

# Chest Radiology

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**ACOI BOARD REVIEW 2019**





No Disclosures

1. 65 yo lifelong smoker presents with fever, chills and cough with purulent sputum
  - a. Bronchogenic carcinoma
  - b. Lung abscess
  - c. Mycetoma
  - d. Bronchogenic cyst

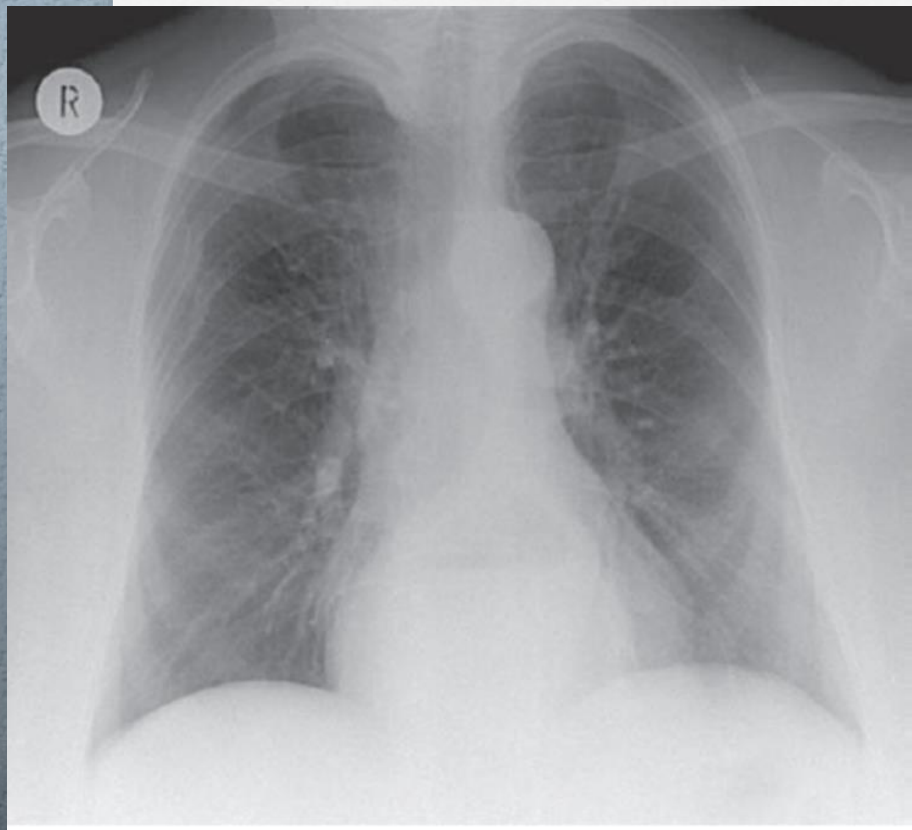


2. Patient presents with chronic dyspnea and restrictive defect on PFTs
  - a. Coal worker's pneumoconiosis
  - b. Fibrotic lung disease
  - c. Pleural plaques
  - d. Egg shell calcifications

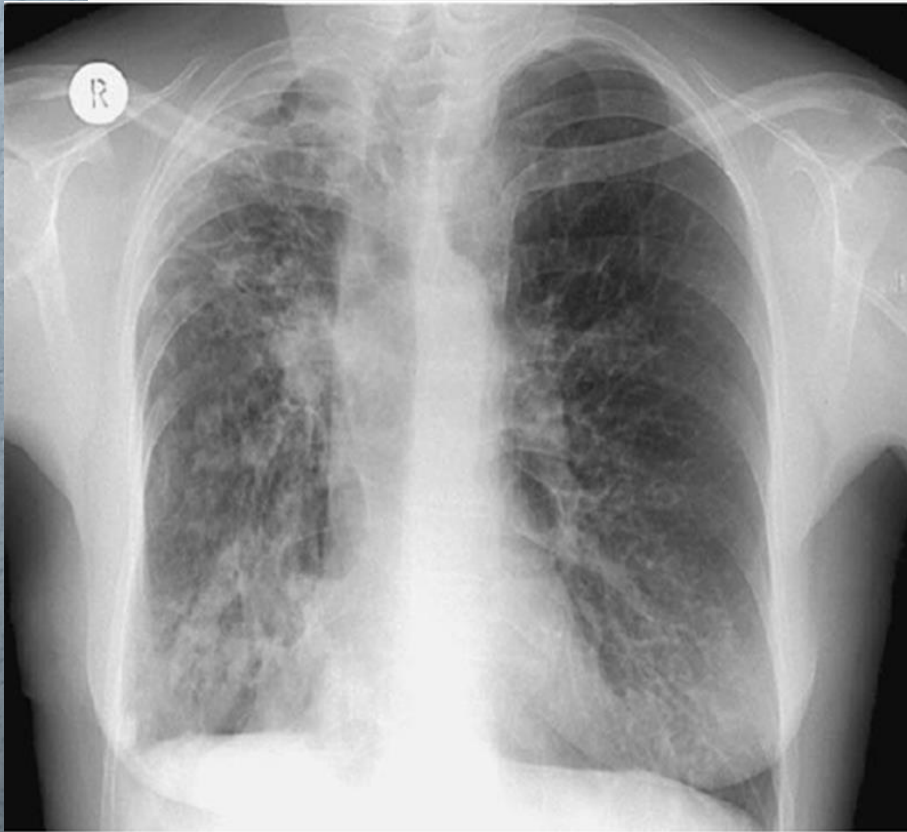


3. Patient complains of chronic cough which often wakes him up in the middle of the night.  
What is the most likely diagnosis?

