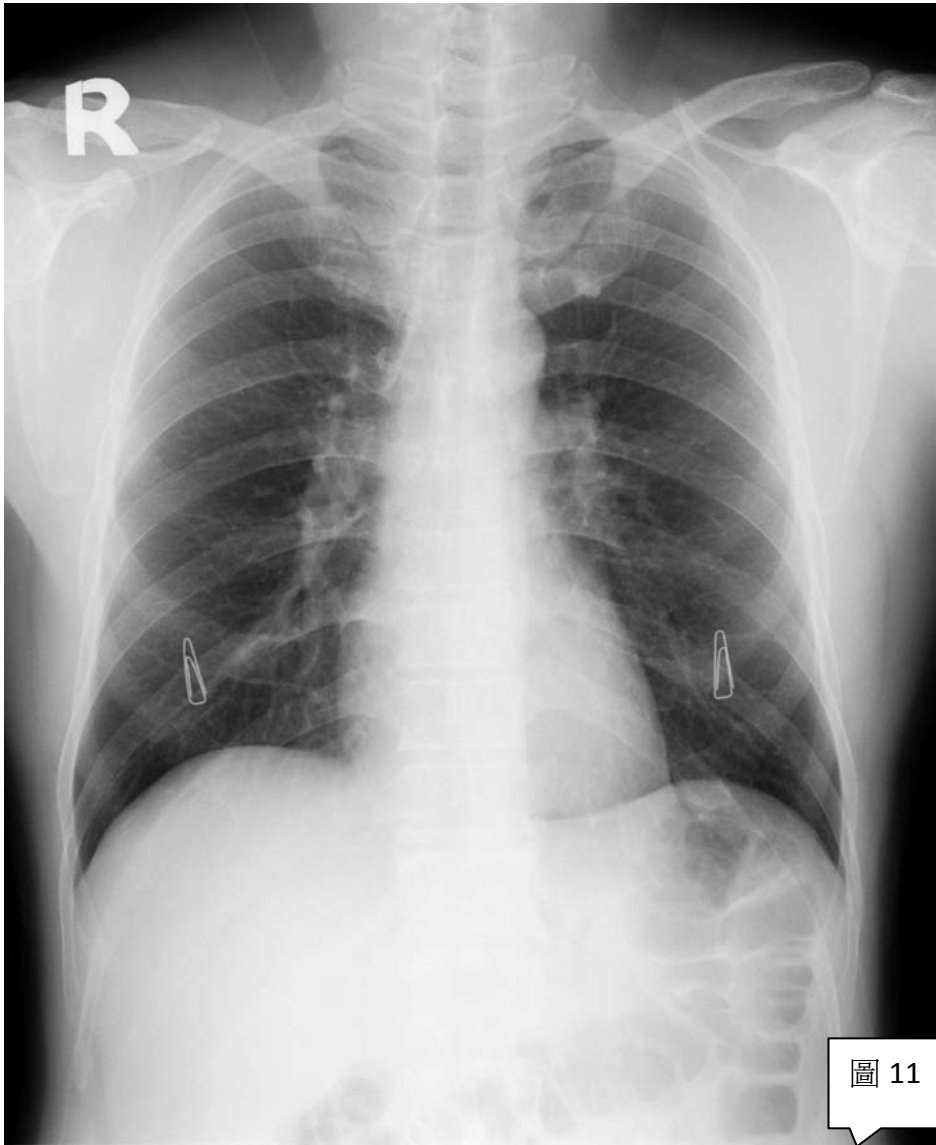


圖 10

因兩邊不對稱,需做 guide view



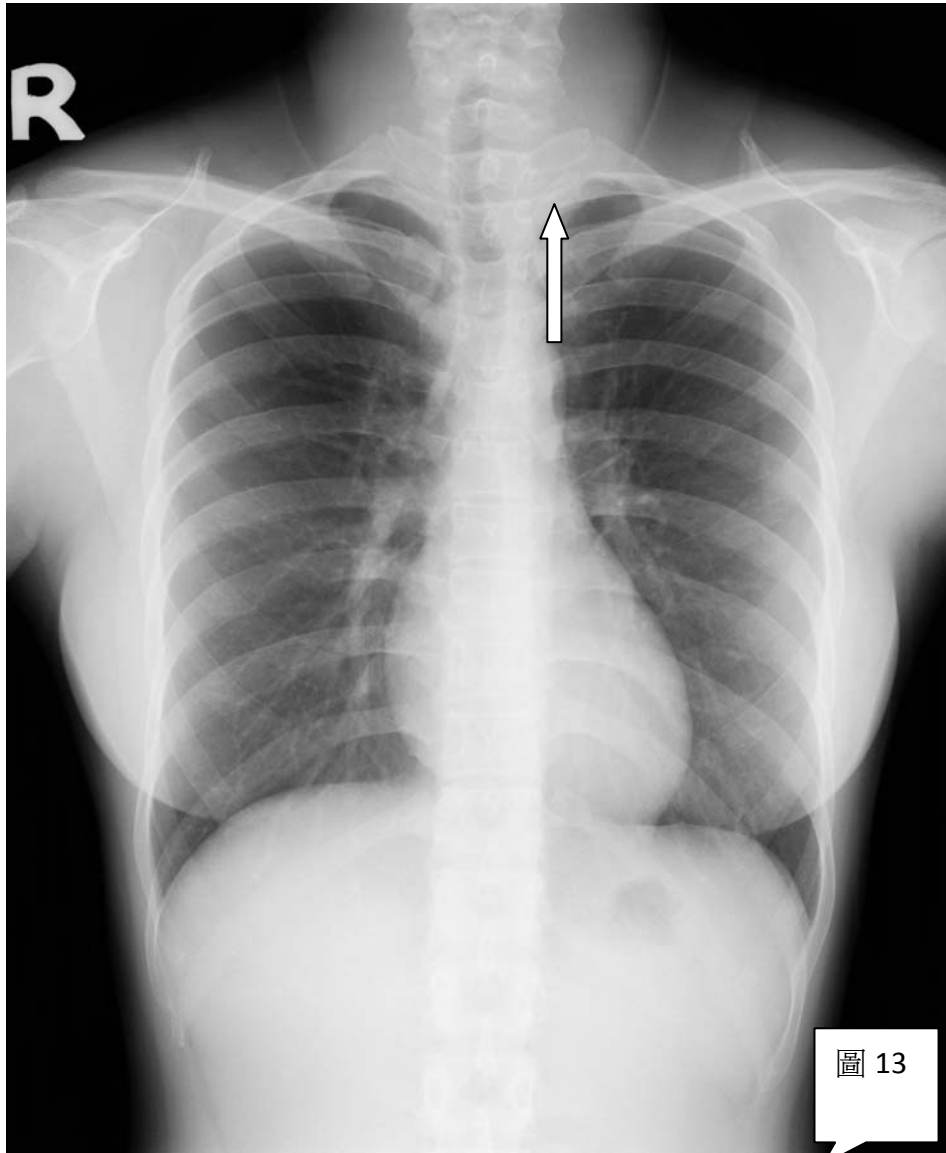
此為 Guide view

七. Trachea narrowing

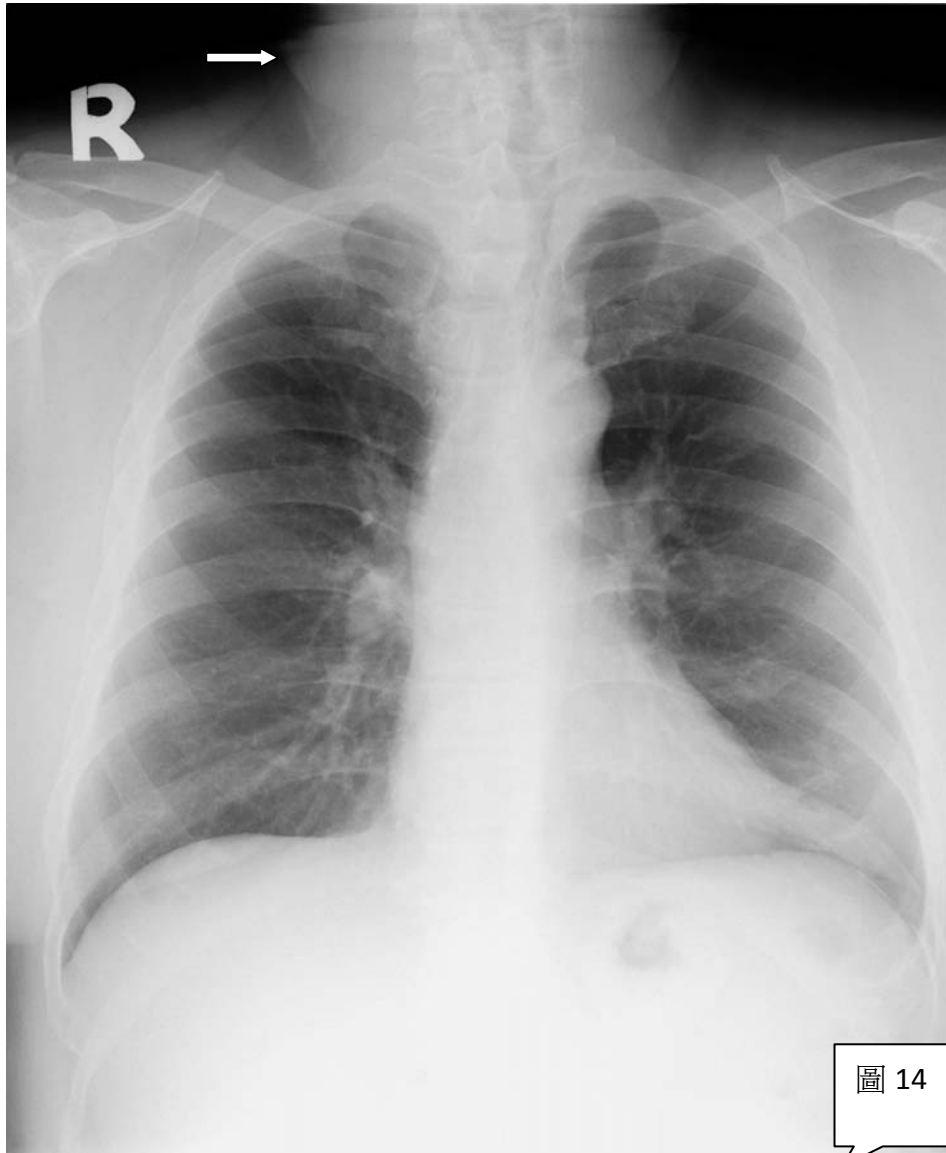


氣管狹窄與圖 1 比較,就很容易看出氣管狹窄,
在健診中,若吸煙有 30 年以上歷史者,常會看到氣管狹窄.

八. Trachea displacement

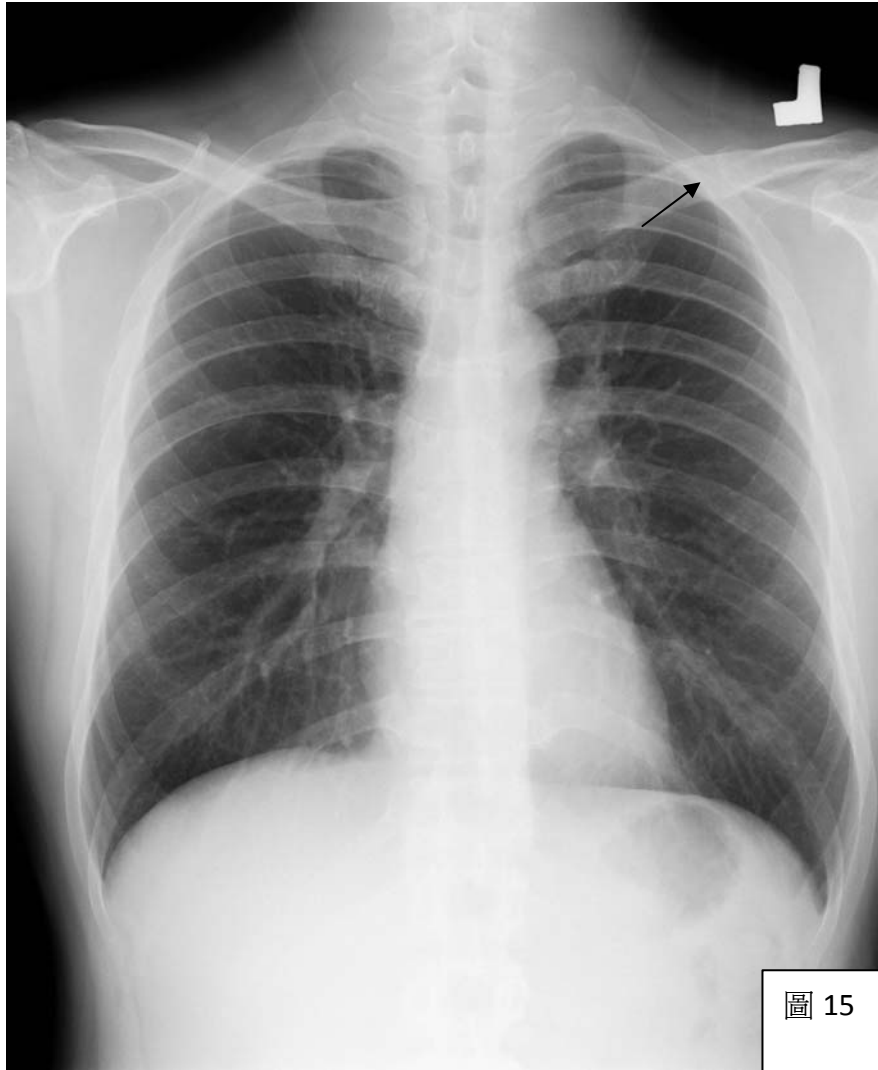


左邊甲狀腺肥大(如箭頭所示)造成氣管向右移位

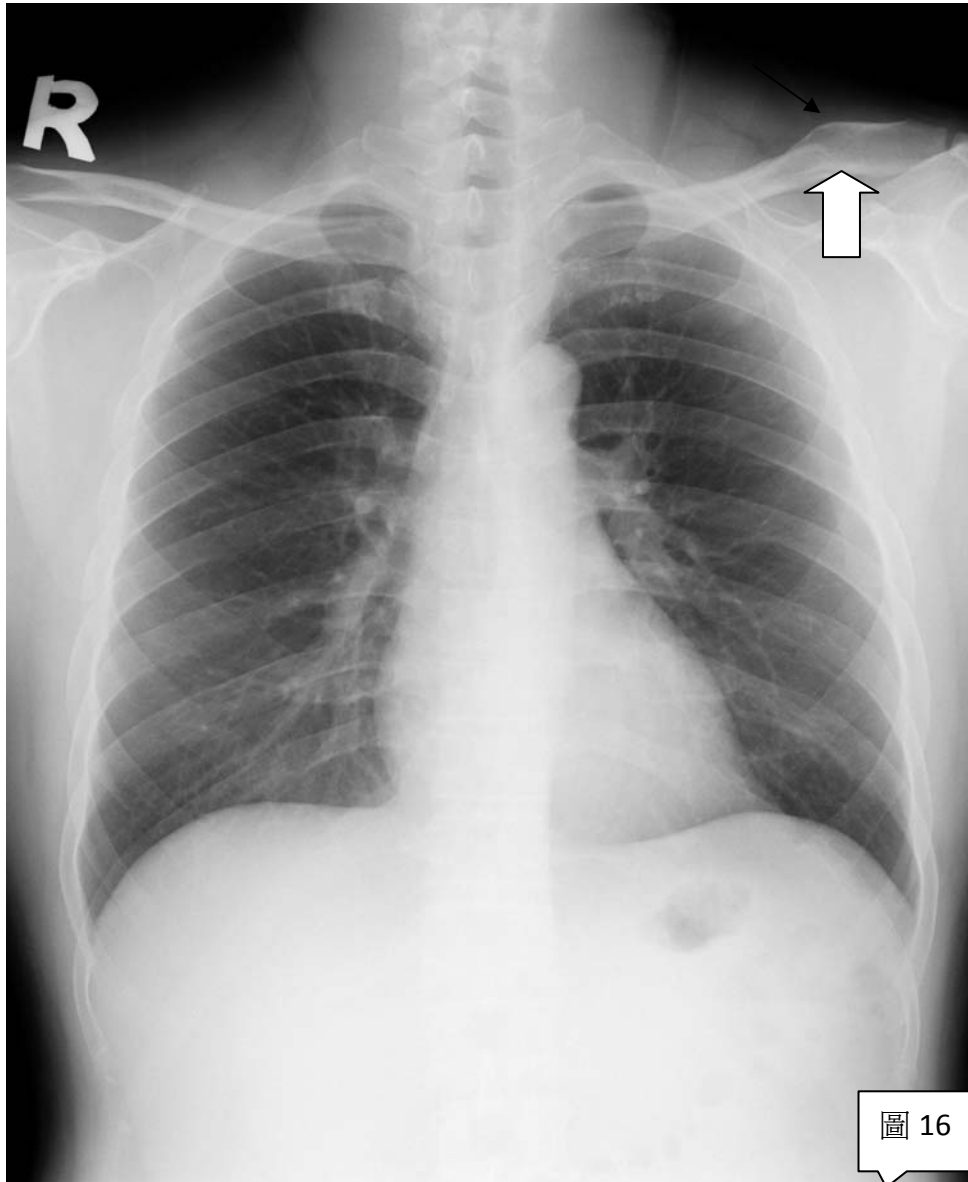


右邊甲狀腺肥大(如箭頭所示)造成氣管向左移位

九. Clavicle old fracture

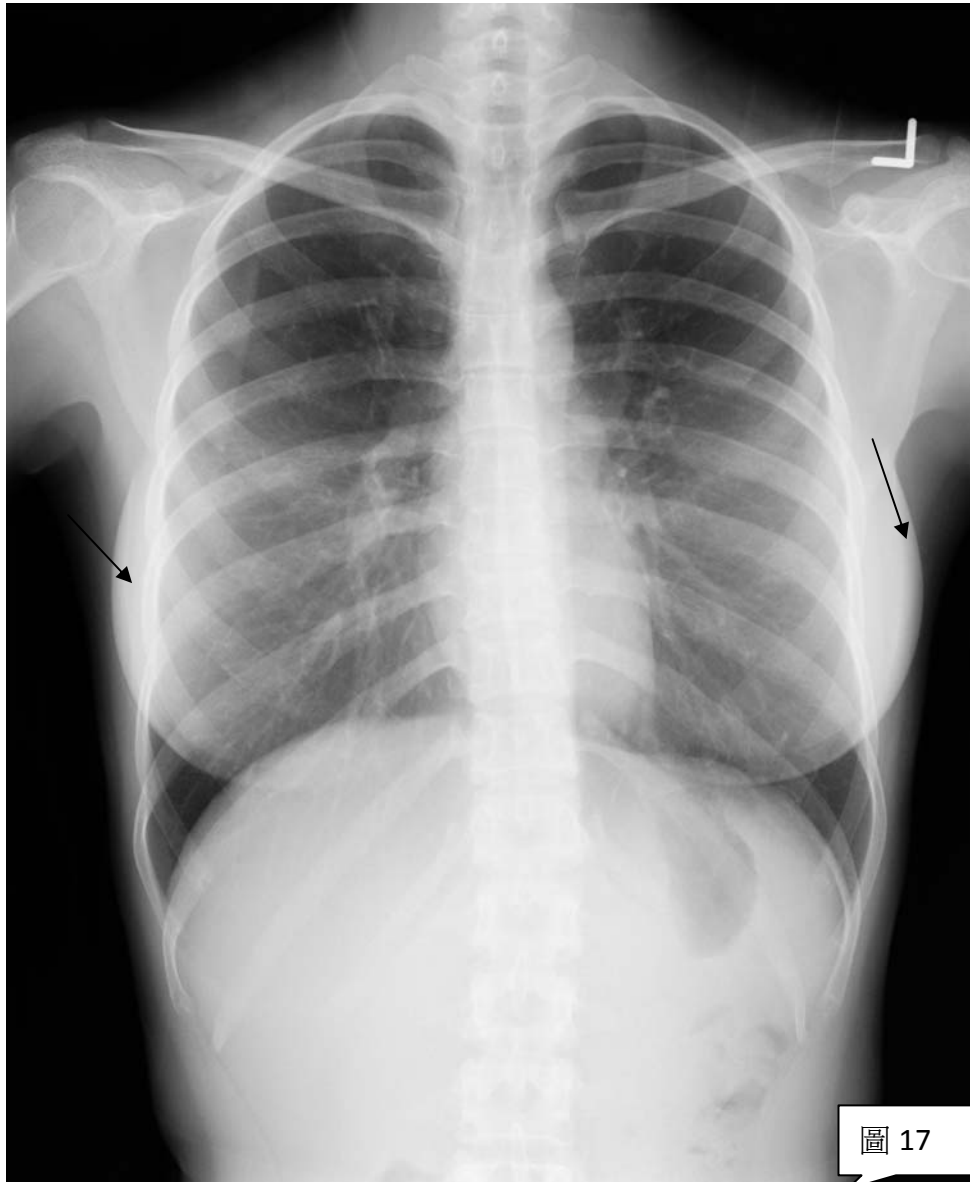


如箭頭所示為陳舊骨折處(因增生結果)

