

# 與大師對談

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報告人:R2吳人中

- 依照臨床時序，請大師模擬一線放射科醫師；於未知診斷，或者有限度臨床線索之情形下，進行閱片及解讀。
- 鑑別診斷為主要，確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。
- 請大師給予本院影像品質建議。
- Protocols, techniques, etc.

**CASE 1**

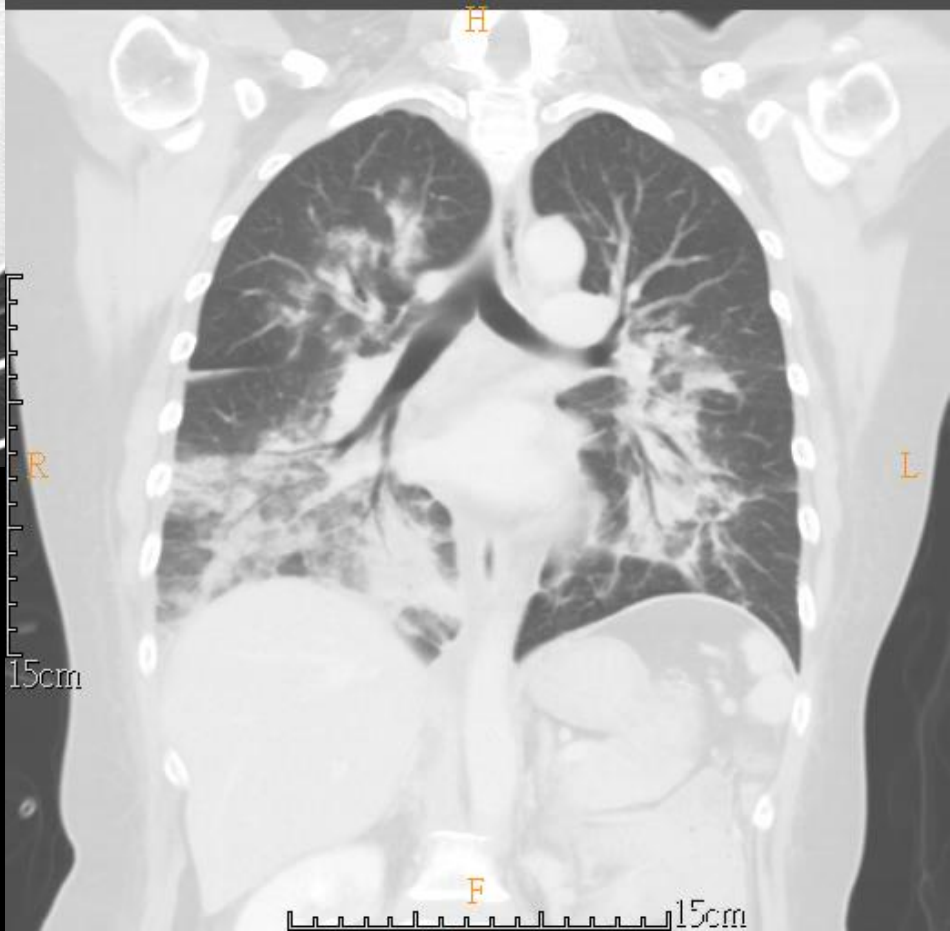
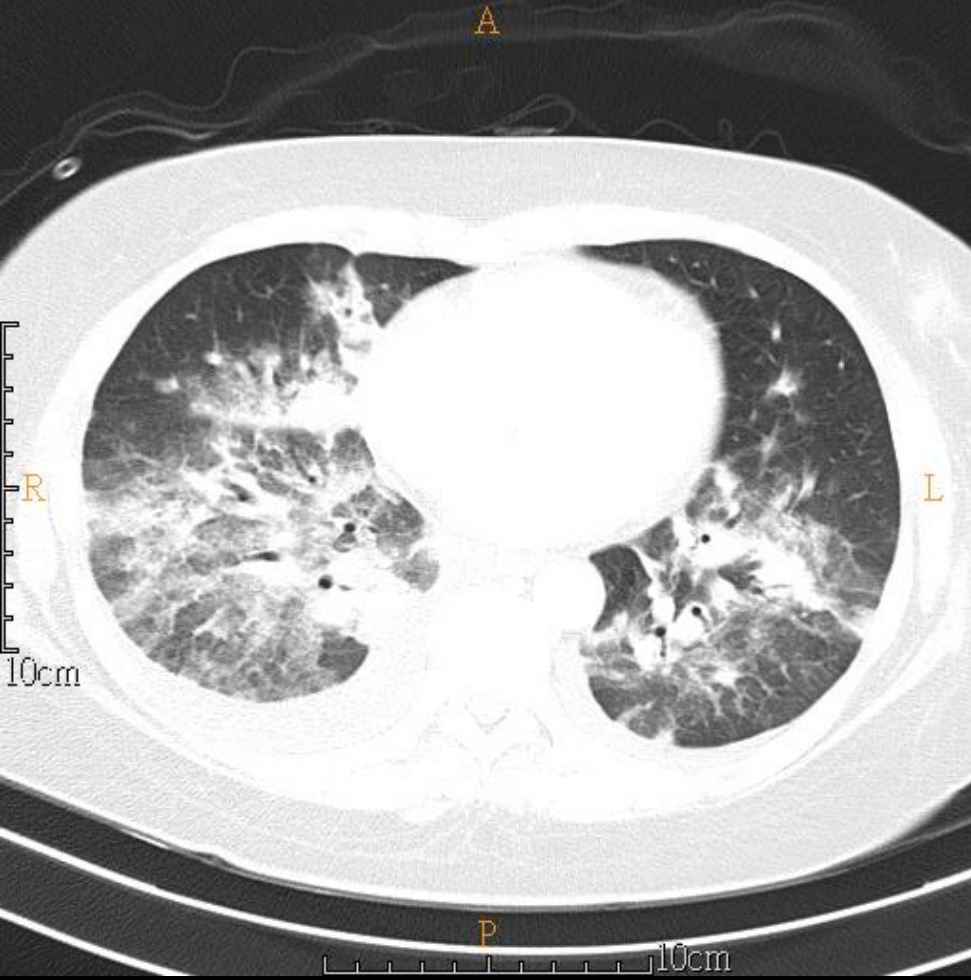
**52 YEARS OLD WOMAN**