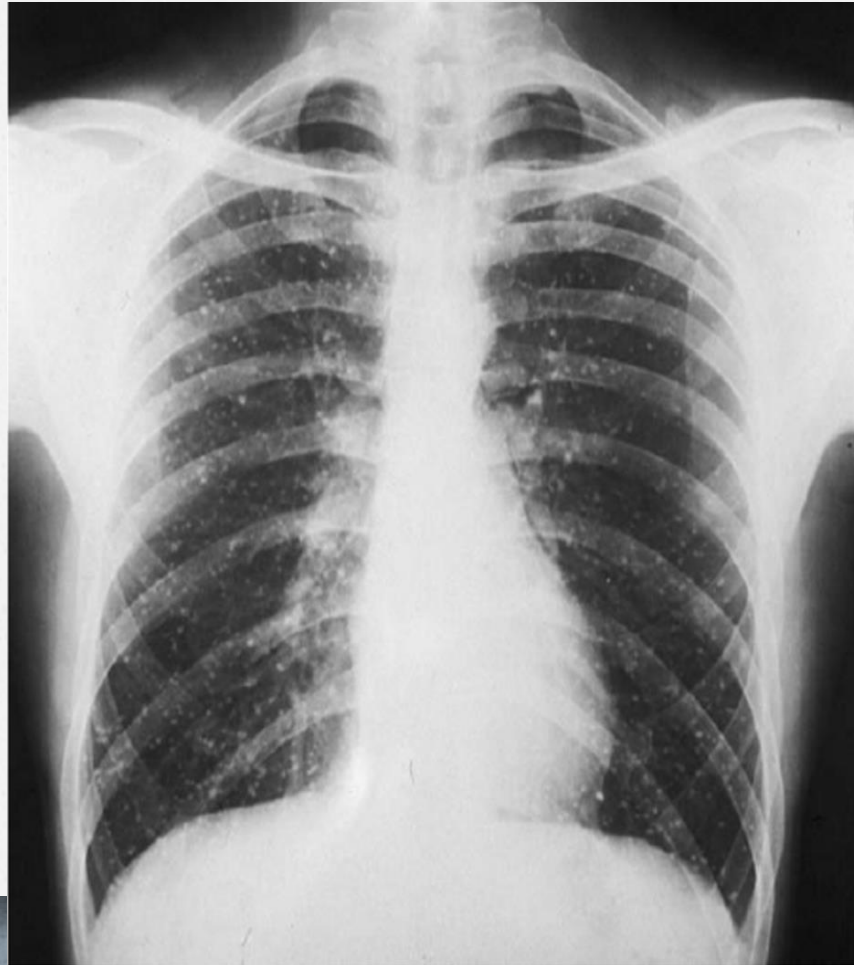
- a. Asthma
- b. CHF
- c. GERD
- d. Pulmonary fibrosis



4. Cystic fibrosis patient complains of chronic cough with sputum production
- a. Emphysema
  - b. Bronchiectasis
  - c. Pulmonary fibrosis
  - d. Alpha 1 antitrypsin deficiency



5. Patient is asymptomatic
- a. Active miliary TB
  - b. Post varicella pneumonia
  - c. Silicosis
  - d. Metastatic disease



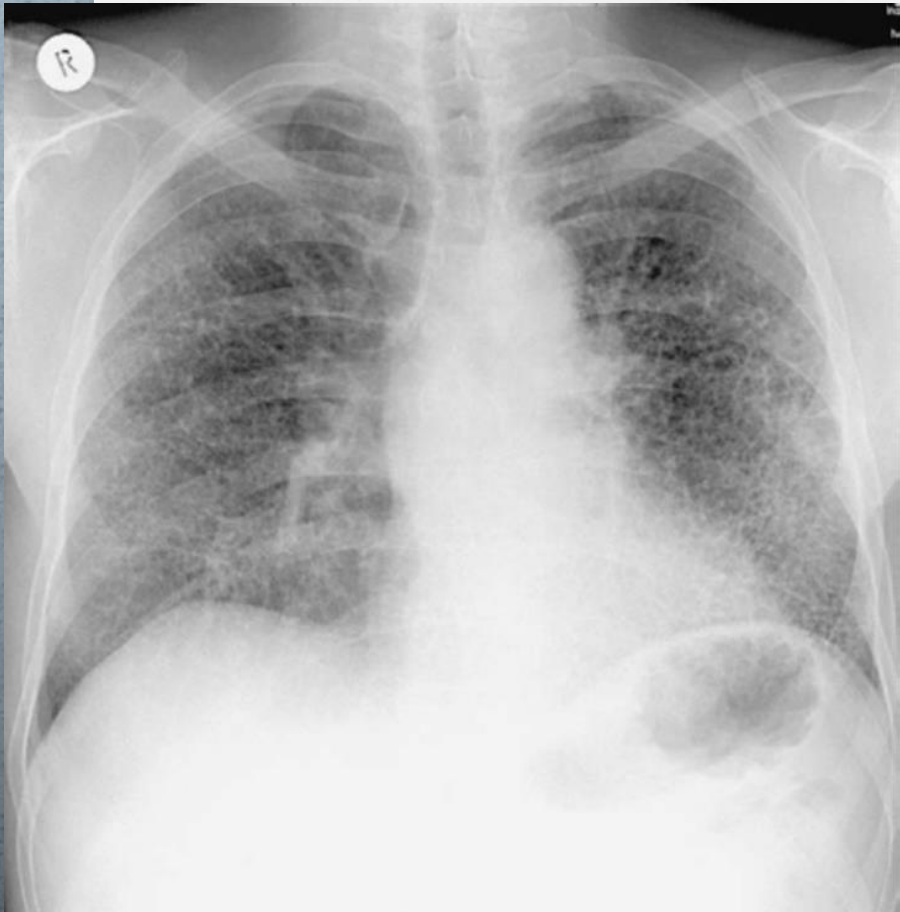
6. Patient complains of cough
- a. Mediastinal mass
  - b. Atelectasis
  - c. Accessory azygos lobe
  - d. Substernal thyroid