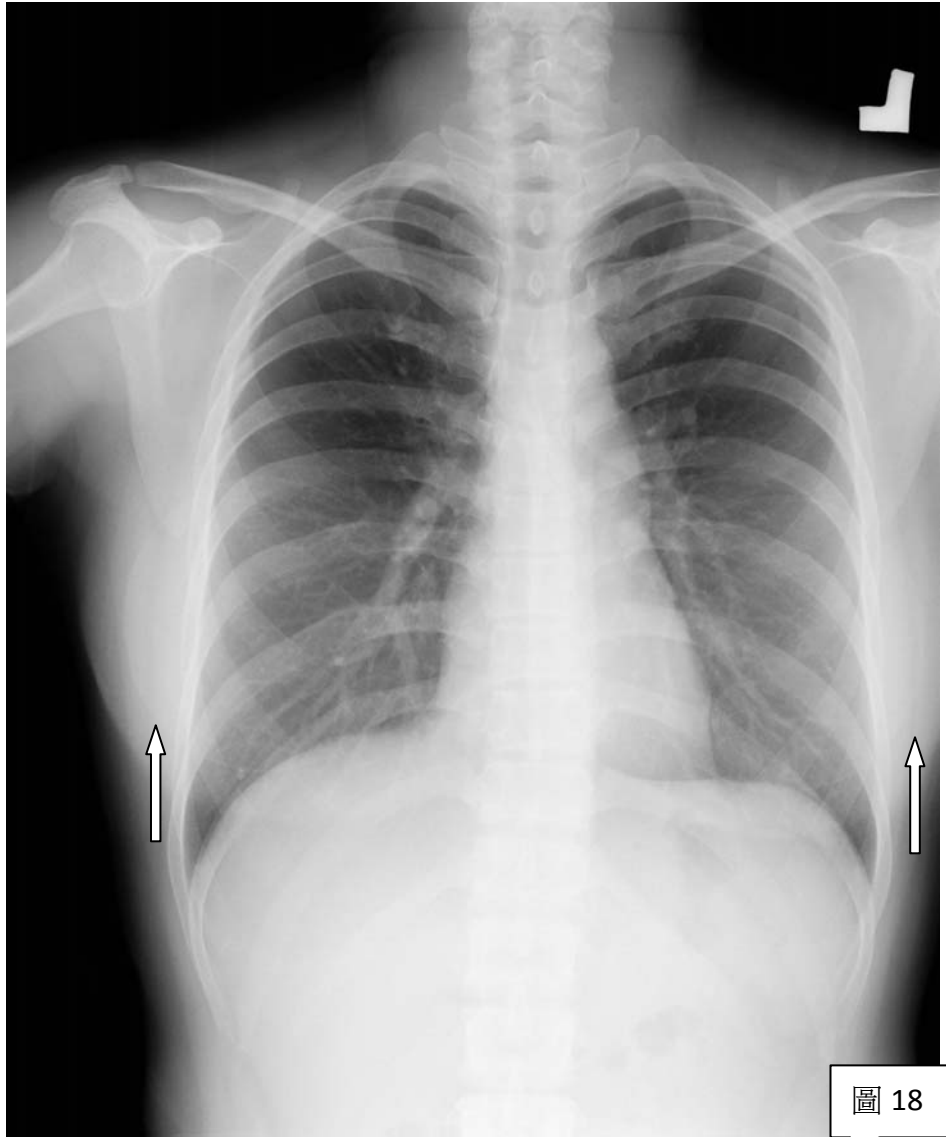


如箭頭所示為陳舊骨折處

十. 水袋陰影

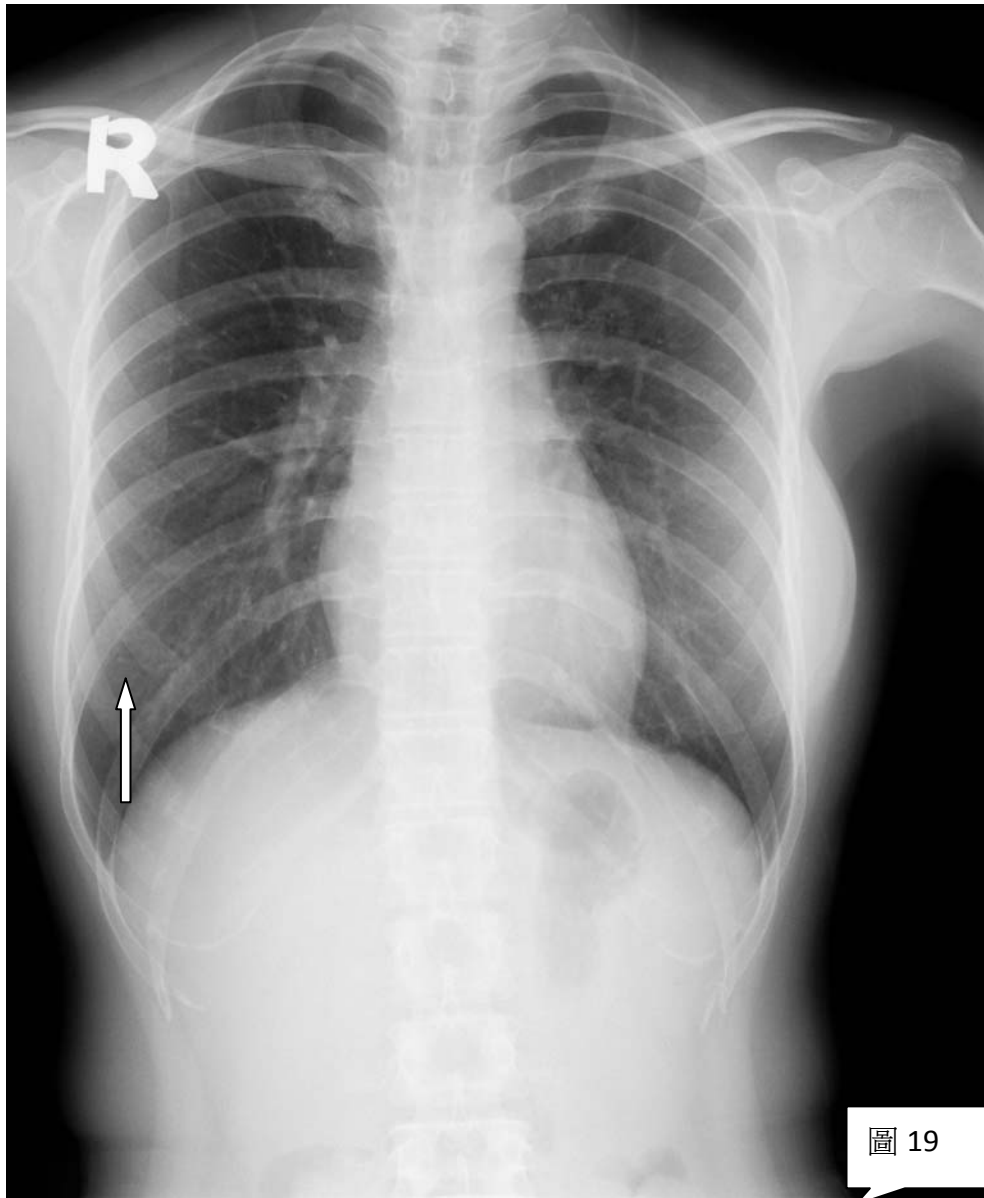


左右兩邊水袋陰影



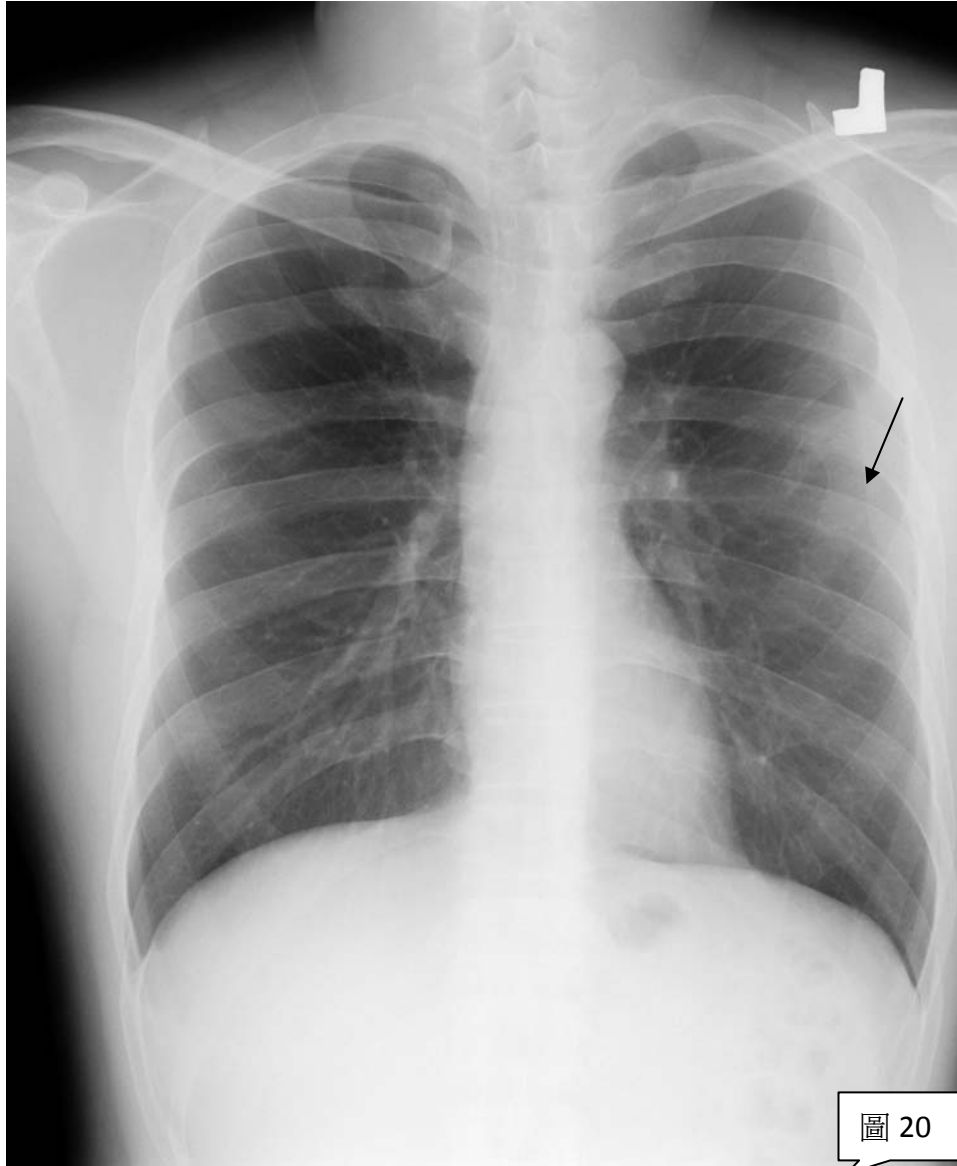
左右兩邊水袋陰影(如箭頭所示)

十一. **Breast shadow loss**



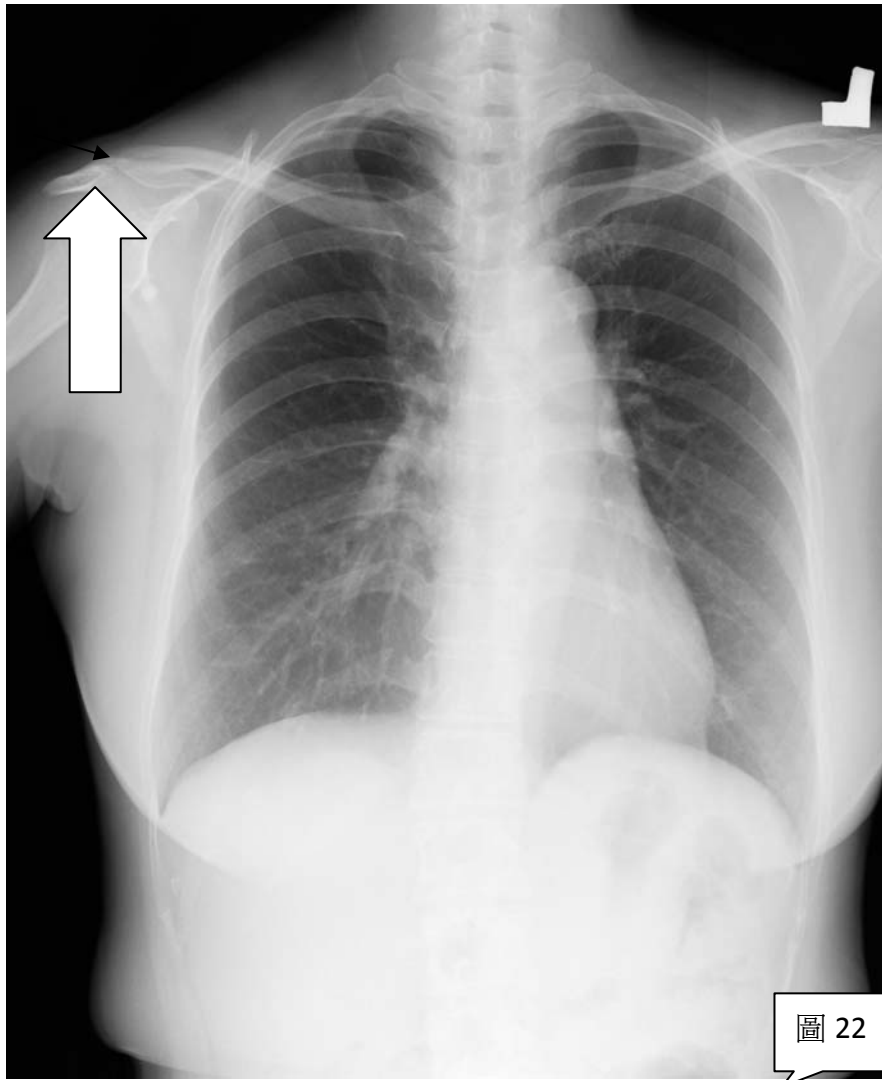
右邊沒有乳房陰影

十二. Rib congenital abnormal



前胸第四條肋骨有分叉(如箭頭所示)

十三. Ribs old fracture



如箭頭所示為骨折

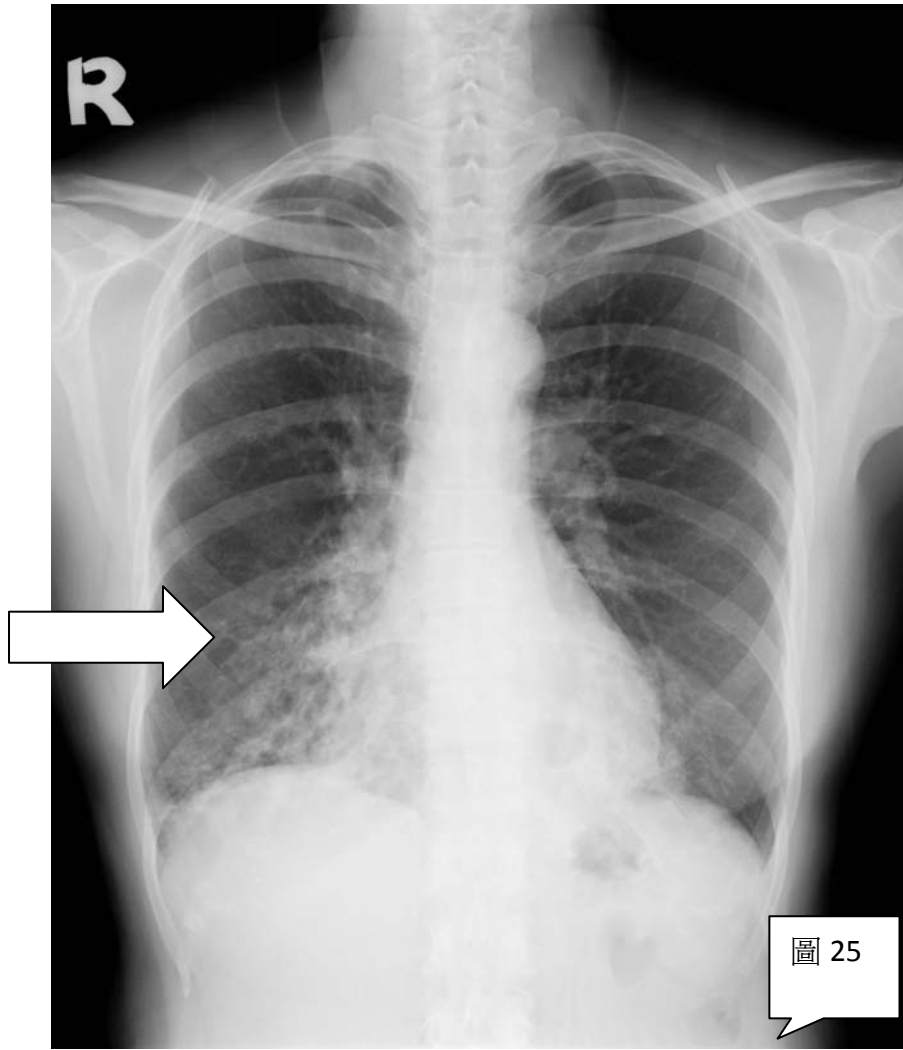
十四. **Chronic bronchitis** 和
Chronic bronchiectasis



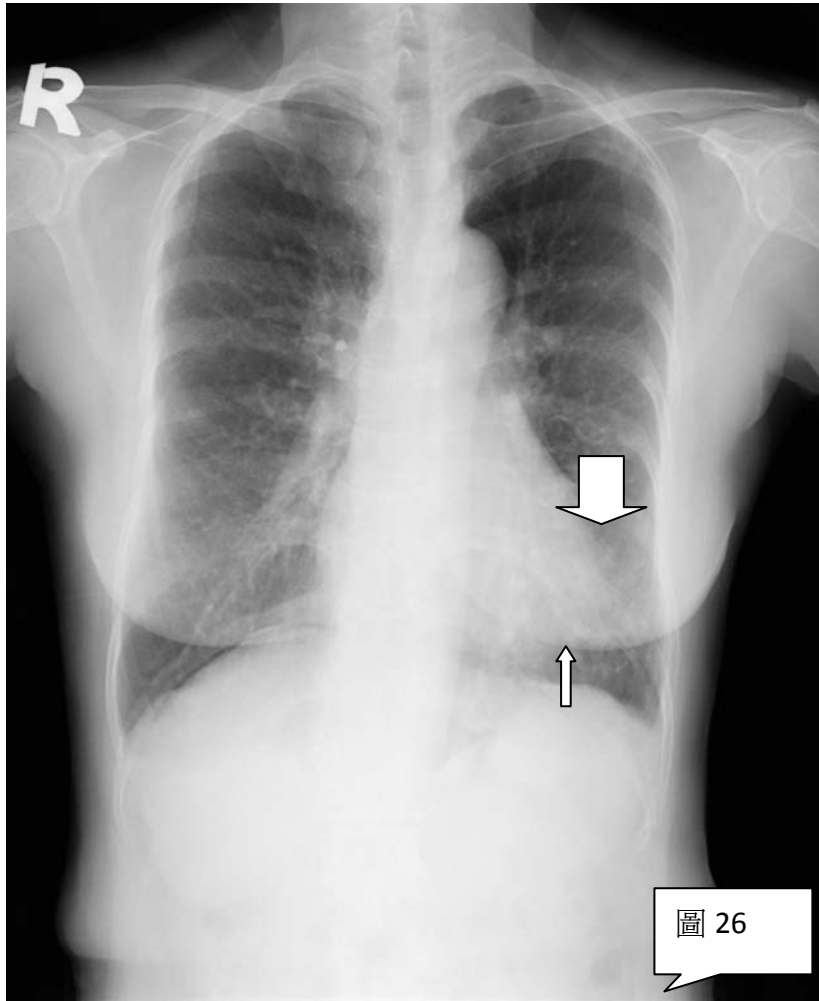
與圖 1 比較,兩邊血管較粗大(呈報白色,不像圖 1 較細長條形(呈現黑色).



