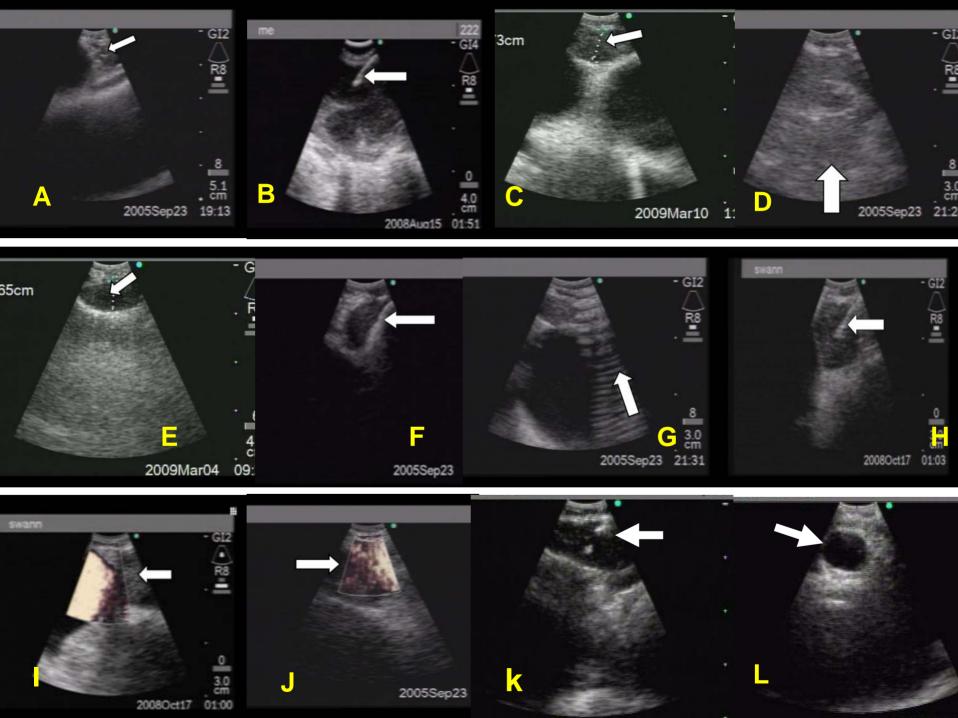


ITEM 8: Match the photo (A-L) to the corresponding 10 CT scan

descriptions (Only one response per description)				
Superior vena cava adjacent to 4R	Inominate vein adjacent to 2R	———Pulmonary artery adjacent to 4L	Aortic arch adjacent to 4L	
Azygos vein adjacent to 4R	 Station 7 adjacent to left atrium	Station 11L with adjacent lung	 Station 10R	
 Station 4L in axial view	———Pulmonary artery adjacent to 10L	NO RES	PONSE	



ITEM 9: Match the photo (A-L) to the corresponding 10 EBUS views (Only one response per description)

views (Only one response per description)				
Station 4R adjacent to pulmonary artery superior vena cava and ascending aorta	——— Needle penetrating through and through	Needle missing target node	Station 4L adjacent to aort and pulmonary artery	
 Station 4L adjacent	——— Needle within	 Normal lung	 Reverberation	

to normal lung

to pulmonary artery lymph node

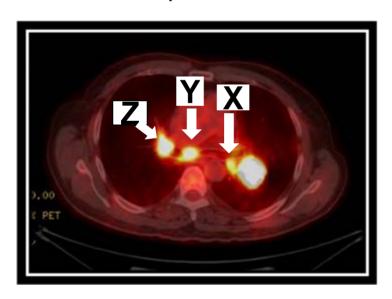
Station 7 adjacent to Hilar node adjacent

left atrium

NO RESPONSE

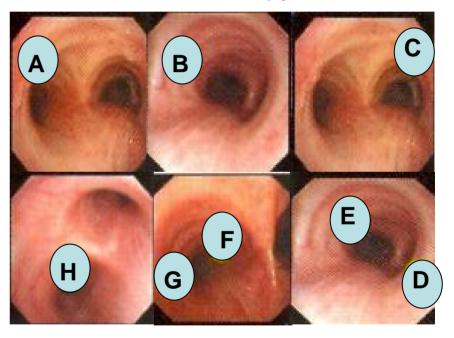
ITEM 10: Choose One best answer for each question

1. Three FDG avid nodes are noted on Fusion PET-CT in a patient with a Left Upper Lobe PET positive mass. Which node (x, y or z) should be sampled first?



Answer

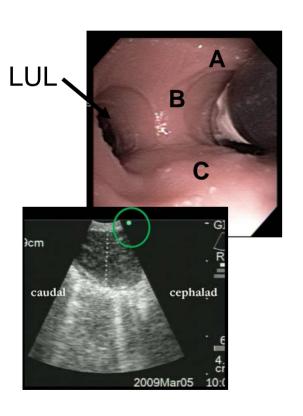
2. Where is the node located (needle insertion site A, B, C, D, E, F,G, or H) using white light bronchoscopy?



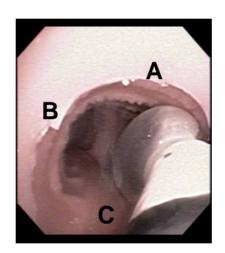
Answer _____

ITEM 10: Choose One best answer for each question

3. To sample level 11L, point the scope towards (A), (B), (C).

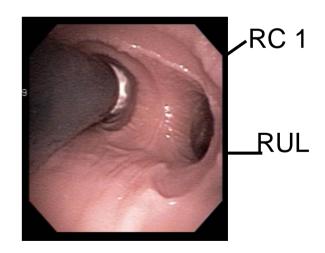


4. When sampling level 4R, consider pointing the scope towards A, B or C).



Answer _____

5. The Interlobar Pulmonary Artery is most likely seen when sampling level (A) 10R, (B) 11R, or (C) 12R



Answer _____

Answer ____