# Brief history

- 52 years old woman
- PHx: denied
- Chief complain:
  - Spiking fever intermittently for 3days

# Imaging studies

- 2020/10/19 CXR
- 2020/10/20 Chest CT (NoC+C)



# DDx:

- pulmonary edema
- superimposed inflammatory/infectious process

# Lab

簽收日期	<a href="#">1091019</a>	<a href="#">1091019</a>	簽收日期	<a href="#">1091019</a>	<a href="#">1091019</a>	<a href="#">1091019</a>	<a href="#">1091019</a>
簽收時間	1050	0835	簽收時間	1358	1152	1102	0838
工作單號	1502612009	1502611746	工作單號	1601562107	1601562015	1601561971	1601561816
試管編號	1502612009	1502611746	試管編號	1601562107	1601562015	1601561971	1601561816
報告日期	1091019	1091019	報告日期	1091019	1091019	1091019	1091019
報告時間	1118	0936	報告時間	1420	1219	1128	0942
OTHER [OTHER]	補單加驗之結果		Total Protein(血液) [全蛋白]			5.4 g/dl [6.6-8.7]	
%NEUT [嗜中性球百分比]		86.6 % [40.0-74.0]	BUN (血液) [血中尿素氮]	3.0 mg/dl [6.0-20.0]			
%LYM [淋巴球百分比]		6.8 % [19.0-48.0]	Creatinine(血液) [肌酸酐、血]				0.6 mg/dl [0.5-0.9]
%MONO [單核球百分比]		6.3 % [2.0-12.0]	eGFR [肌酸酐、血]				112 mL/min/1.73M2
%EOS [嗜酸性球百分比]		0.1 % [0.0-7.0]	LDH (血液) [乳酸脫氫酶]			311 IU/L [<250]	
%BASO [嗜鹼性球百分比]		0.2 % [0.0-2.0]	CRP (血液) [C反應性蛋白試驗 - 免疫比濁法]				23.77 mg/dl [<0.5]
MDW [單核球分佈寬度]		28.4 [0.0-20.0]	Albumin (血液) [白蛋白]		2.7 g/dl [3.5-5.2]		
WBC [白血球]		11.33 10 <sup>3</sup> /uL [4.00-11.00]	Na (血液) [鈉]				135 mEq/L [136-145]
RBC [紅血球]		3.84 10 <sup>6</sup> /uL [3.80-5.50]	K (血液) [鉀]				3.0 mEq/L [3.5-5.1]
HGB [血紅素]		10.8 g/dL [12.0-16.0]	簽收日期	<a href="#">1091019</a>	驗	補單加驗	
HCT [血球容積比]		32.3 % [37.0-50.0]	簽收時間	1538			
MCV [平均血球容積]		84.1 fL [80.0-99.0]	工作單號	1201383746			
HCT [血球容積比]	31.6 % [37.0-50.0]		試管編號	1201383746			
			報告日期	1091020			
			報告時間	1532			
			Recheck	已主動複驗			
			已通報	已通報			
			*Legionella Ag (尿液)(委外) [退伍軍人症尿抗原試驗]	Positive			



# Legionella Pneumonia

- Radiography
  - Rapidly progressive, asymmetric consolidation
  - Expands to occupy majority of lobe
  - Progresses to involve additional lobes or contralateral lung (3-4 days)
  - Pleural effusion in up to 2/3 of patients

# Legionella Pneumonia

- CT
  - Lobar or multilobar consolidation
  - Ground-glass opacity adjacent to consolidation
  - Perihilar > peripheral distribution
  - Pleural effusion (~ 1/3 of patients)
  - Mild mediastinal & hilar lymphadenopathy

# Legionella Pneumonia

- DDX
  - Pneumococcal pneumonia
    - Consolidation usually limited to 1 lobe
  - Mycoplasma pneumoniae
    - Bronchopneumonia or bronchiolitis
  - Viral pneumonia
  - Klebsiella pneumoniae
    - nosocomial infection
  - Staphylococcus pneumoniae