圖 24

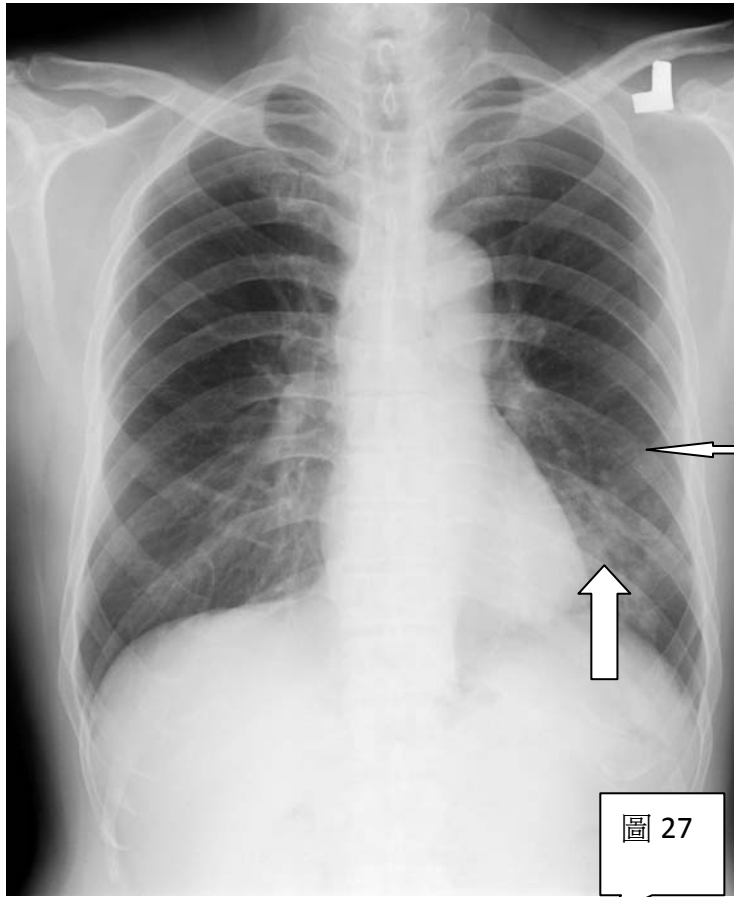


右下肺葉密度陰影增加(如箭頭所示)



左肺下葉形成支氣管擴張現象(如箭頭所指之範圍)

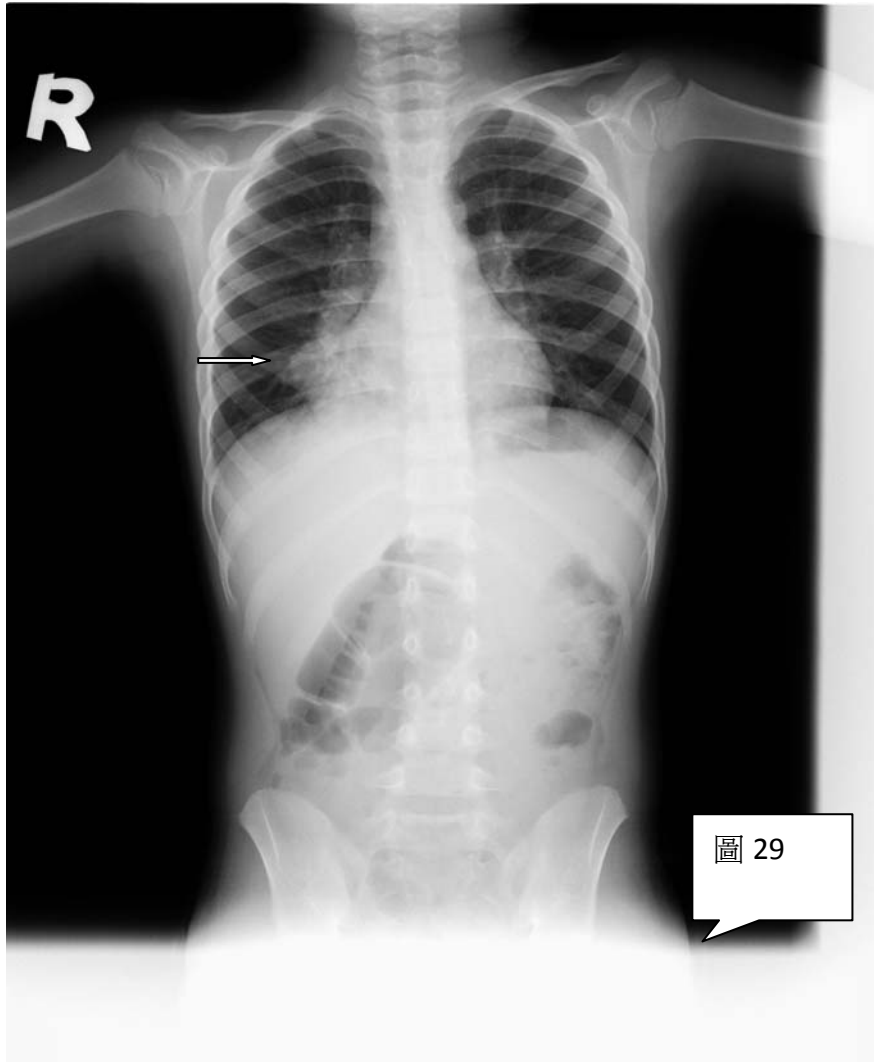
十五. Inflammation density



左側肺下葉形成支氣管炎現象(如箭頭所指範圍)

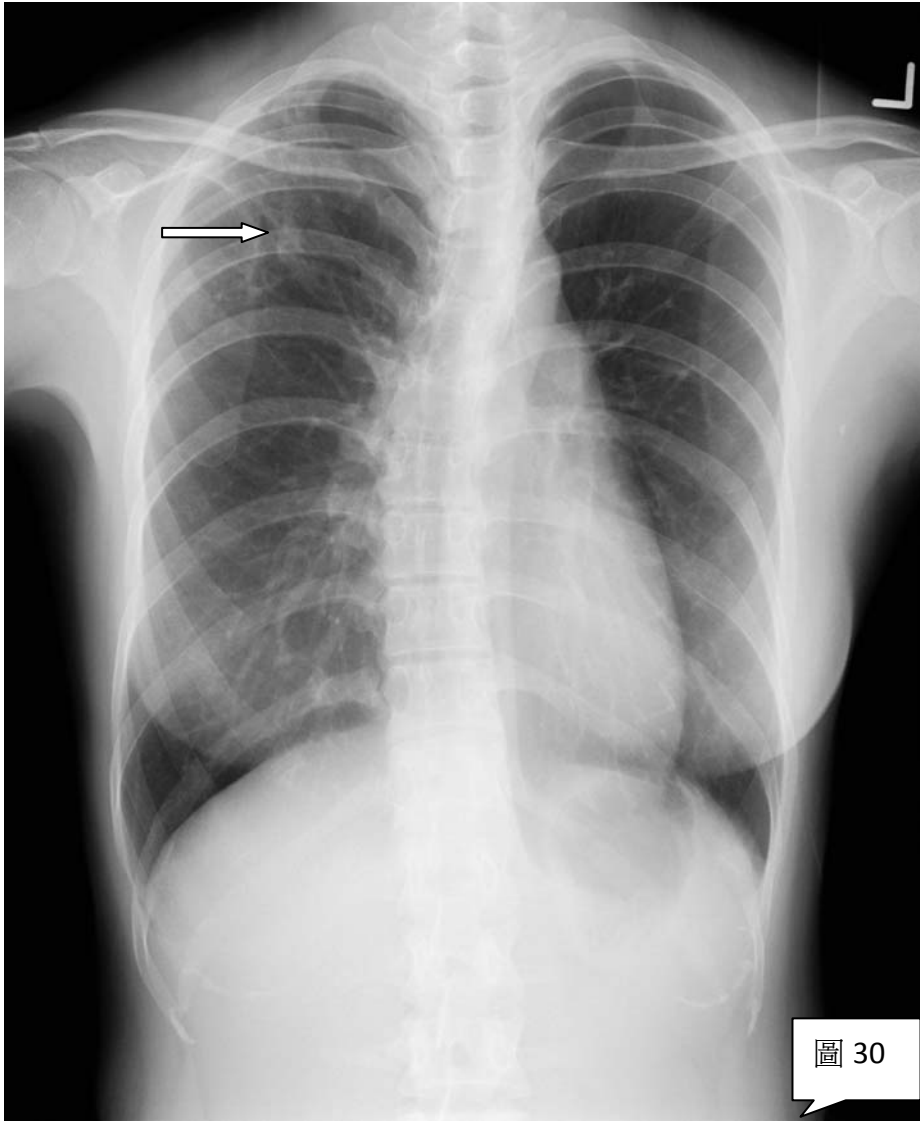


圖 28

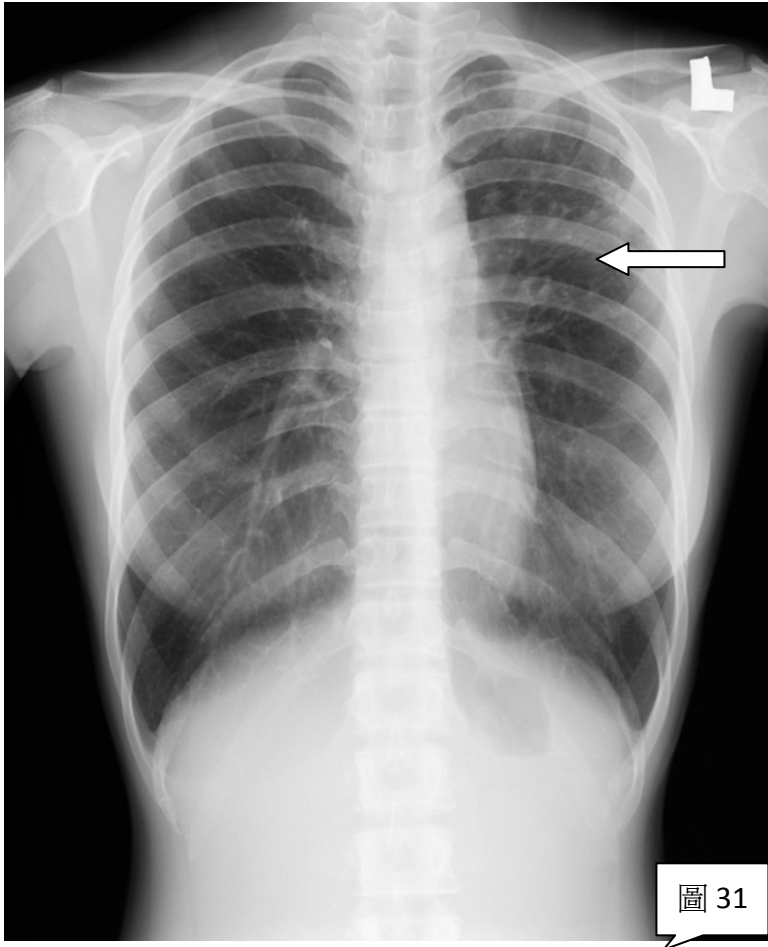


小孩,右下葉肺炎(如箭頭所示)

十六. Fibrosis



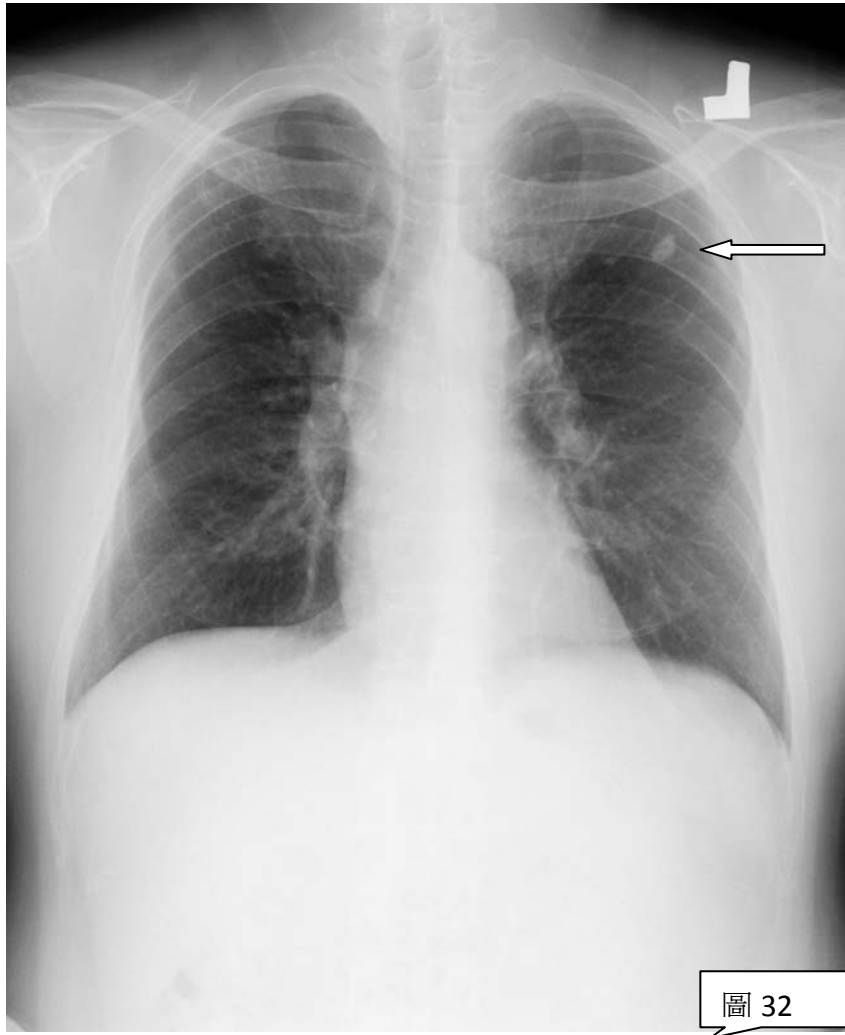
右肺上葉密度陰影增加(如箭頭所示),此為陳舊性纖維化



左側肺上葉(如箭頭所示)與 30 圖相同

十七.

Fibrosis and Calcification



左肺上葉(如箭頭所示)鈣化

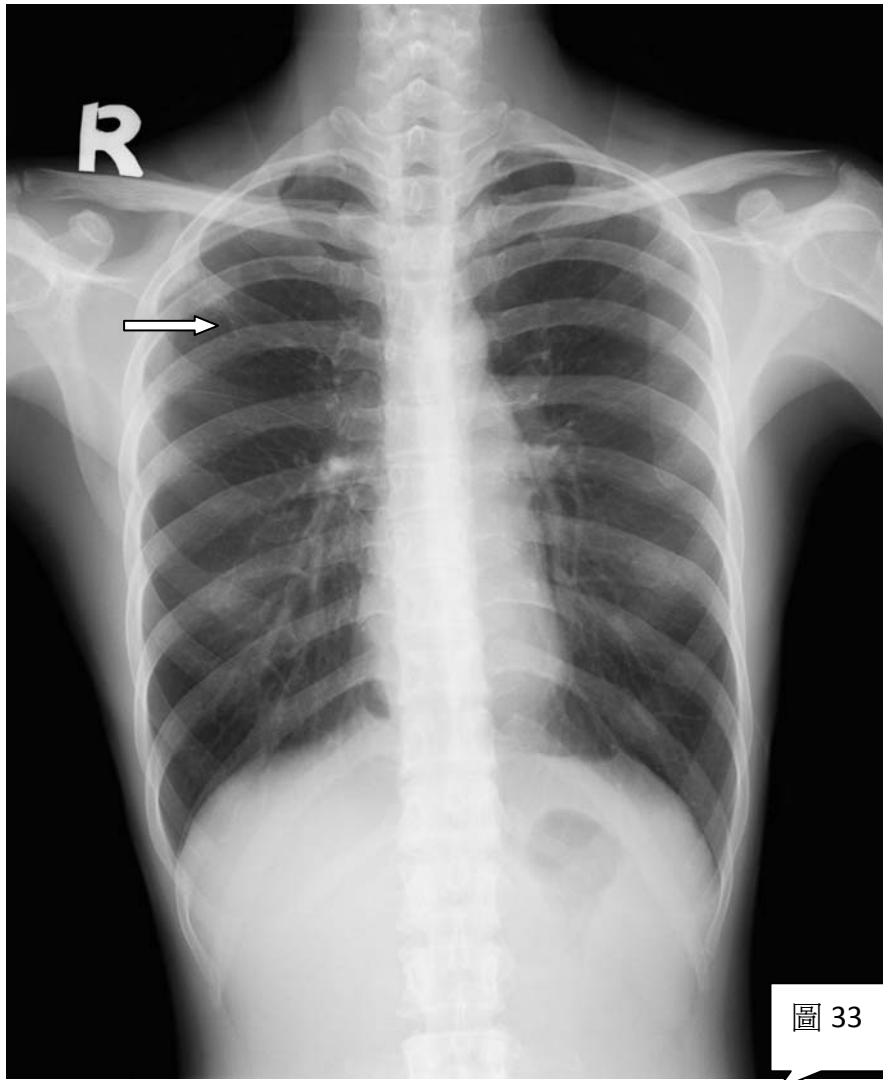
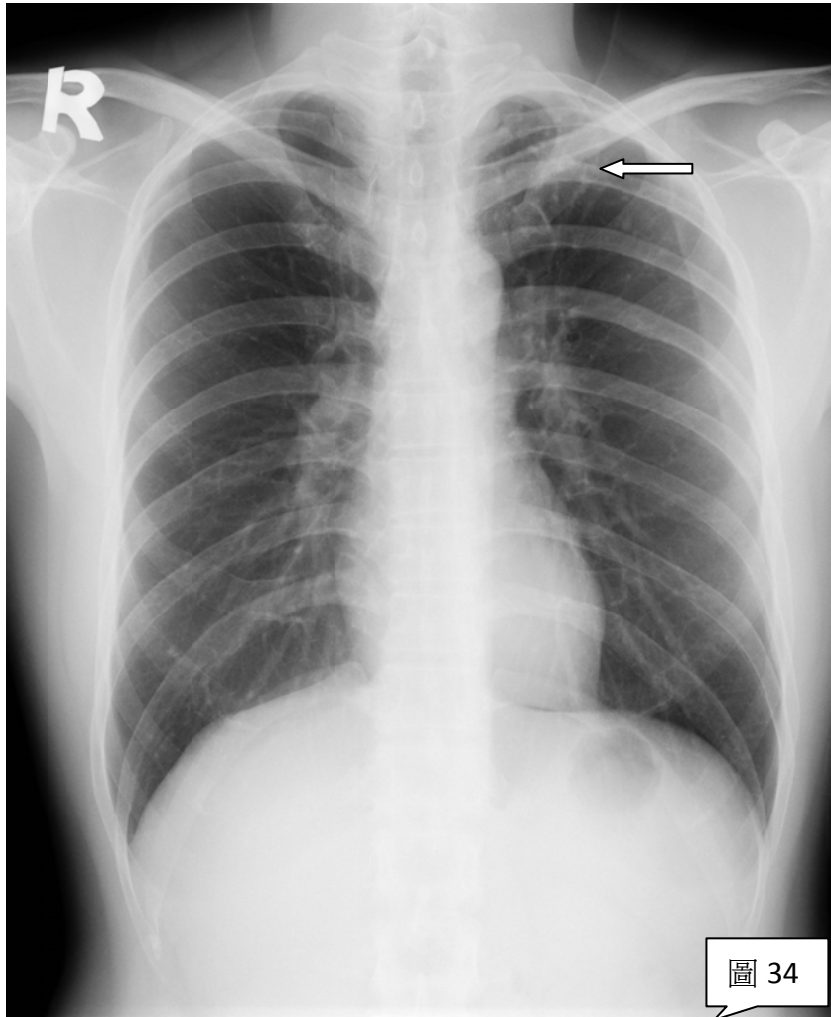