7. 62 yo immunocompetent patient with complaints of chronic dry cough and progressive dyspnea

- a. Bronchiectasis
- b. Idiopathic pulmonary fibrosis
- c. Asbestosis
- d. Pneumocystis jirovecii pneumonia



8. COPD patient presents with acute dyspnea and wheezing. Identify the abnormality.

- a. Left pneumothorax
- b. Right pneumothorax
- c. Bullous emphysema
- d. Pneumomediastinum



9. Patient presents with complaints of chronic cough

- a. Cystic fibrosis
- b. Primary ciliary dyskinesia
- c. Alpha 1 antitrypsin deficiency
- d. Idiopathic pulmonary fibrosis

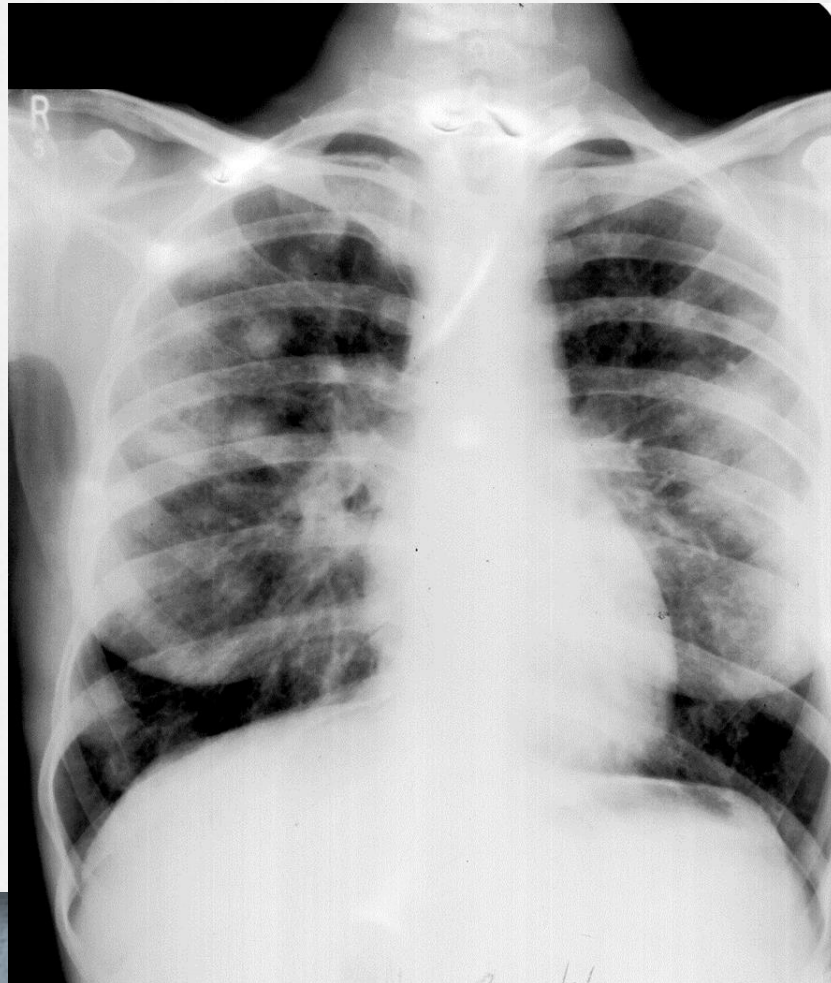


10. Asymptomatic patient with breast cancer. Preoperative chest xray shows which of the following:

- a. Hilar adenopathy
- b. Pulmonary hypertension
- c. Right mastectomy
- d. Retrocardiac infiltrate