圖 33

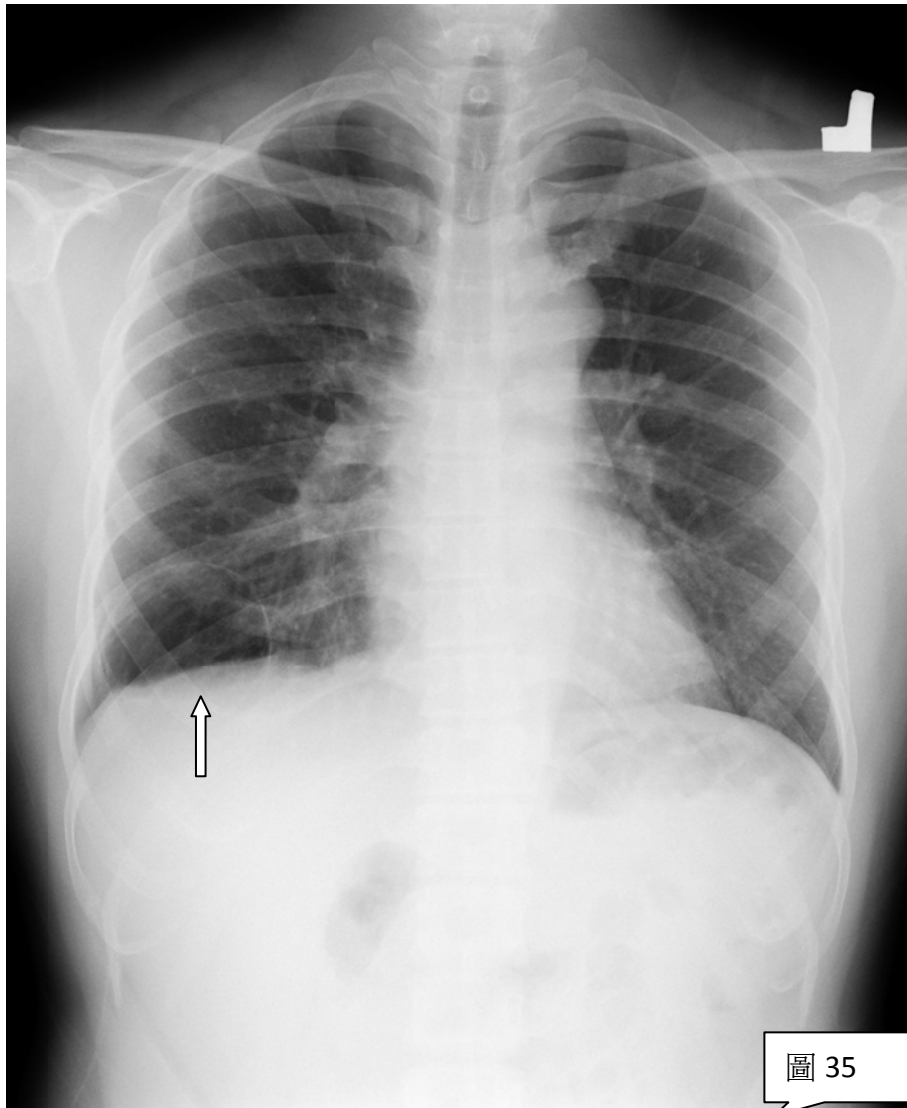
右肺上葉纖維化(如箭頭所示)



左肺上葉纖維化(如箭頭所示)

十八

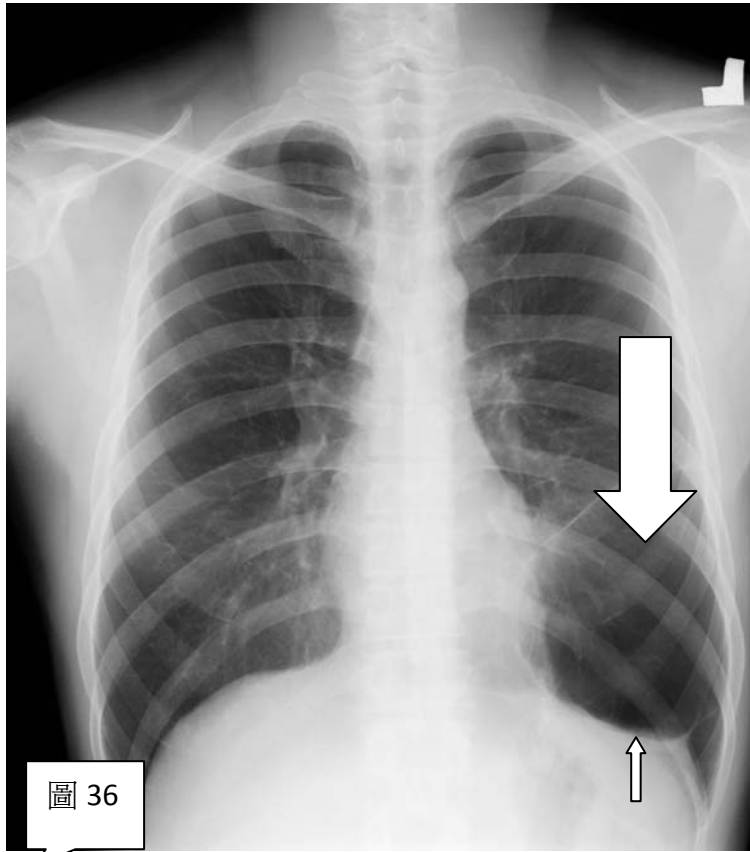
Cystic shadow



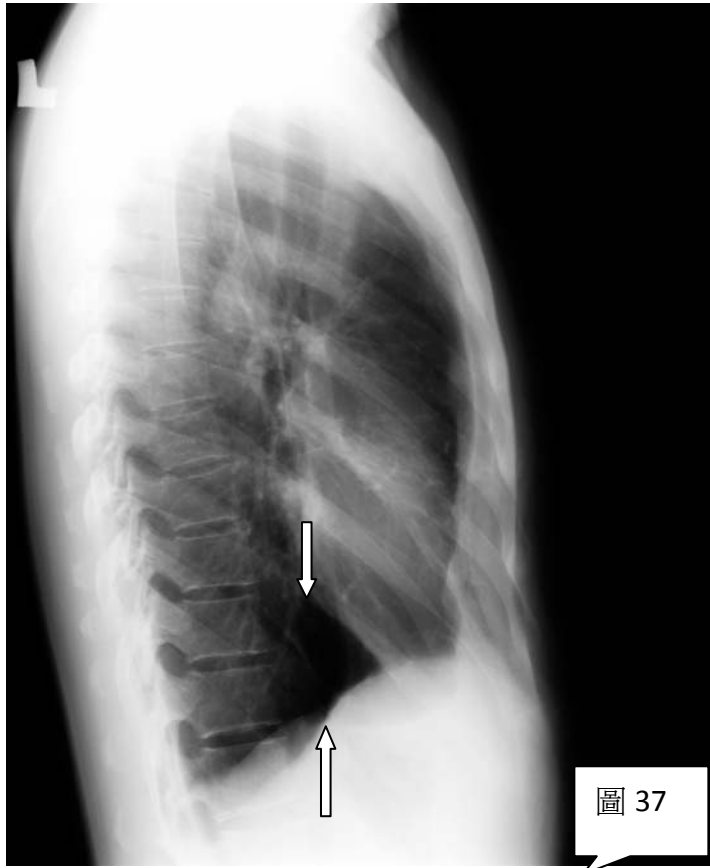
右肺下葉有一圓形低密度陰影(如箭頭所示)

十九.

Bulla shadow



左肺下葉呈現低密度陰影(如箭頭所示範圍)
診斷為氣囊泡



如箭頭所指範圍

廿. Benign nodular shadow

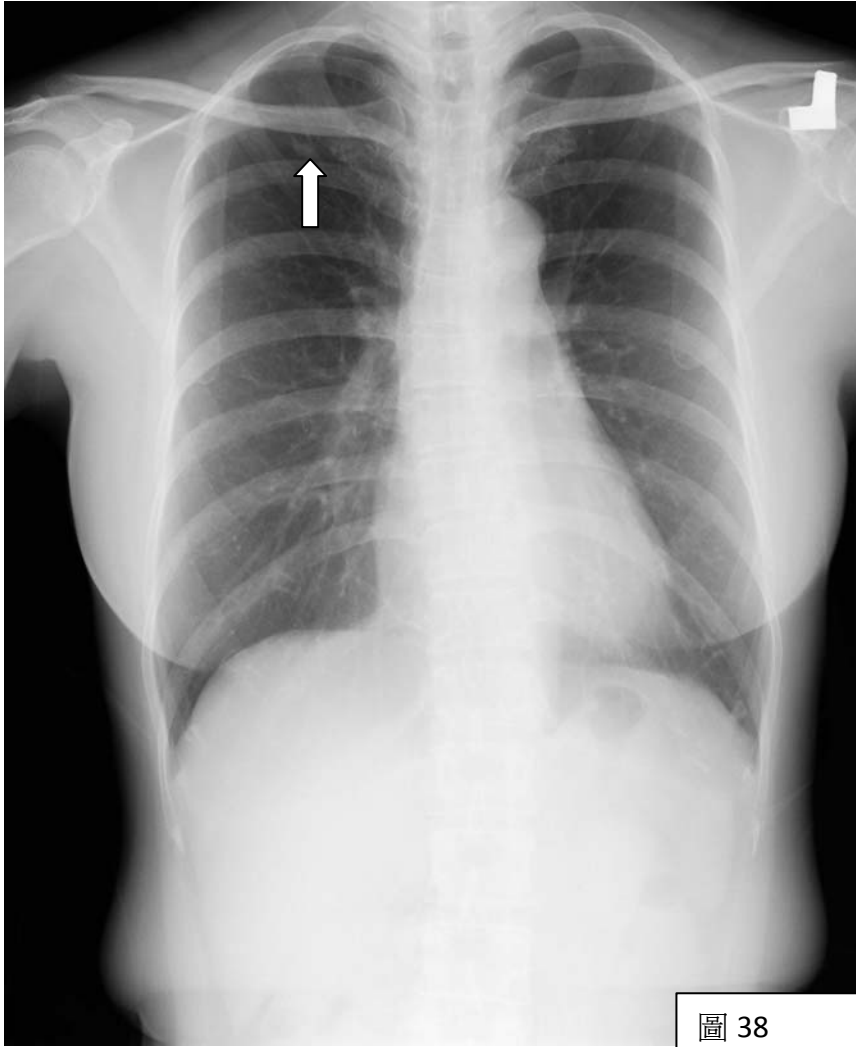
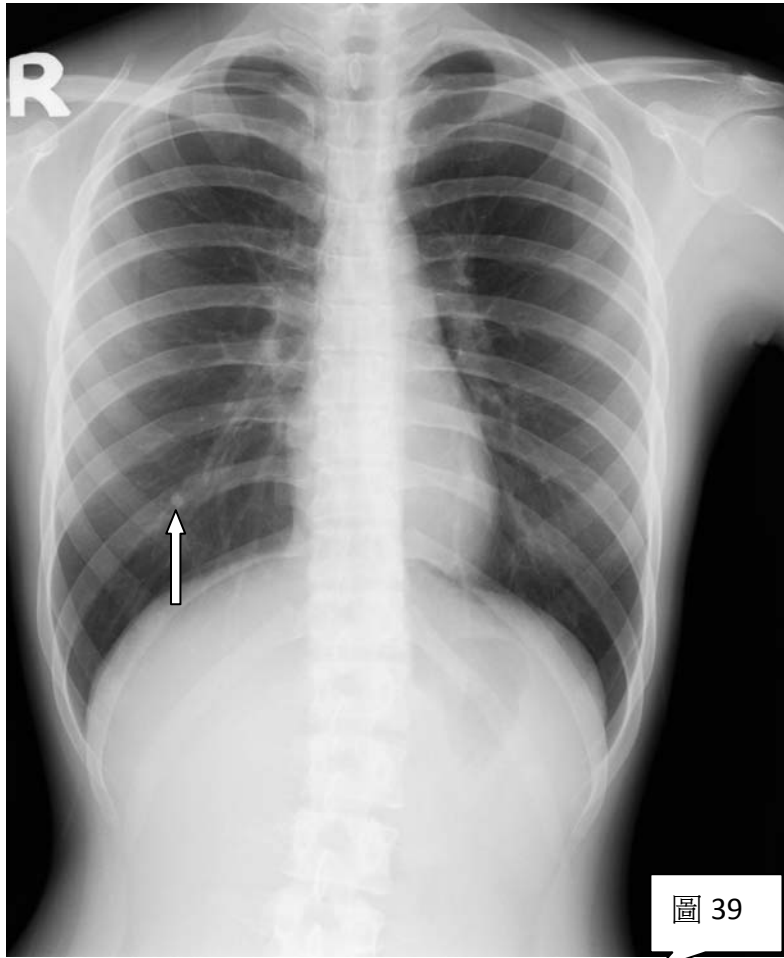
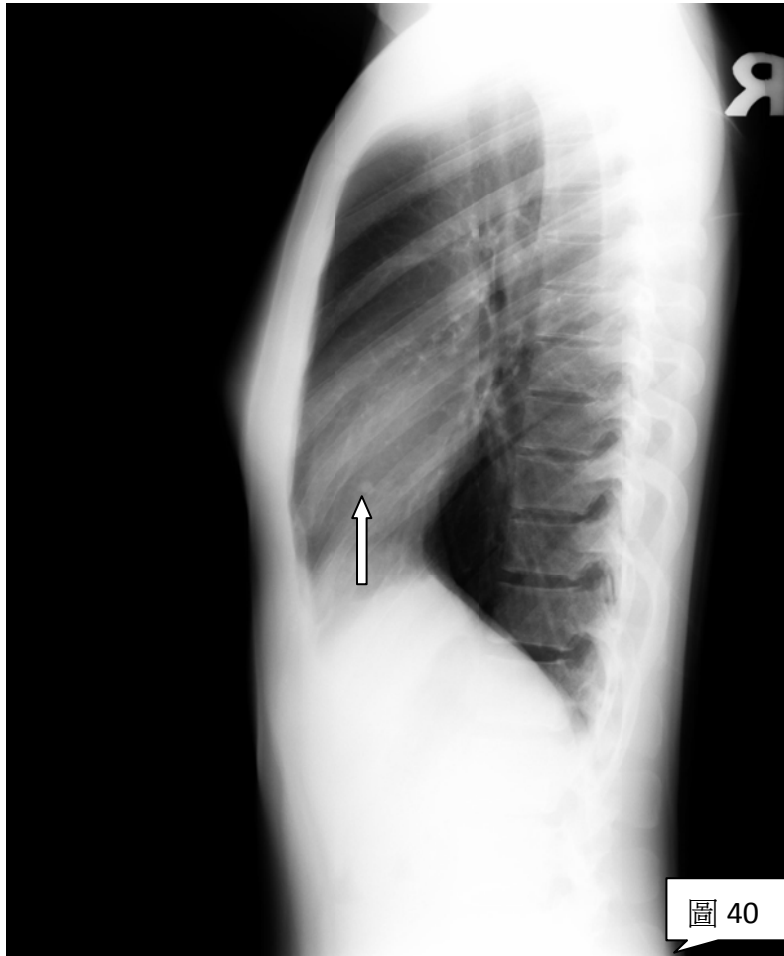


圖 38

右肺上葉有局部性鈣化性結節(如箭頭所示)



右肺下葉有局部鈣化(如箭頭所示),為良性陰影



廿一.

Rib calcification

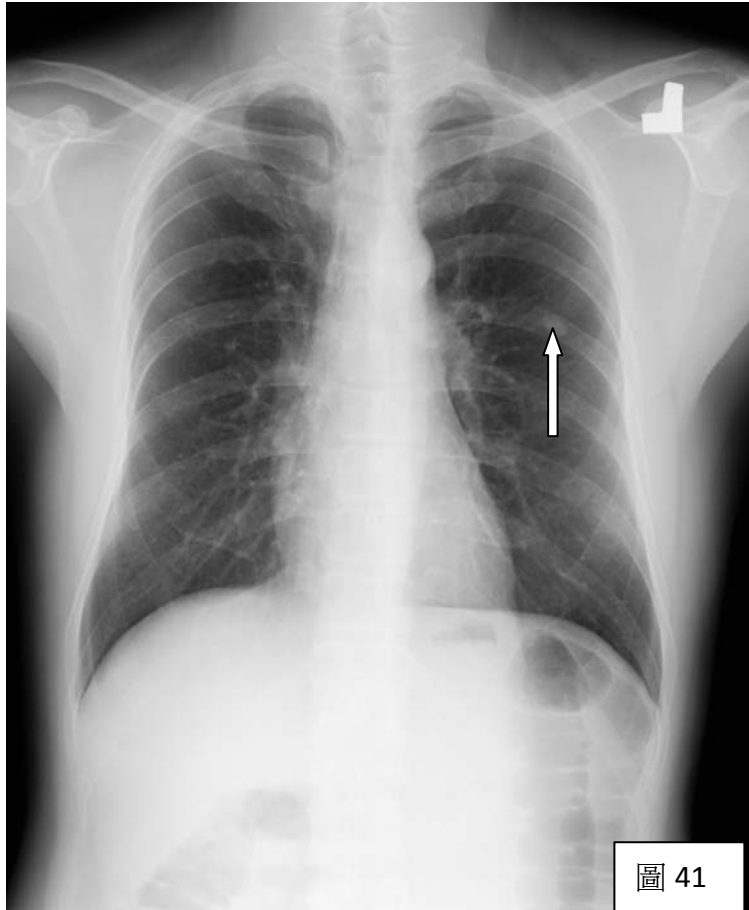


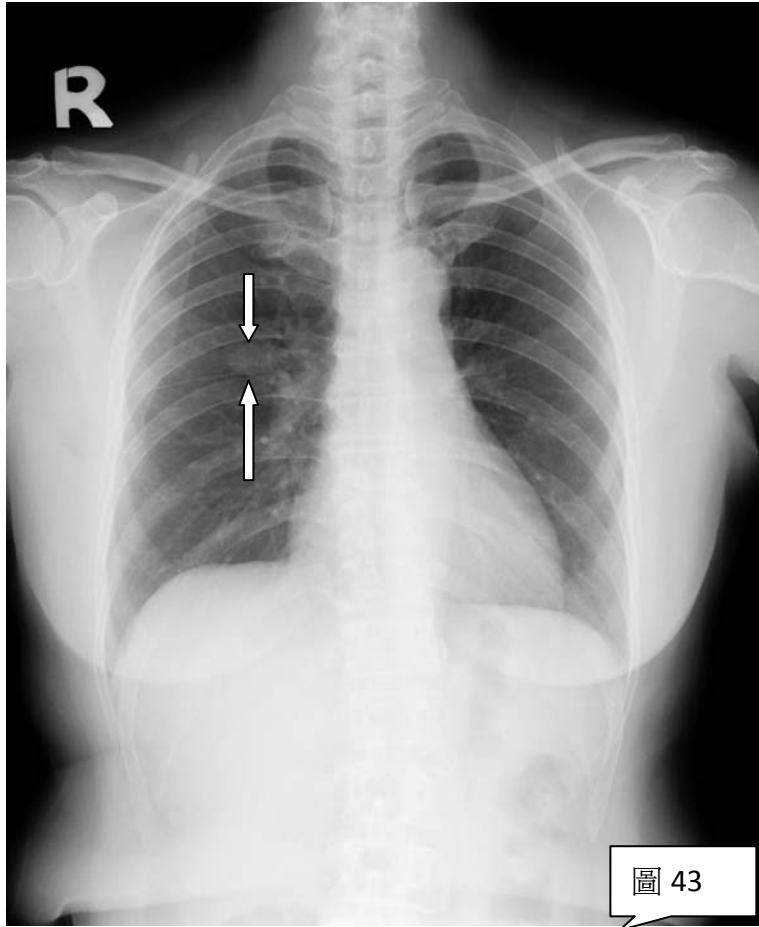
圖 41

左側上葉第六根肋骨鈣化(如箭頭所示),為良性陰影.



廿二.

Malignancy nodular shadow



右肺上葉有結節性陰影,密度較淡(如箭頭所示),
為早期肺癌



廿三. Nodular shadow

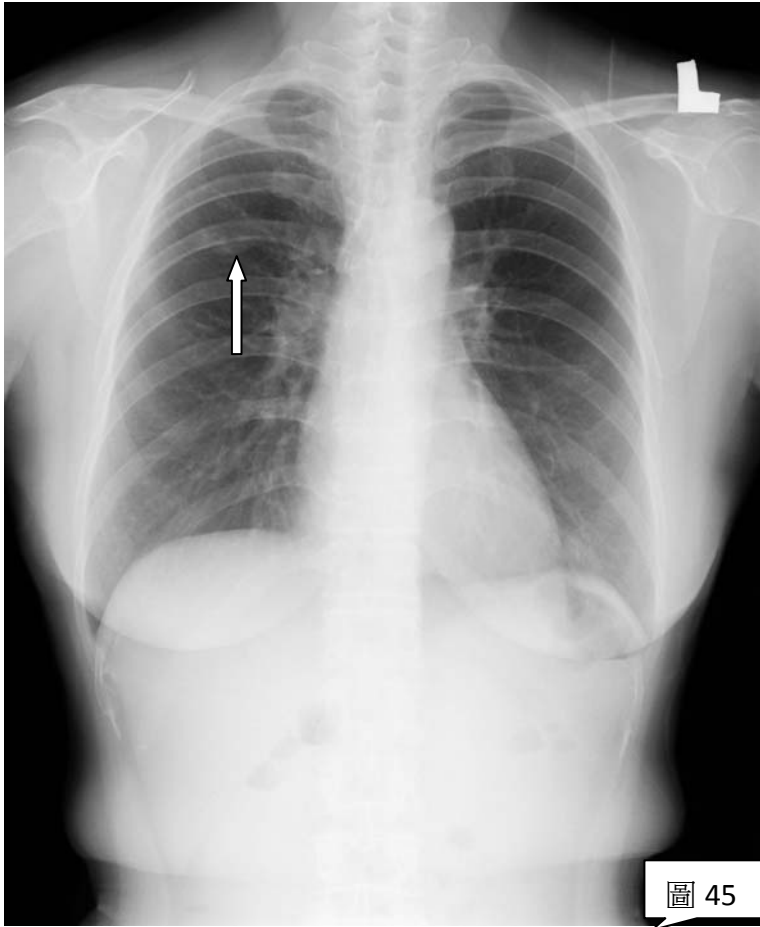


圖 45

右肺上葉有結節性陰影(如箭頭所示)



圖 46

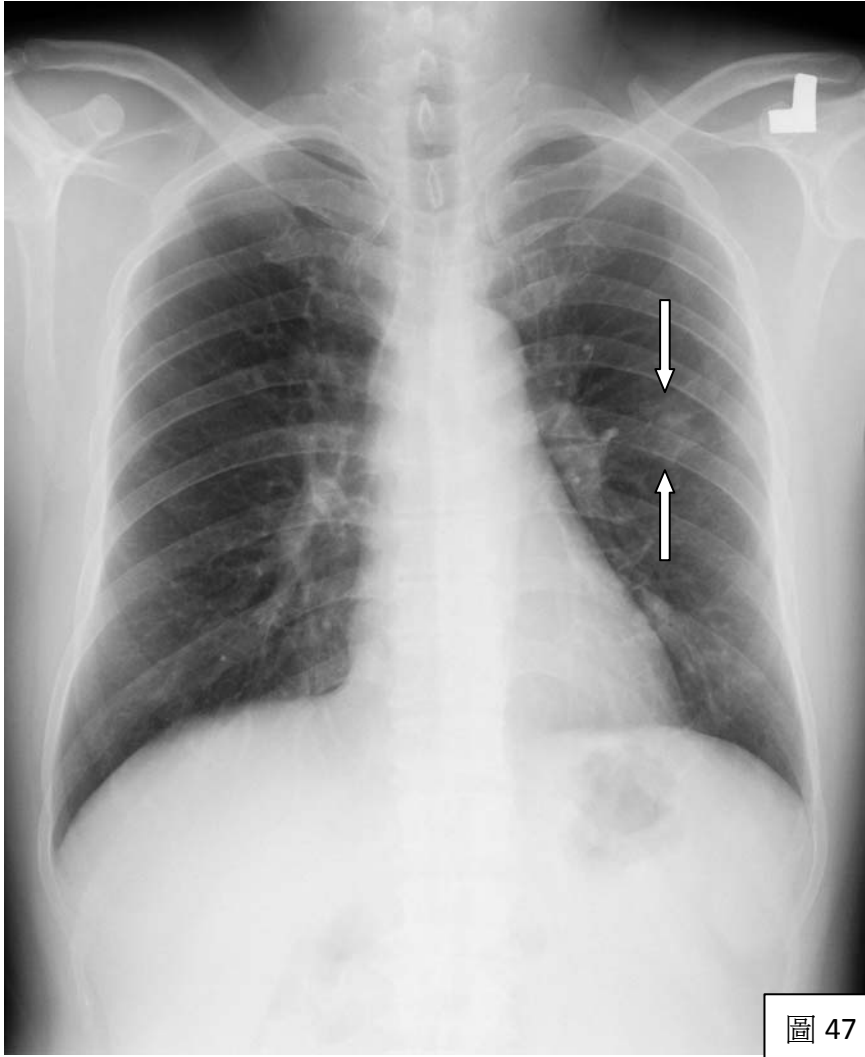


圖 47

左肺上葉結節性陰影(如箭頭所示)

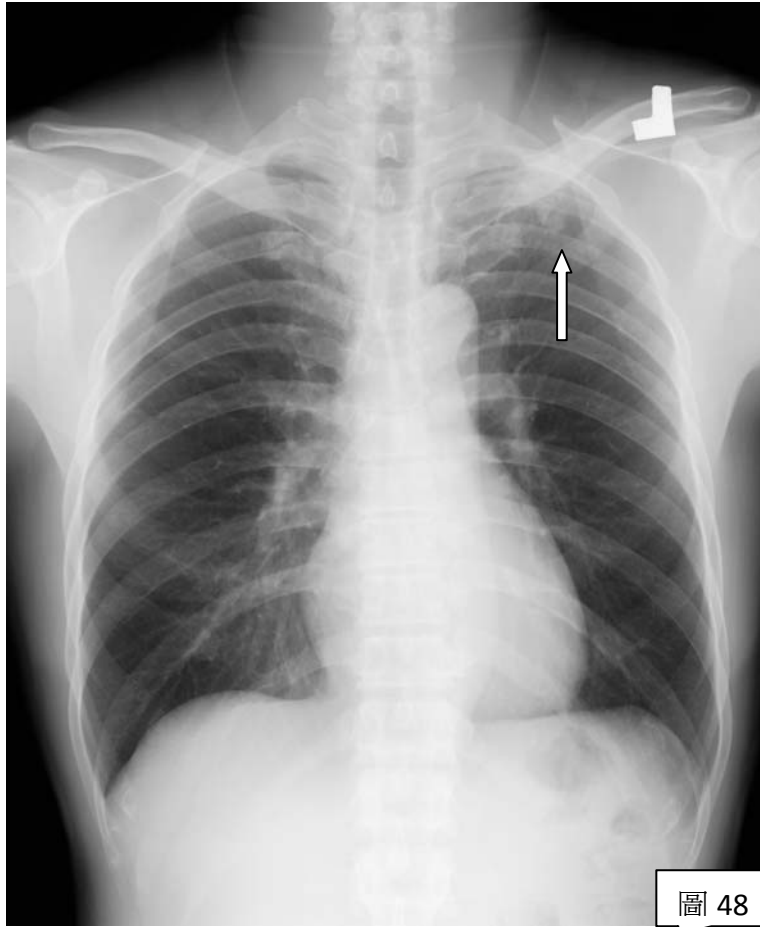


圖 48

左肺上葉有結節性陰影(如箭頭所示),因看不太清楚
加下圖之 Lordotic 攝影,則可清楚看到(如箭頭所示)

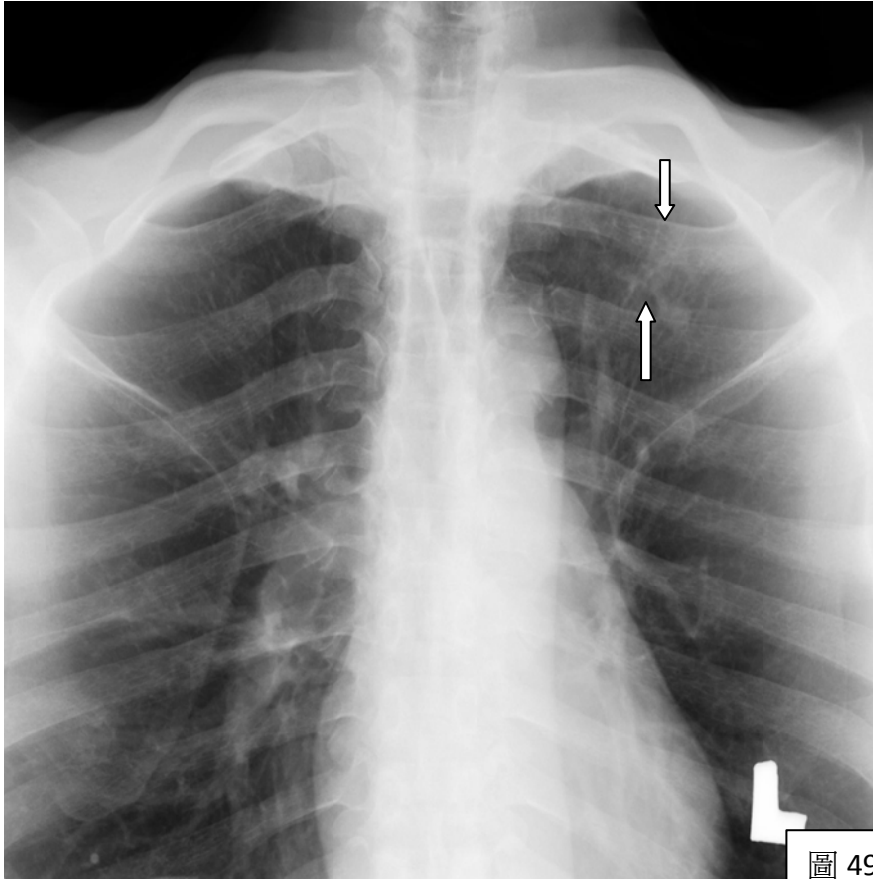


圖 49

廿四.

Malignancy increased density

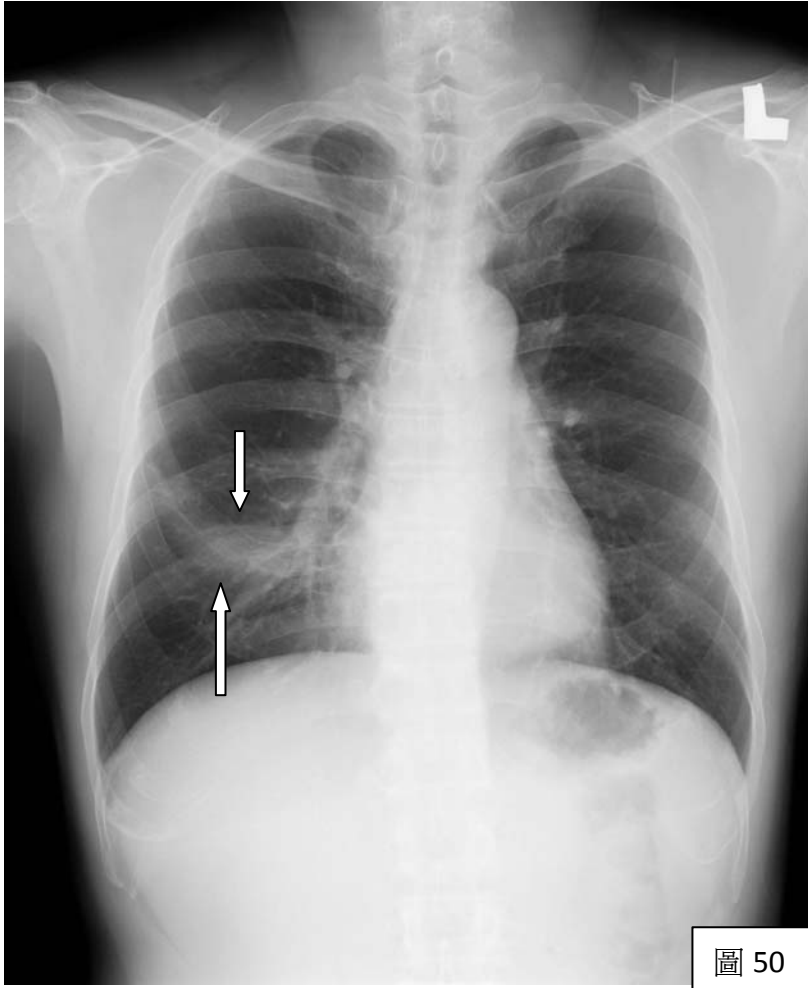


圖 50

右肺下葉密度增加(如箭頭所示)

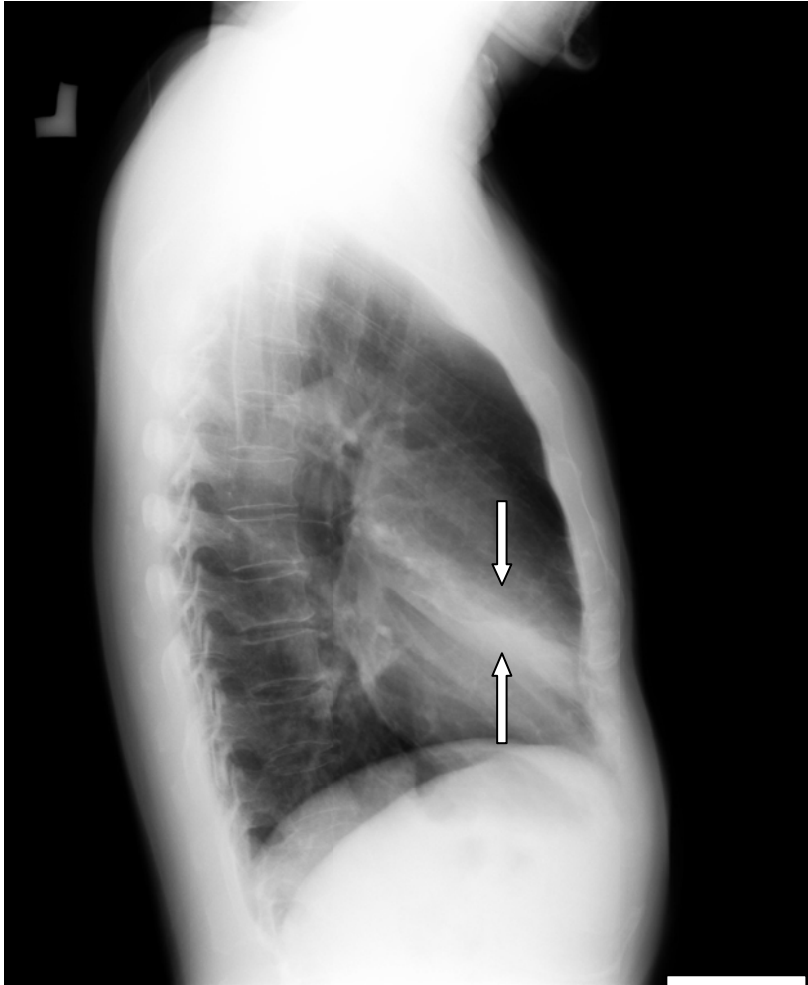


圖 51

廿五.