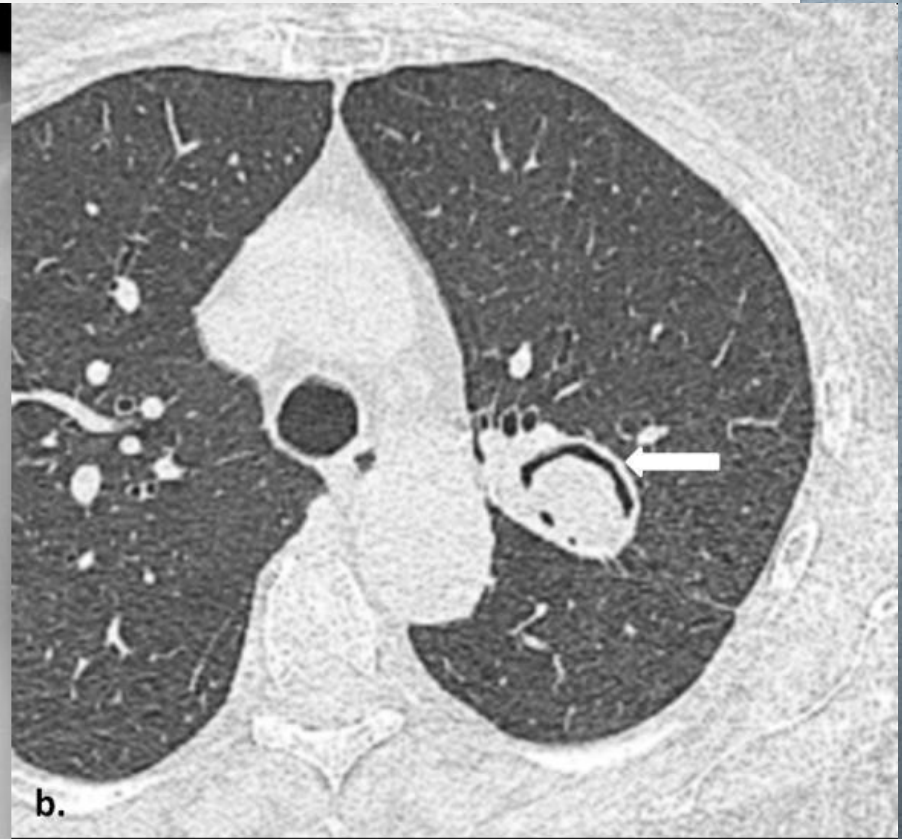
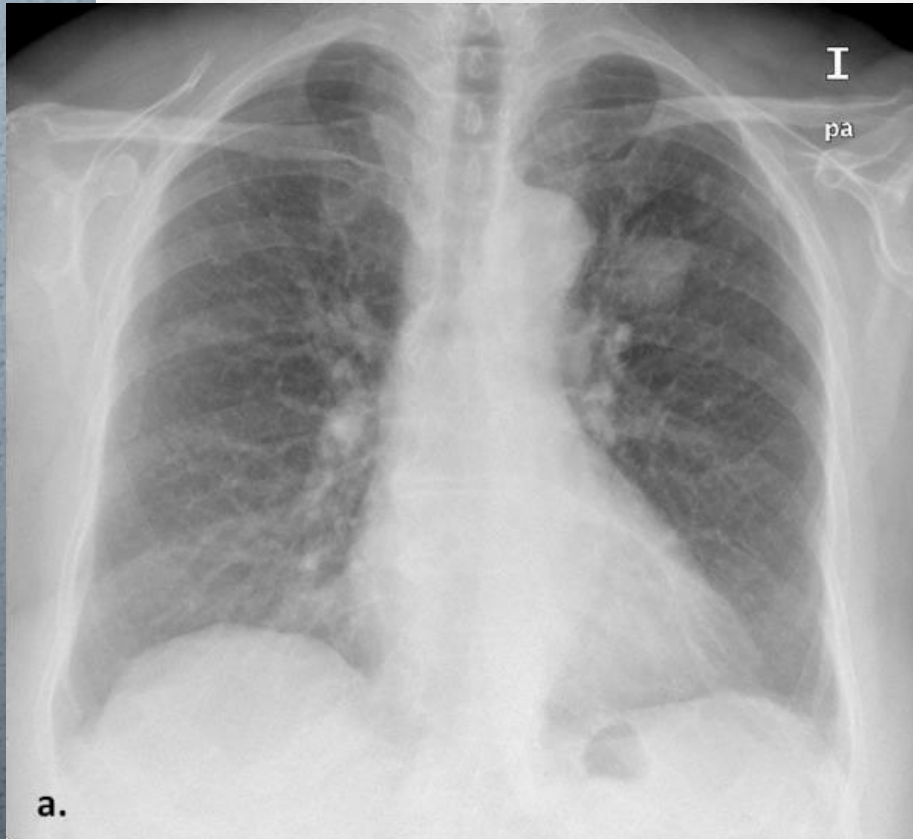


11. Patient presents with fever, chills, night sweats and weight loss.
- a. Septic pulmonary emboli
  - b. Pulmonary metastases
  - c. Tuberculosis
  - d. Nodular sarcoid