Benign mass density

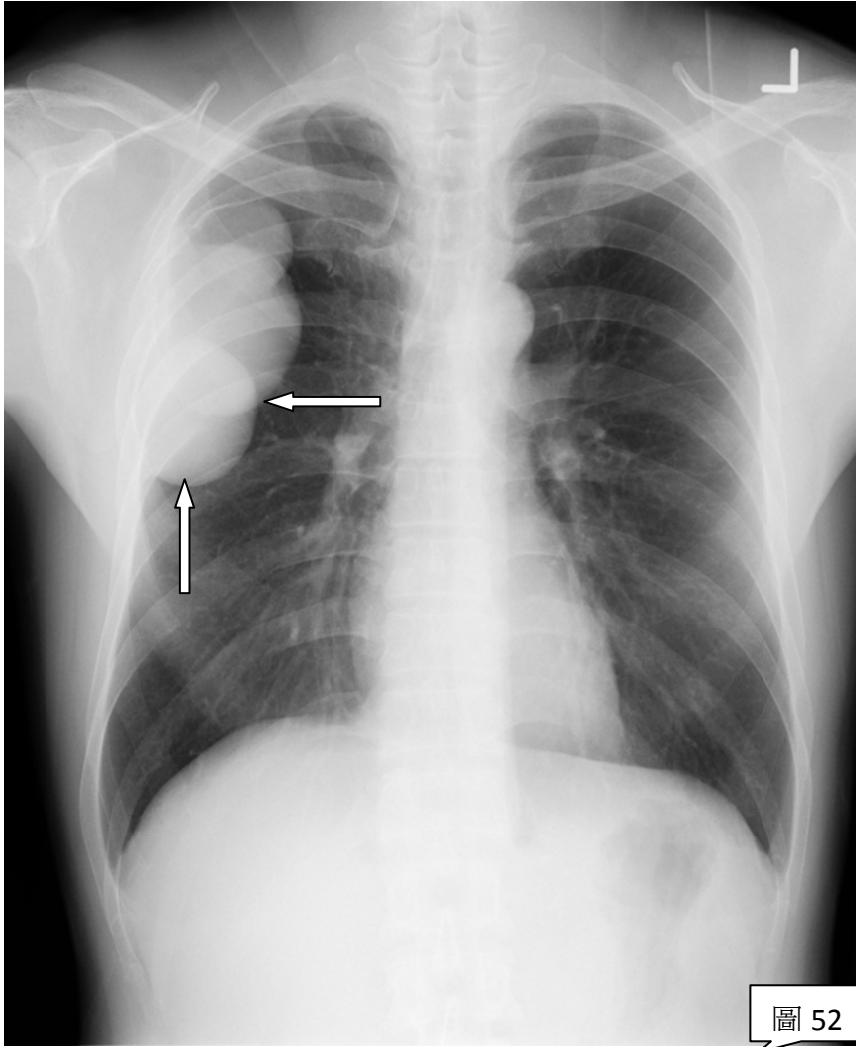
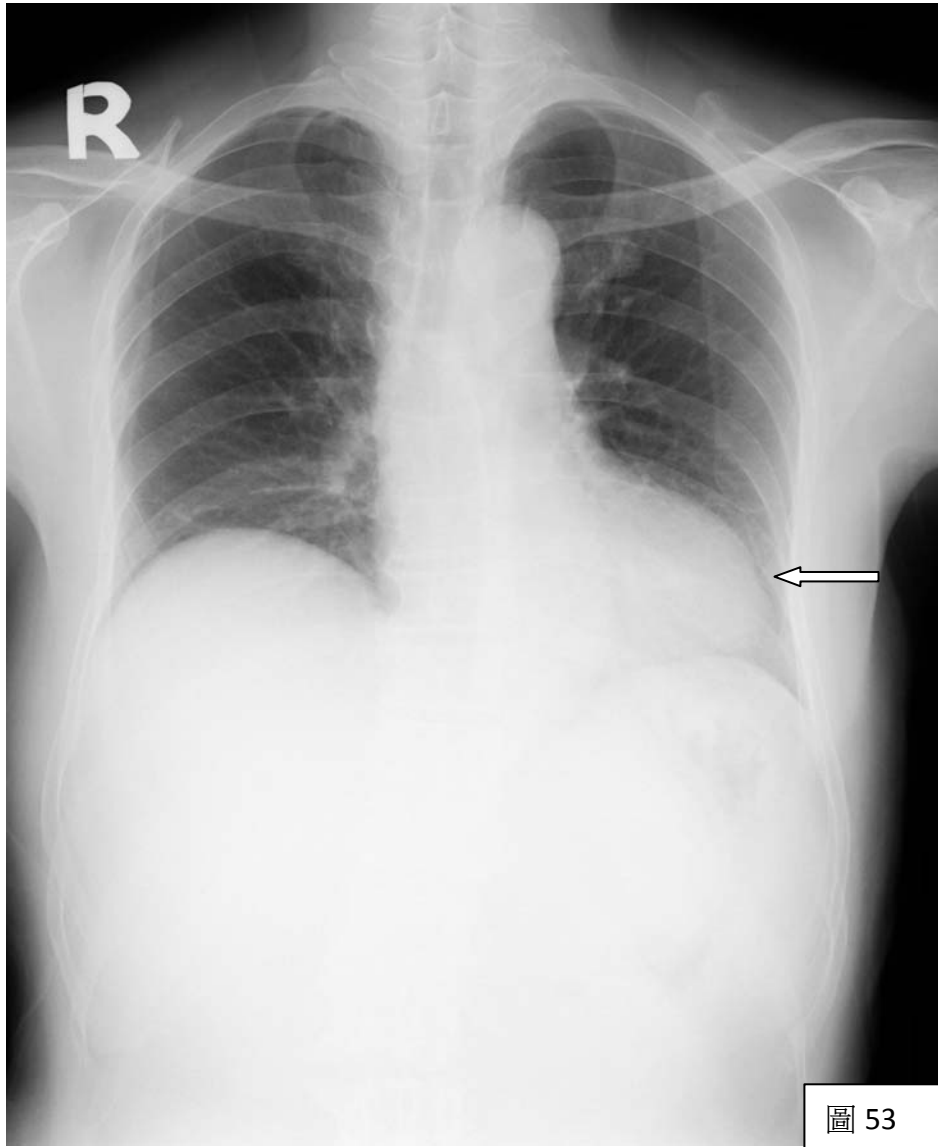


圖 52

右肺有腫瘤,其邊界清晰(如箭頭所示)為良性腫瘤.

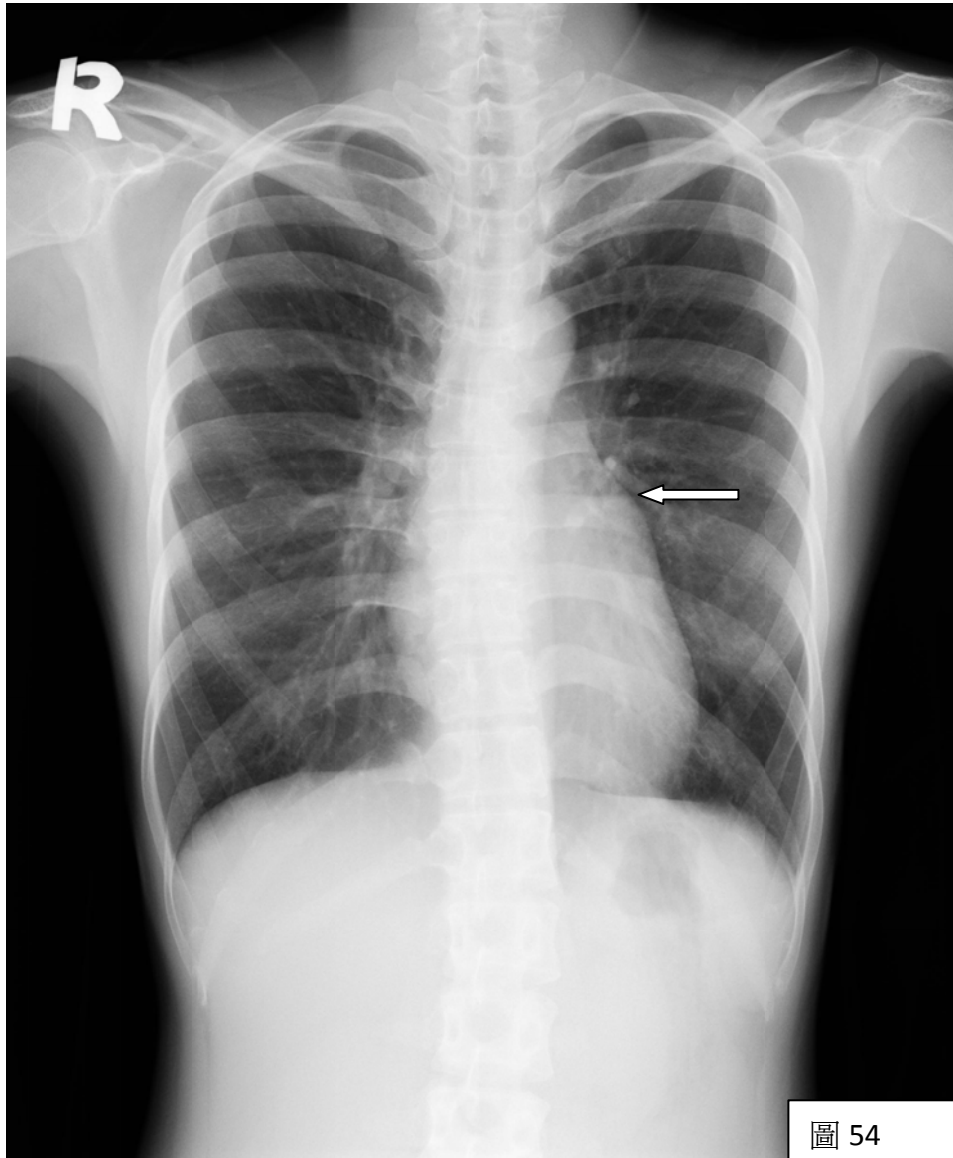
廿六.

Cardiomegaly (LVH)



左心室肥大(如箭頭所示),懷疑有高血壓心臟病

廿七.LAH(MI,MS)



左心房突出(如箭頭所示)為二尖瓣閉鎖不全或狹窄

廿八.

Cardiomegaly (RHD)

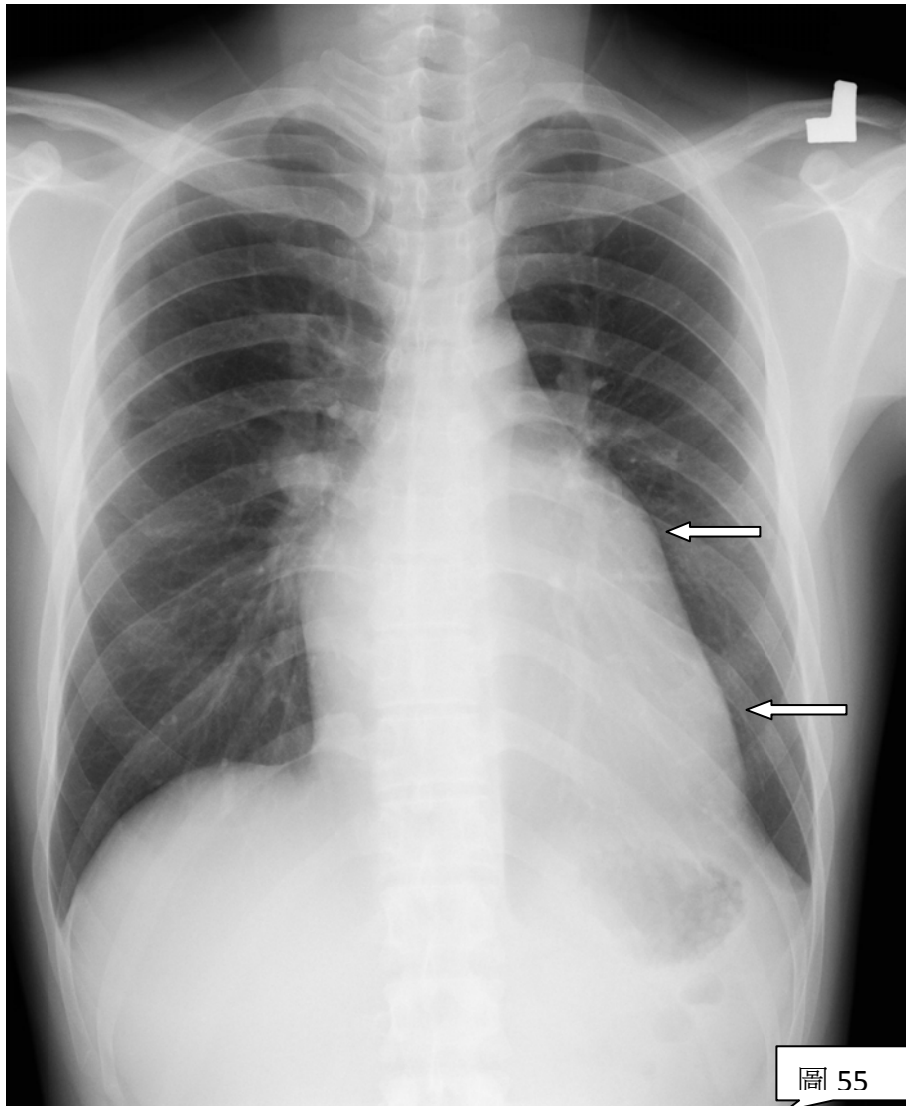
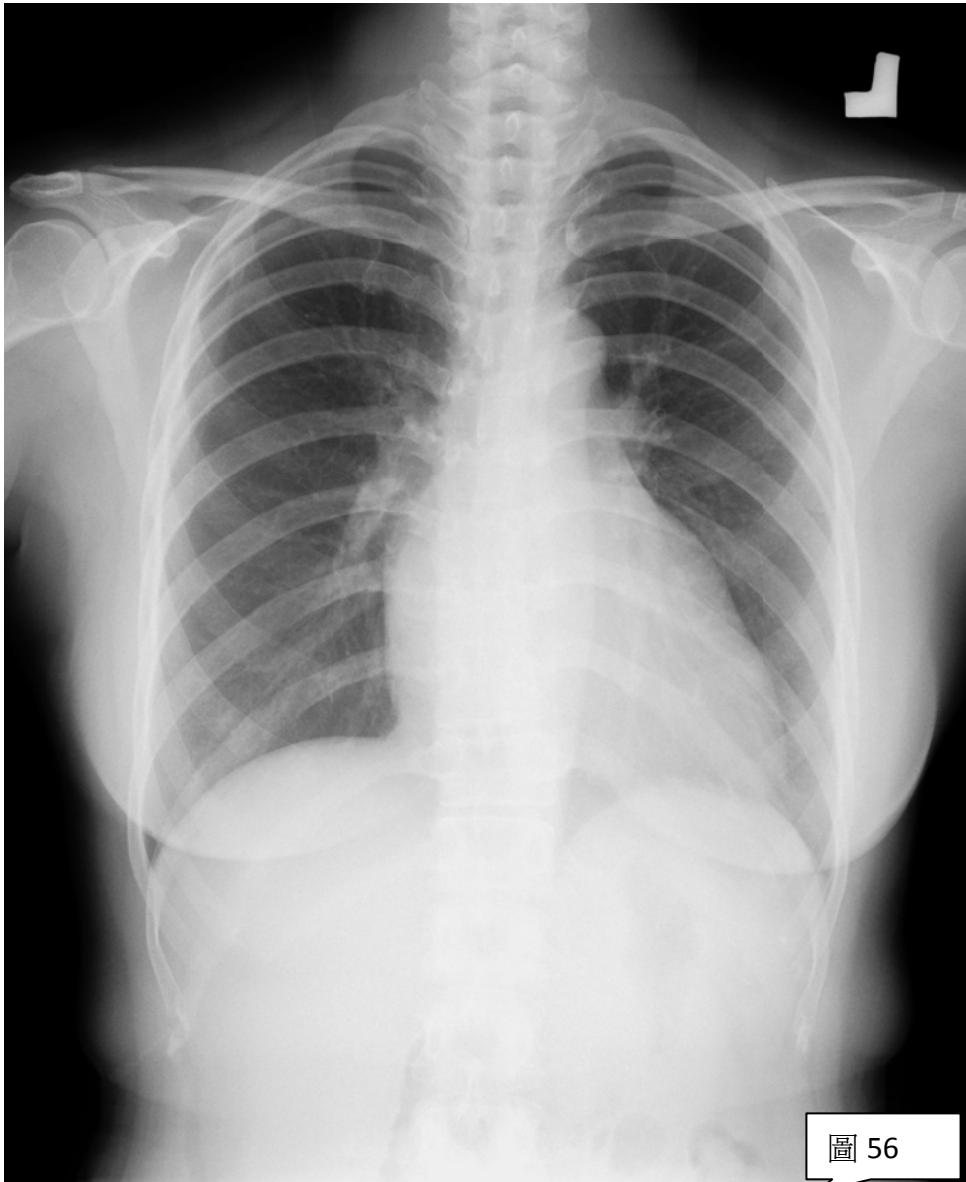


圖 55

心臟肥大(如箭頭所示)為風濕性心臟疾病.可能是二尖瓣,三尖瓣,主動脈閉鎖不全或狹窄.

廿九.

Cardiomegaly (RHD)



與上圖相同.

三十.

Cardiomegaly (CHF)



圖 57

心臟肥大,為慢性心臟衰竭(CHF)之影像



三十一.

Aorta Calcification Cardiomegaly

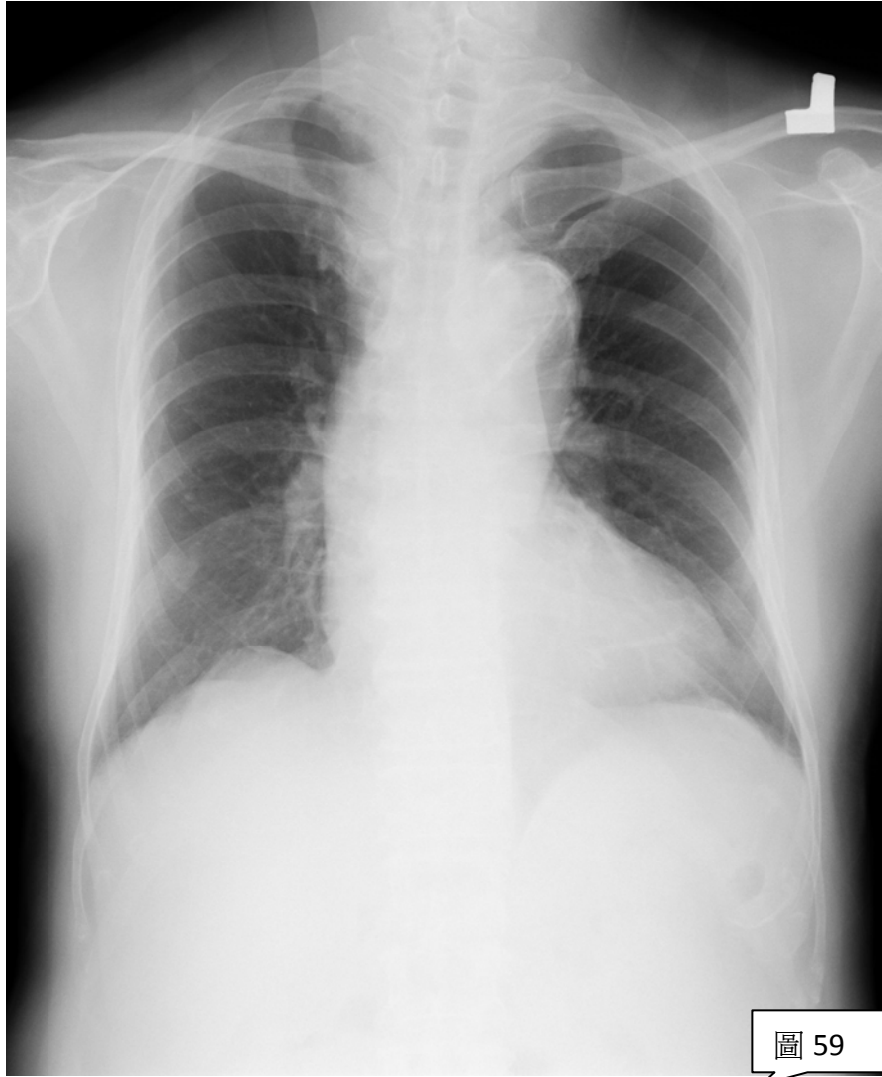
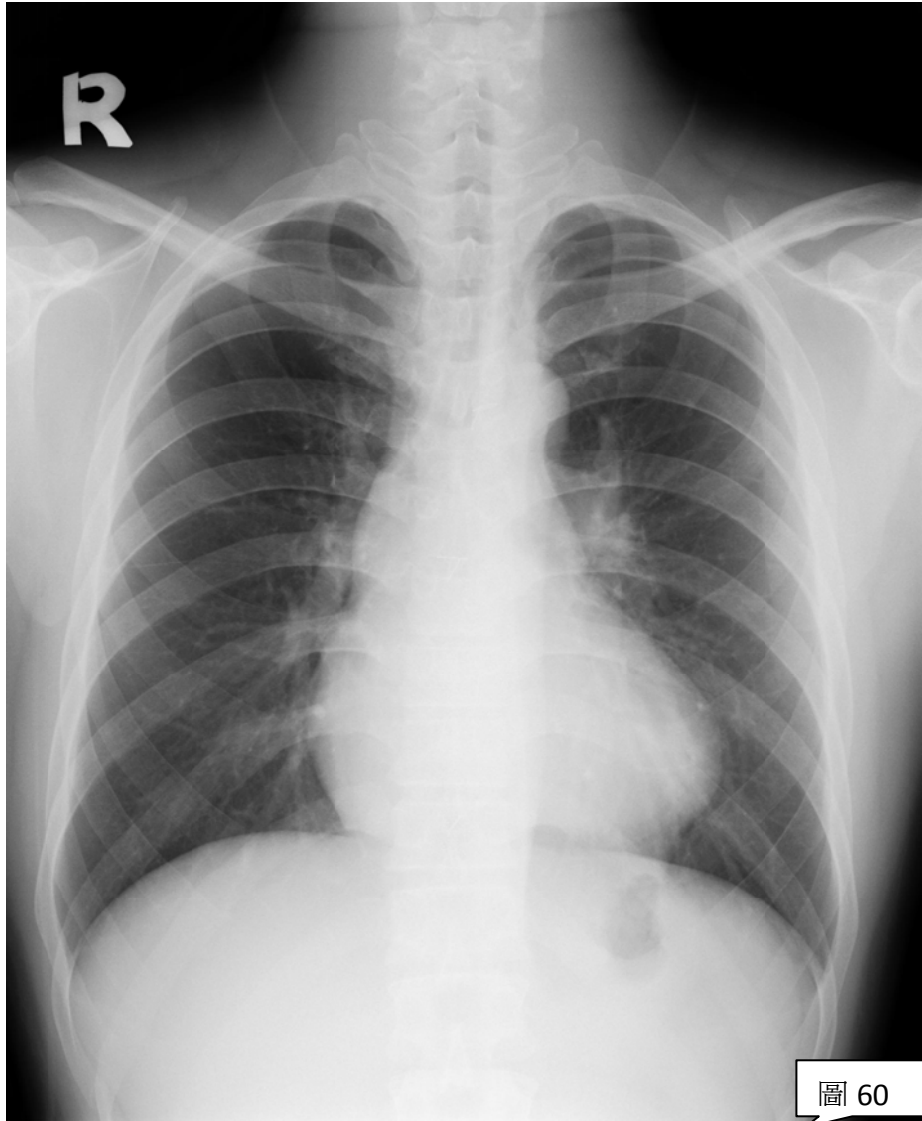


圖 59

左心室肥大,可能與高血壓有關,主動脈處有鈣化現象.