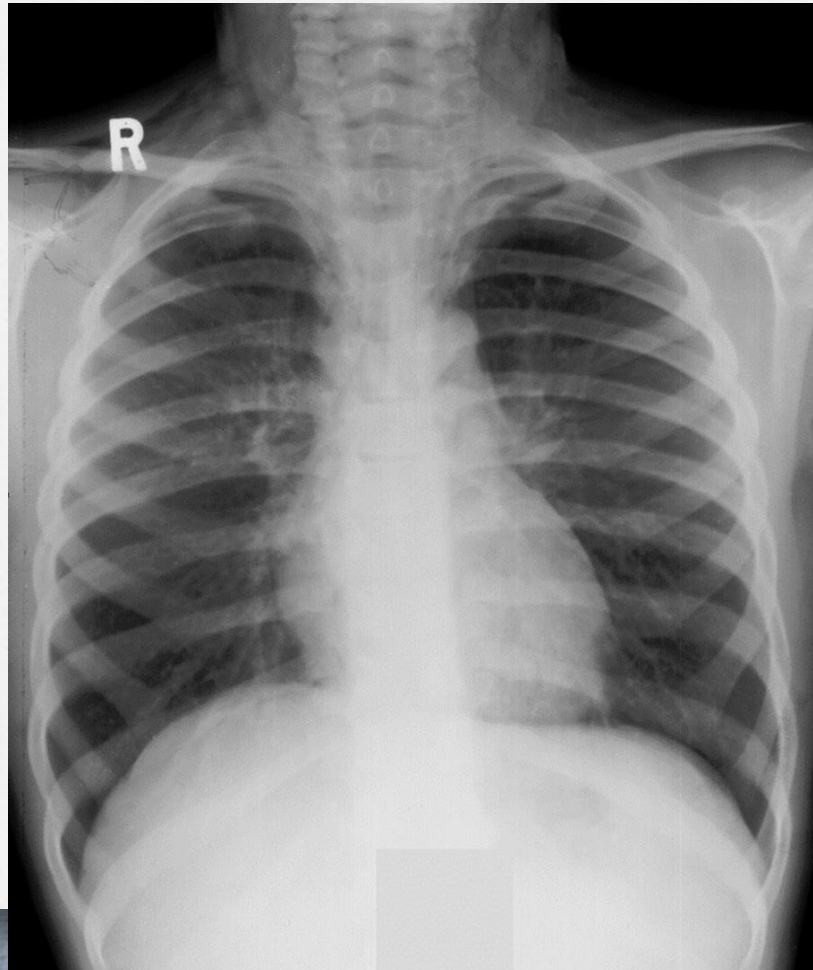
12. Patient presents with chest pain and hemoptysis.

- a. Foreign body aspiration
- b. Pulmonary mycetoma
- c. Bronchogenic carcinoma
- d. Lung abscess

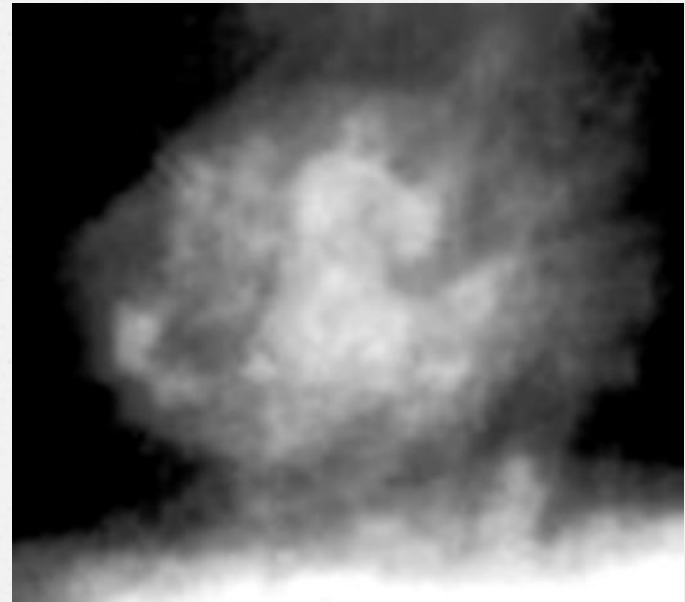


13. Patient presents with severe coughing, retching, dyspnea and chest discomfort

- a. Pneumothorax
- b. Pneumoperitoneum
- c. Pneumomediastinum
- d. Esophageal rupture



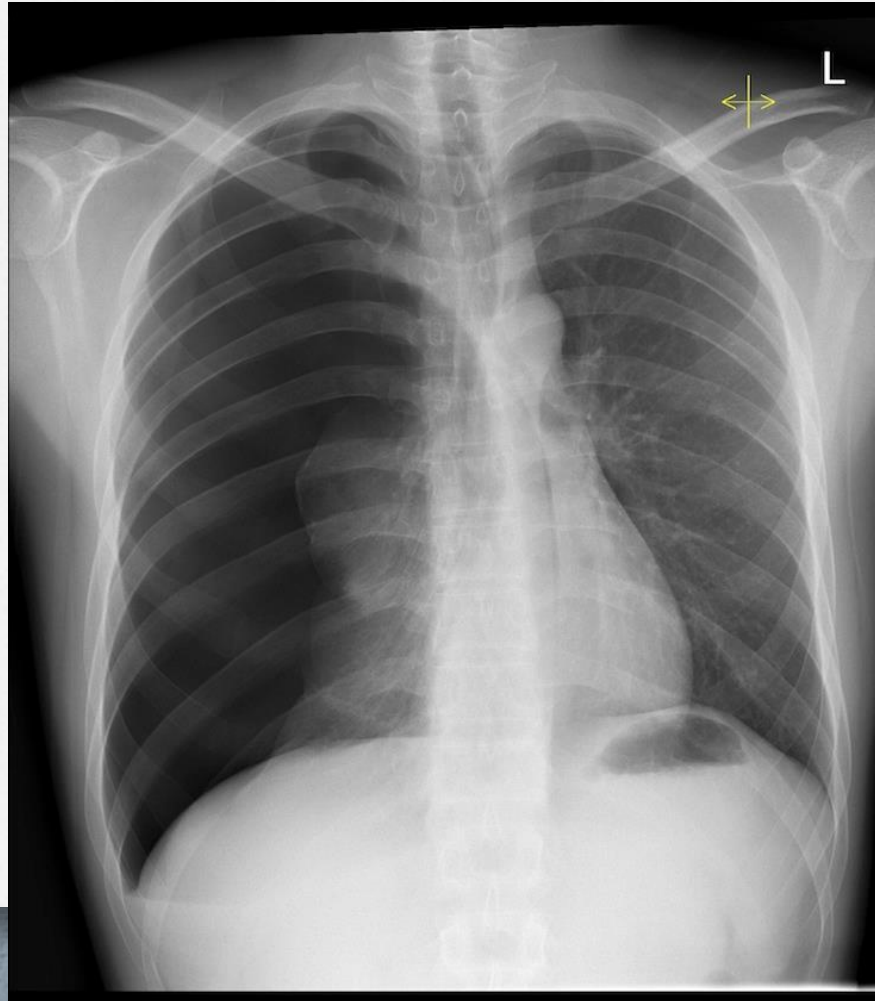
14. Lifelong nonsmoker. Asymptomatic.
- a. Bronchogenic carcinoma
  - b. Hamartoma
  - c. Lipoma
  - d. Pulmonary sequestration



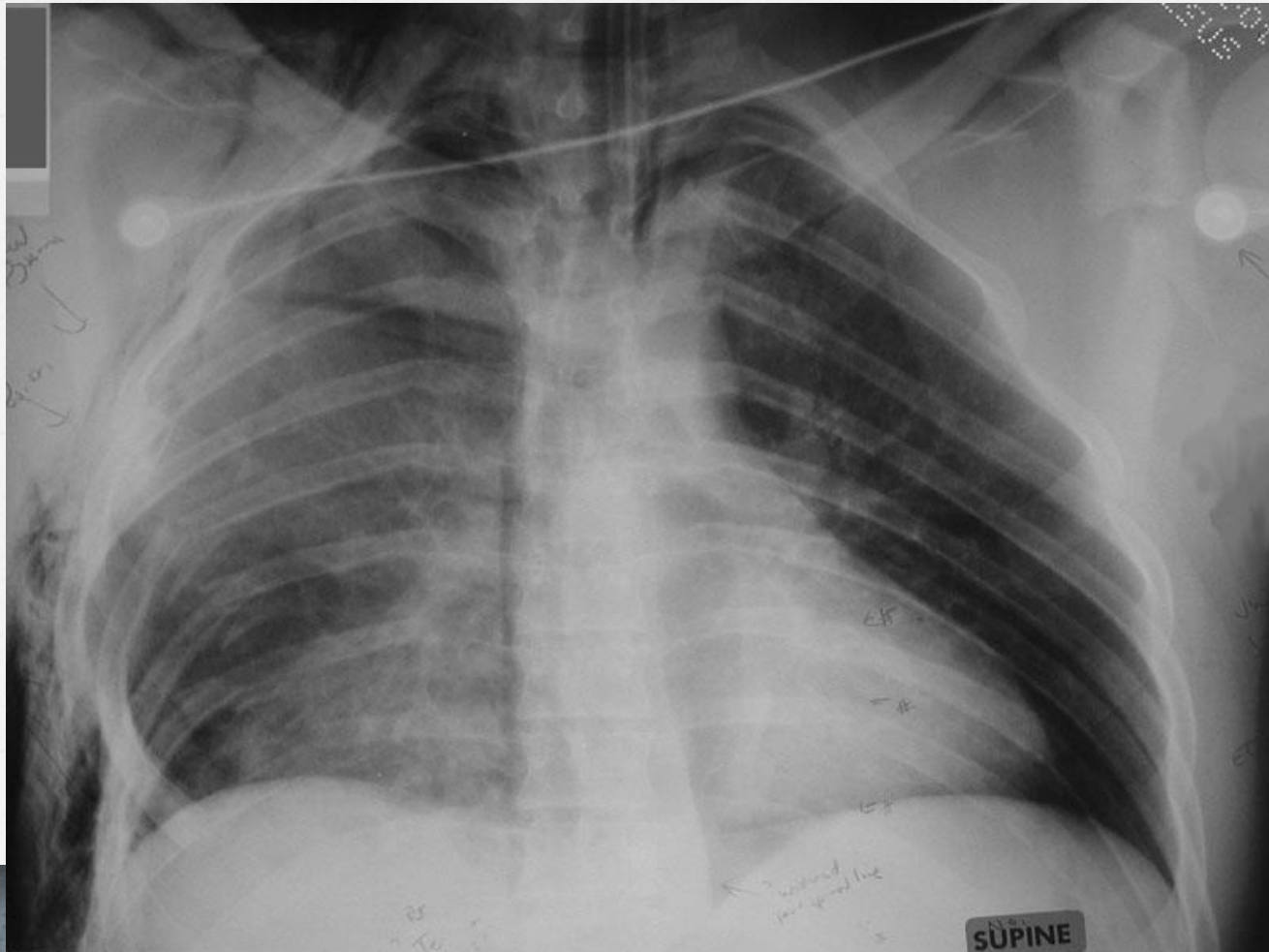


15. Patient presents with severe dyspnea, hypoxemia, hypotension and tachycardia

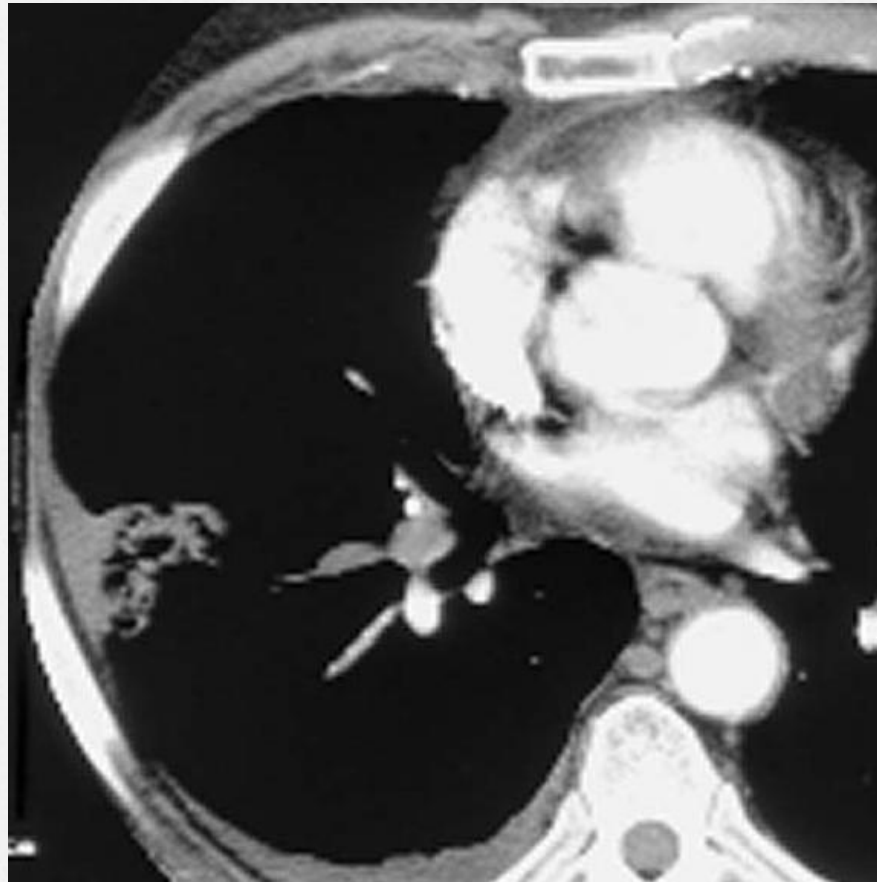
- a. Pericardial tamponade
- b. Tension pneumothorax
- c. Tension hydrothorax
- d. Acute COPD exacerbation



16. Patient presents with severe chest pain and dyspnea following trauma
- a. Congestive heart failure
  - b. Multilobar pneumonia
  - c. Pneumopericardium
  - d. Flail chest