三十二.

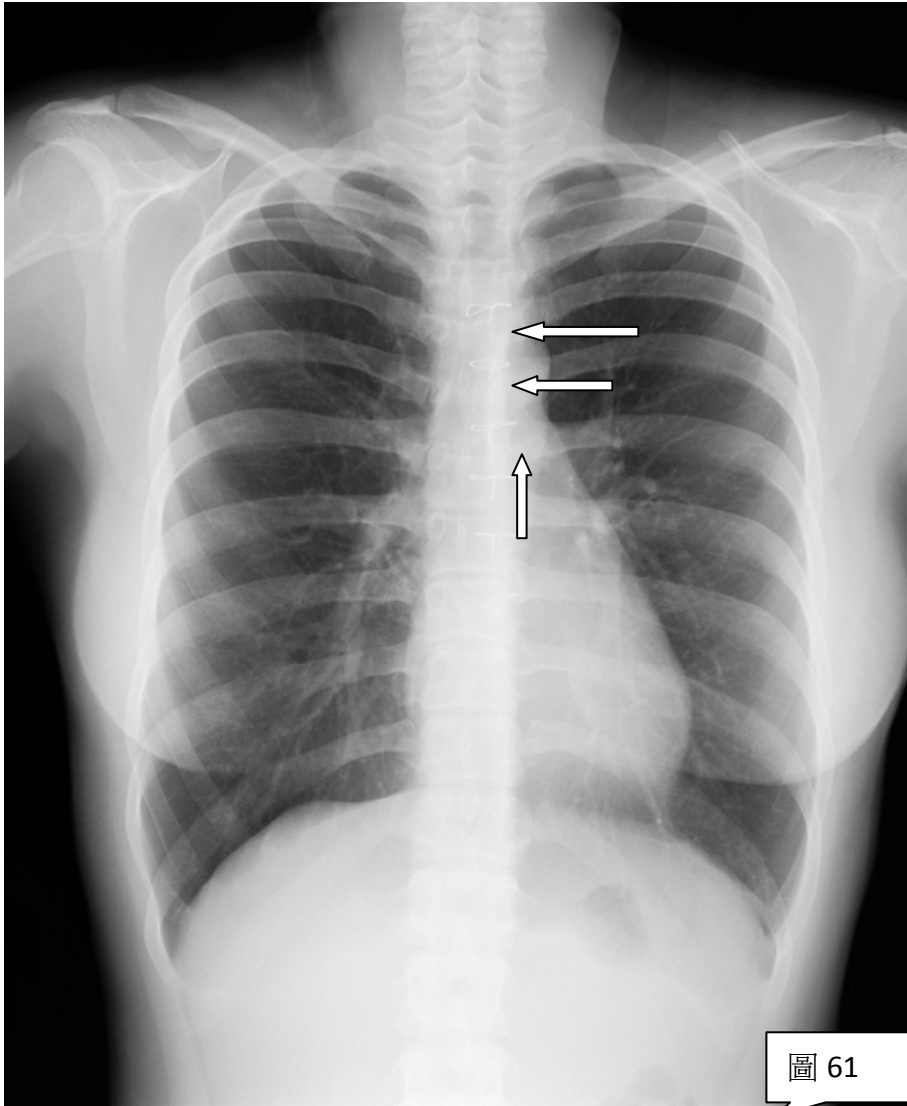
Cardiomegaly op



心臟中央區域有手術後縫線陰影

三十三.

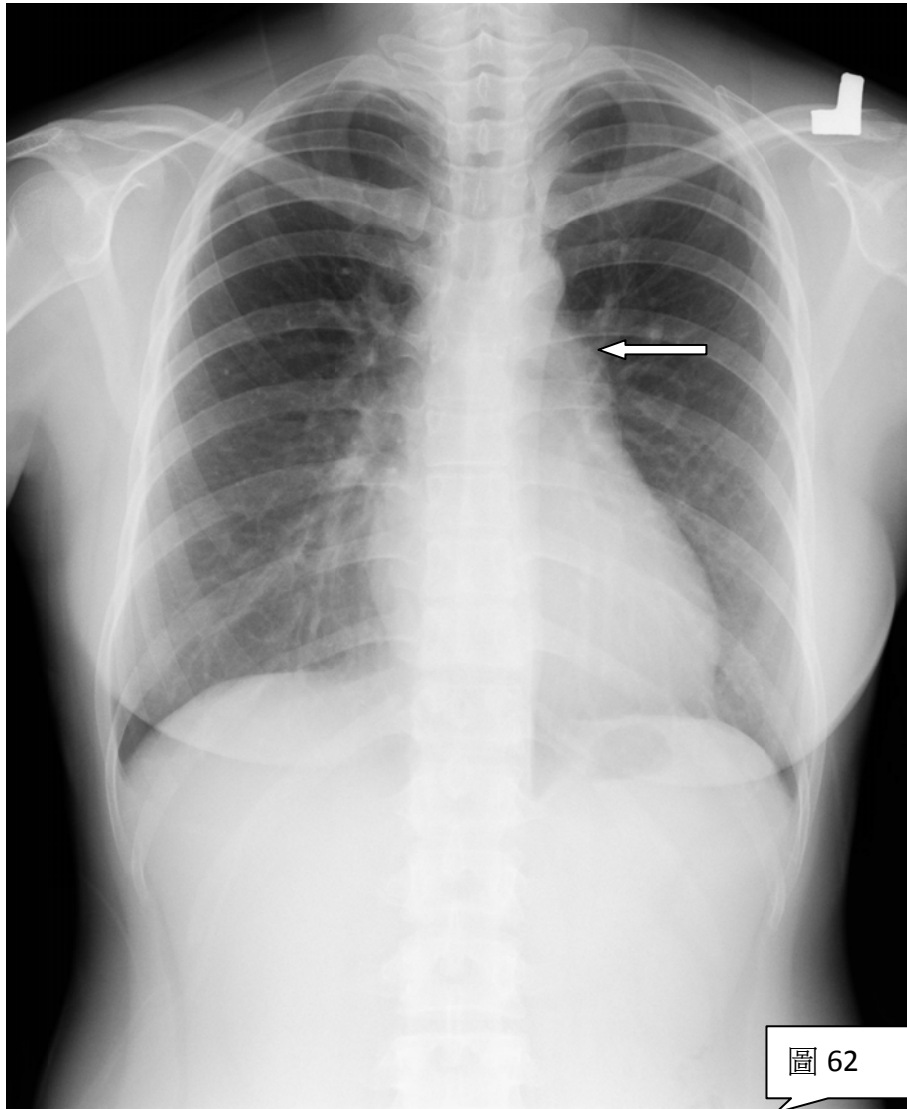
Chest op



心臟中央區域有手術後縫線陰影(如箭頭所示).

三十四.

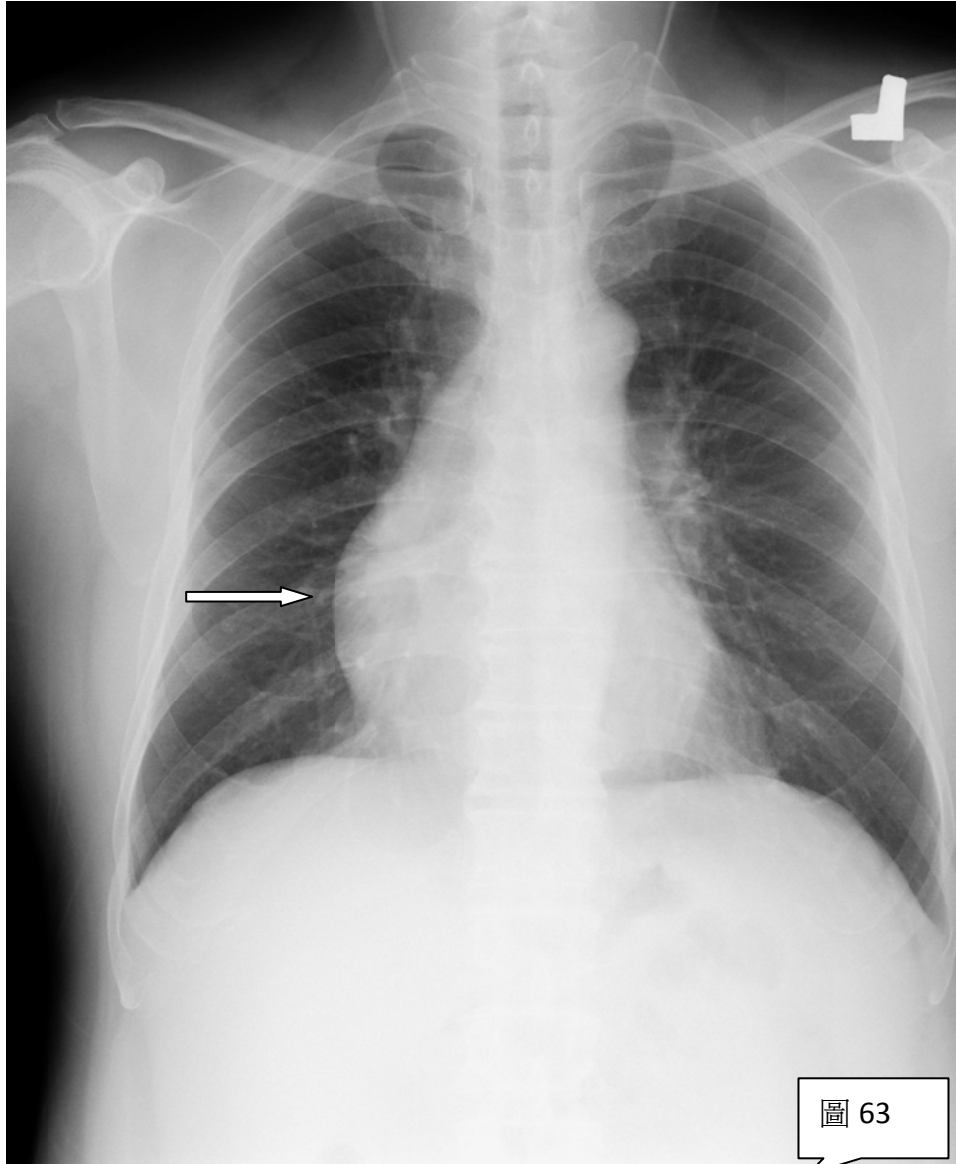
左肺動脈凸出



左肺動脈突出(如箭頭所示).

三十五.

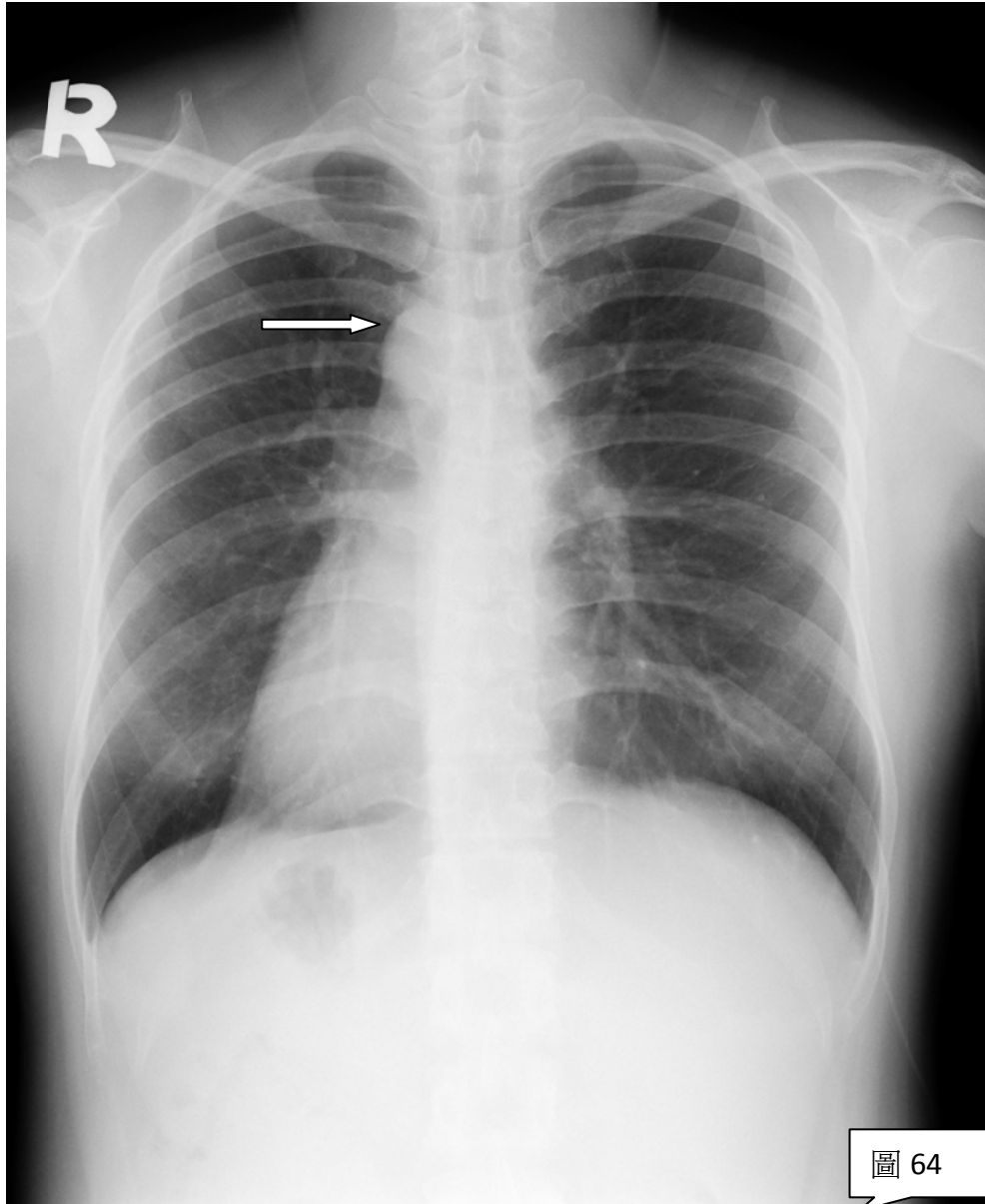
RAH



右心房肥大現象(如箭頭所示).

三十六.

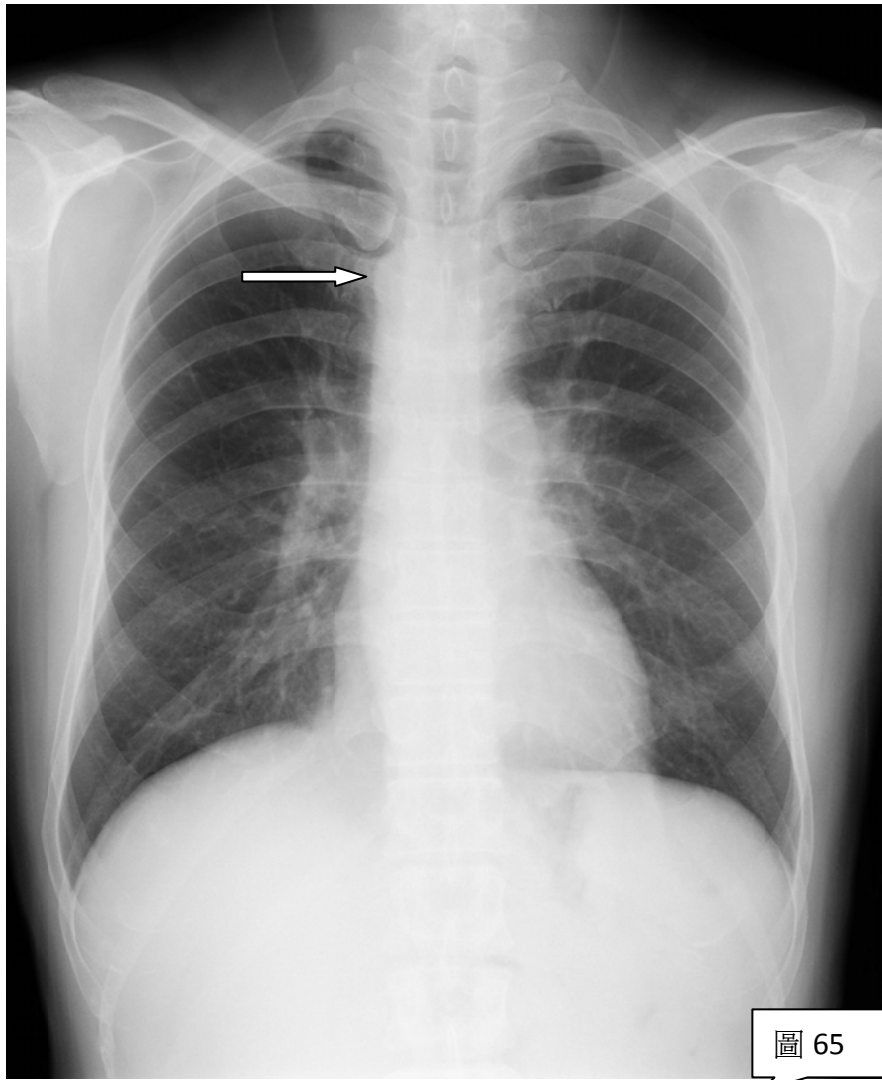
Dextral Cardio



心臟反向(如箭頭所示),屬於正常變異

三十七.

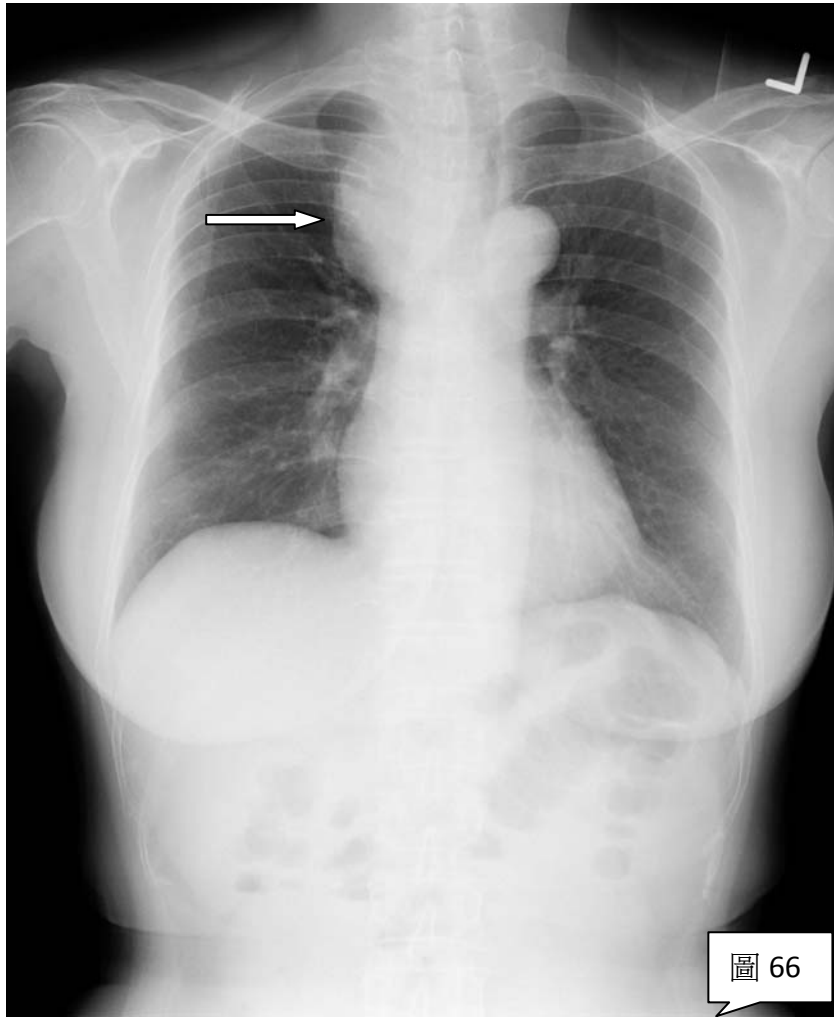
Dextral Aorta



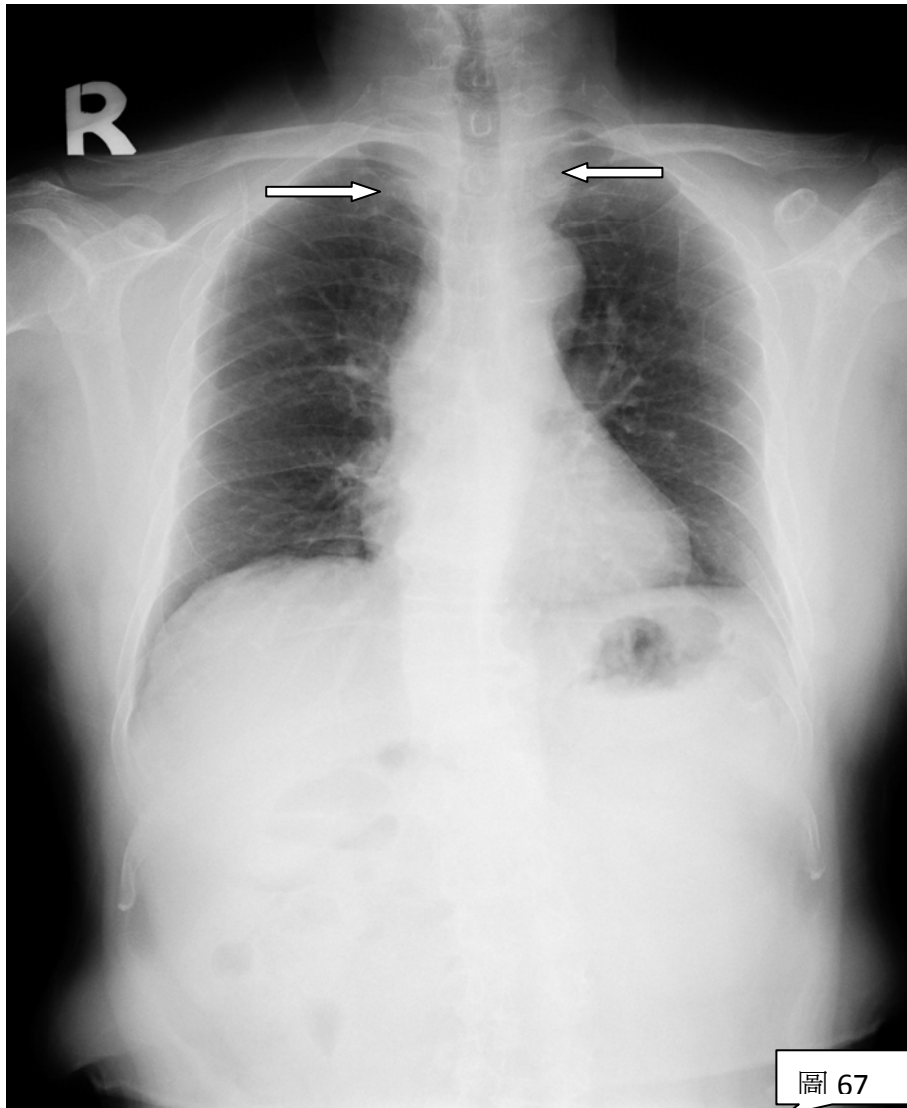
主動脈轉向右邊(如箭頭所示).

三十八.

Mediastinal Tumor



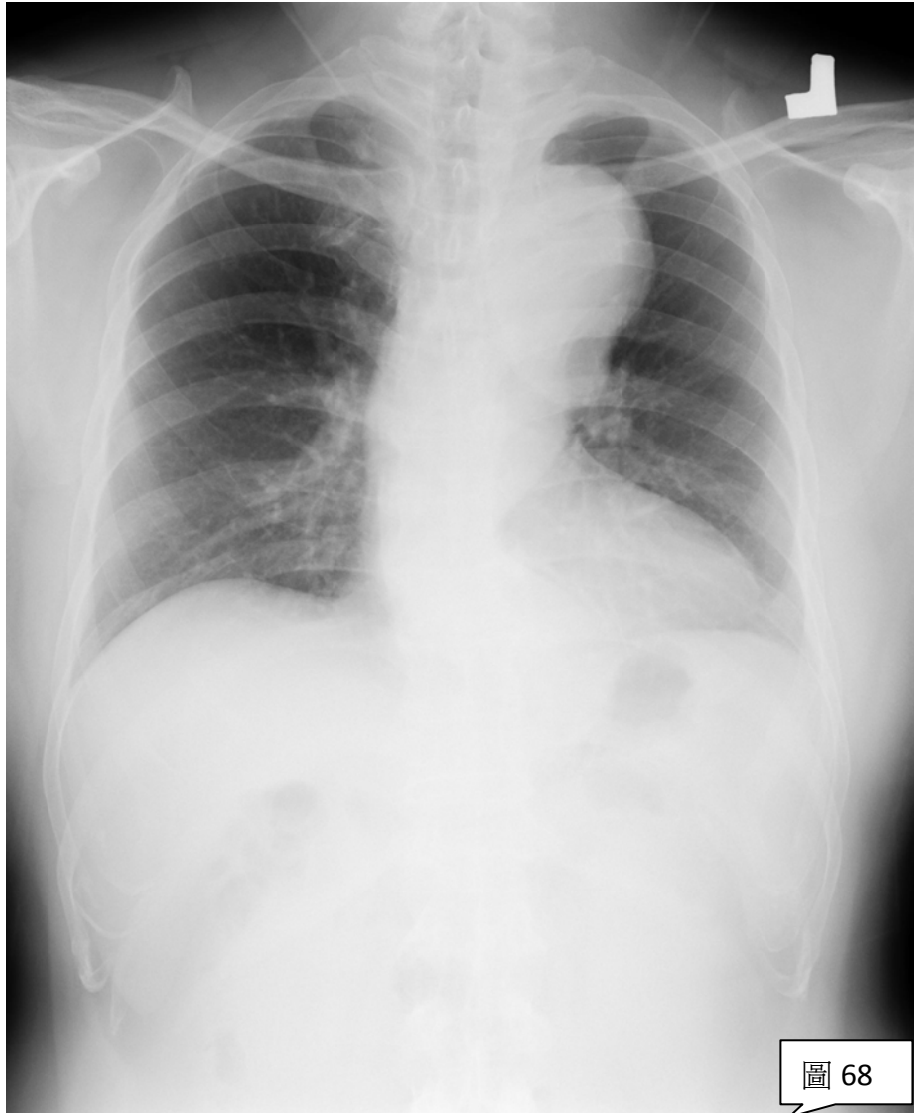
甲狀腺腫大(如箭頭所示),氣管向左移.



兩側上縱膈腫大(如箭頭所示)

三十九.

aorta Aneurysm



主動脈之動脈瘤影像,為主動脈擴張(如箭頭所示).

四十.

Hilar enlargement

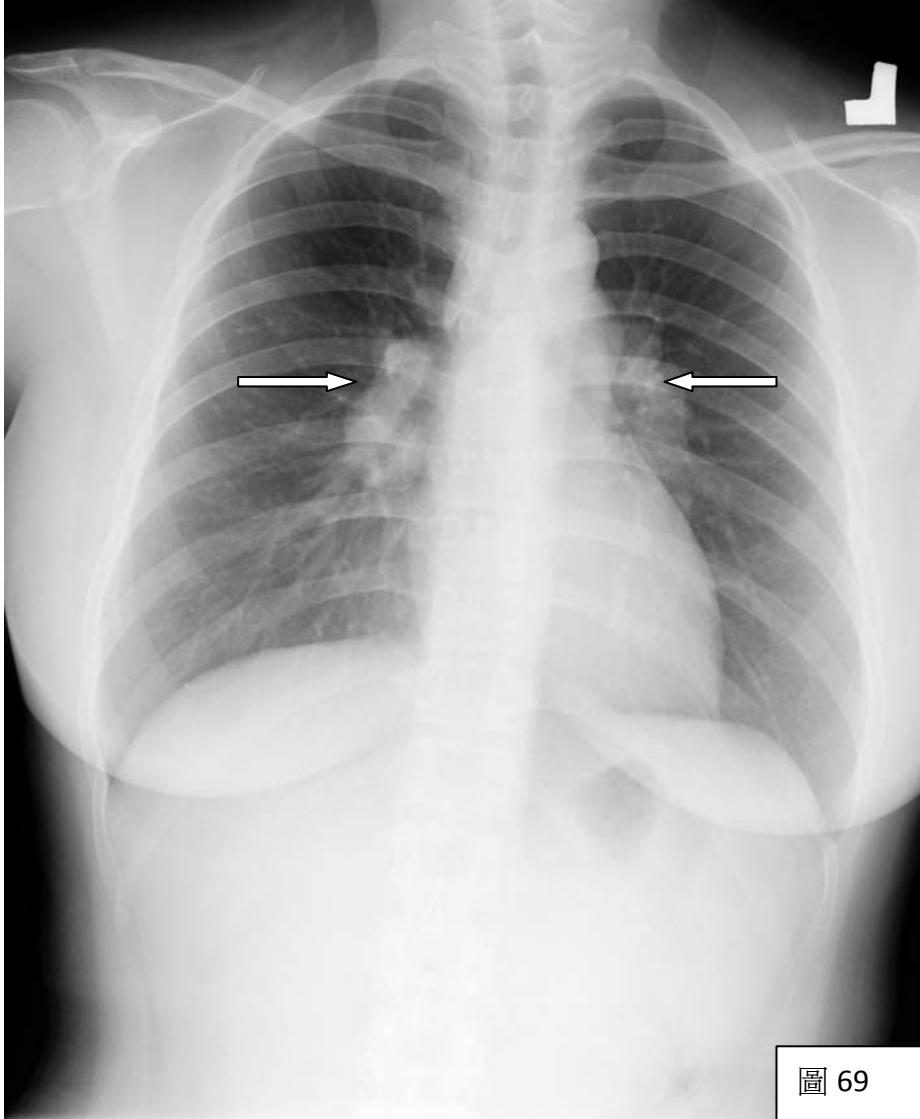


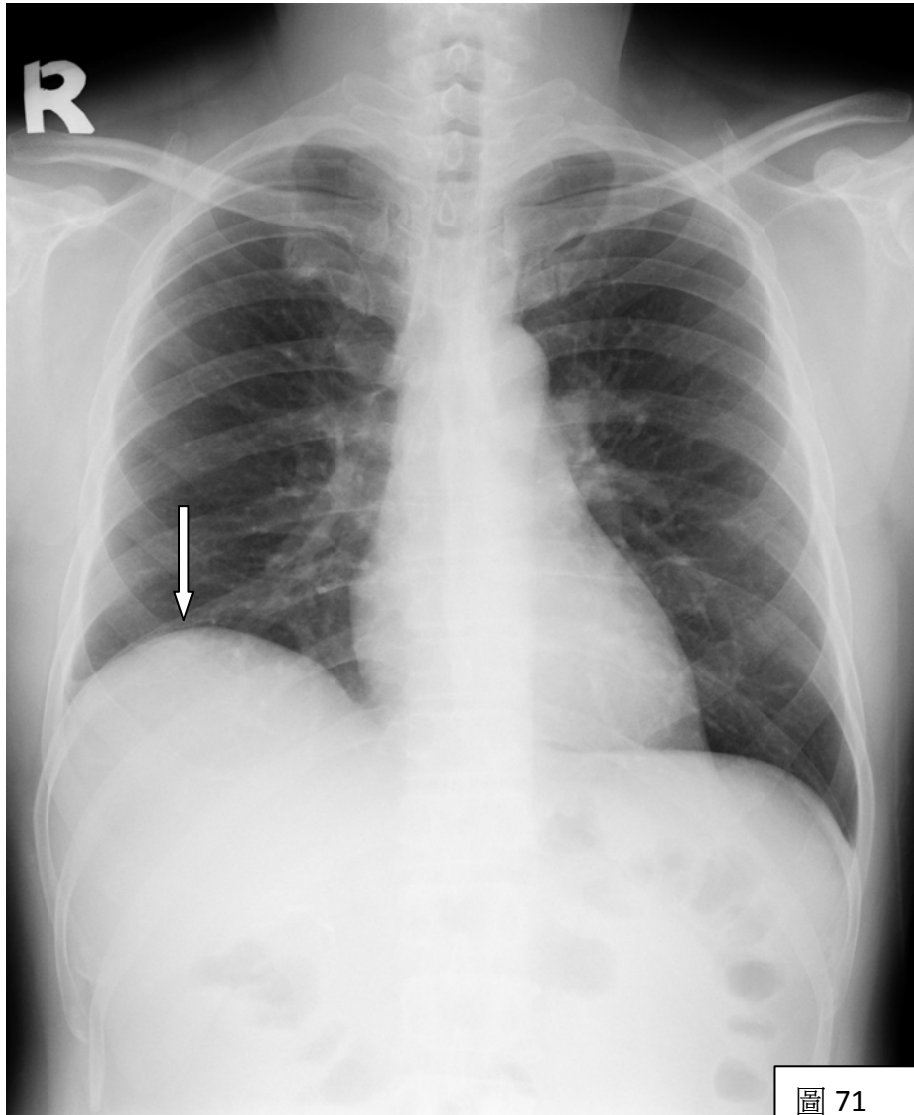
圖 69

兩側肺門皆腫大(如箭頭所示).



四十一.

橫隔膜升高



右橫膈膜上升(如箭頭所示).

四十一.

Pleural effusion



右側橫膈膜上升



Pleural Thickening

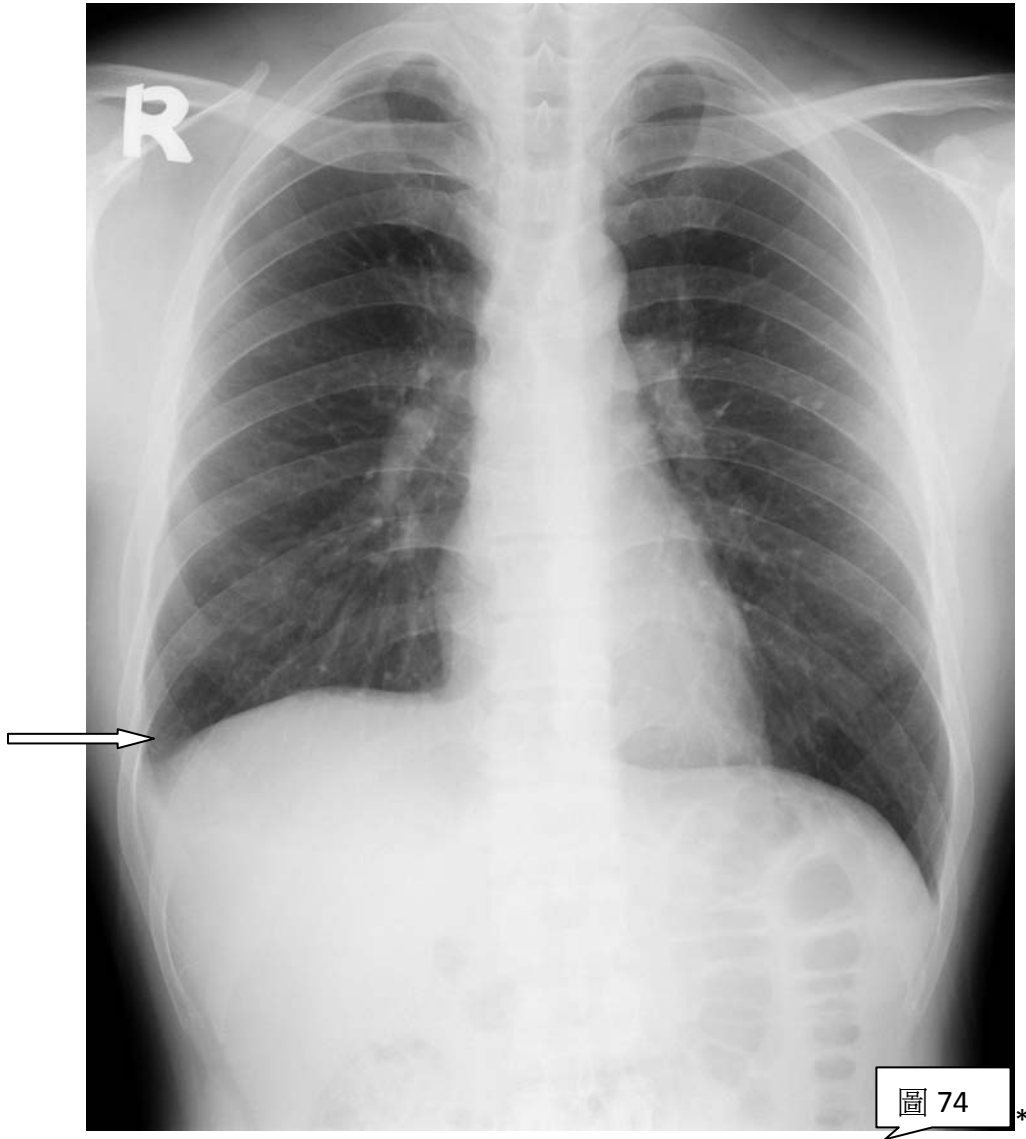


圖 74 *

右側肺下葉,肺陰影消失,肋膜角變鈍(如箭頭所示).