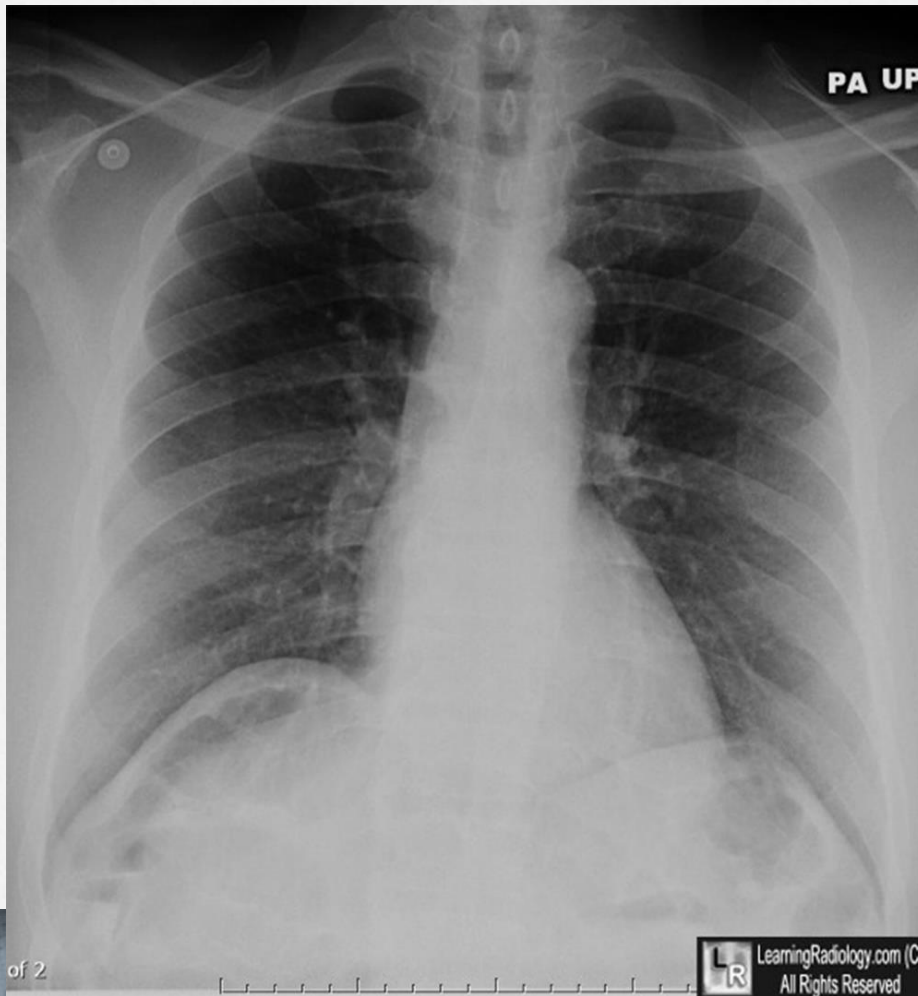


17. Patient presents with right sided chest discomfort and dyspnea
- a. Pneumonia with parapneumonic effusion
  - b. Bronchogenic carcinoma
  - c. Pulmonary embolism
  - d. Pleural malignancy

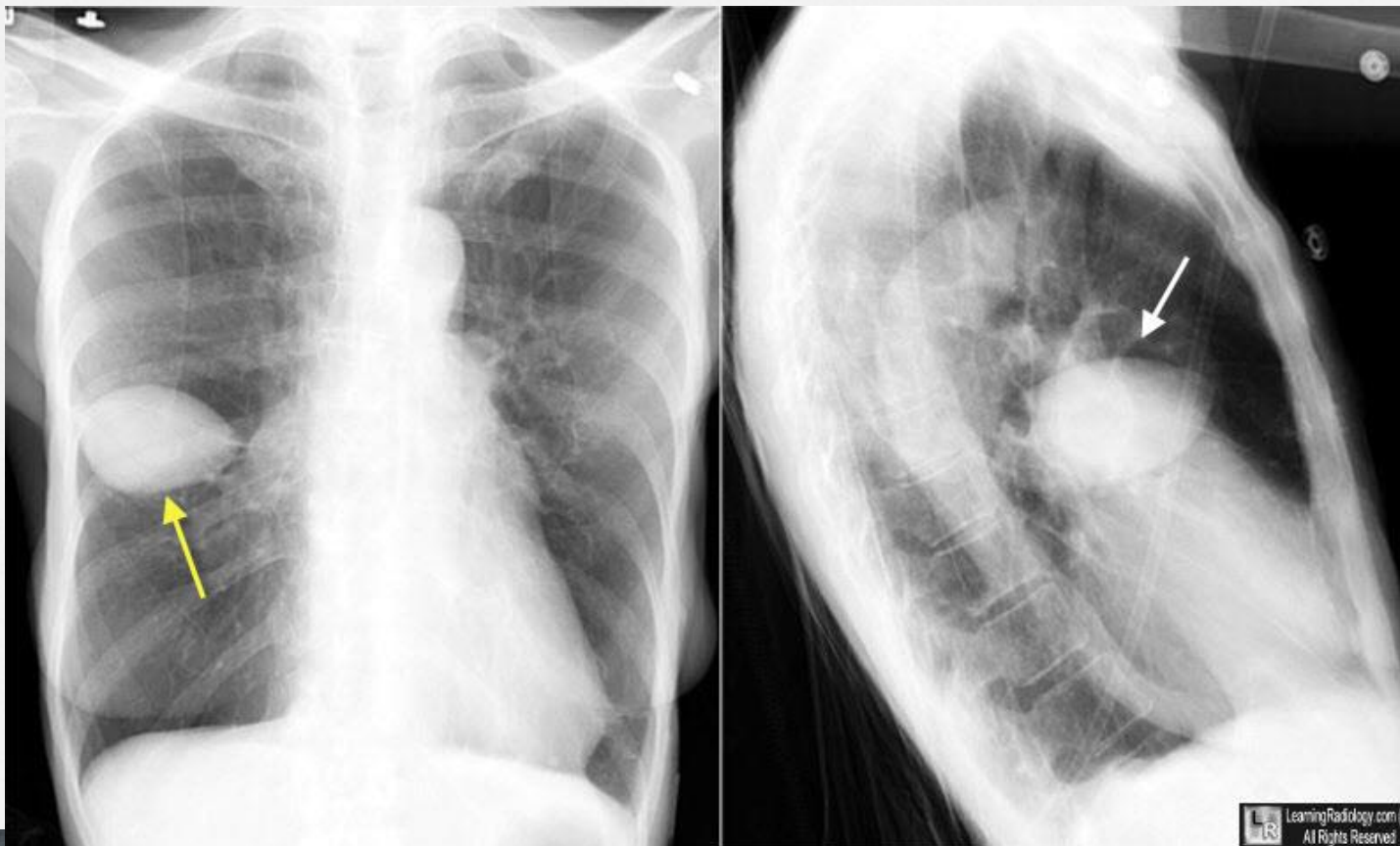


18. Patient presents with intermittent abdominal discomfort

- a. Pneumoperitoneum
- b. Chiladiti syndrome
- c. Ischemic bowel
- d. Volvulus



19. Patient with history of CHF and COPD presents with mild dyspnea
- a. Mucoïd impaction
  - b. Rounded atelectasis
  - c. Pulmonary pseudotumor
  - d. Bronchogenic carcinoma



20. Patient presents to the ED after falling down the stairs

- a. Pneumothorax
- b. Fractured ribs
- c. Fractured clavicle
- d. Normal chest xray

