

英汉对照 临床放射 诊断学 词句

ENGLISH-CHINESE SENTENCE
OF
CLINICO-DIAGNOSTIC
RADIOLOGY

陈·凡 程家文 编译
朱大成 陈士璋 审校



河南科学技术出版社

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内 容 提 要

编写本书的目的是为放射科工作者初学专业英语提供一本参考书,全书采用英汉对照形式,分胸部、腹部、骨关节、介入技术及其他五部分,共计600条。书中英文词句都出自原文书刊,读者亦可从一部分词句中学习有关放射诊断方面的知识,可谓一举两得。

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前 言

我们不是英语专业人员，为什么要编译这本小册子呢？因为我们曾先后在《临床放射学杂志》的“中英对照”专栏里编译过有关放射诊断方面的资料，受到读者们的欢迎。后由于杂志篇幅有限，停办了“中英对照”这个栏目，可是仍有不少读者来信要求我们继续把“中英对照”办下去。我们想，既然是停办了的栏目，再把它捡起来似乎不妥。后有同志建议增加新资料编印成集子；还有些地区和单位将我们编译的材料作为试卷，这就更加增加了我们编译这本册子的信心，也是这本册子出版的由来。

这本册子的英文词句都是摘自原文书刊中的有关临床放射诊断方面的资料，每个句子或每一段话，从语法结构来说大都是完整的，其中一部分曾在《临床放射学杂志》的“中英对照”专栏里发表过，这次重新加以整理和修改，另一部分是新编译的词句，总共600条。从X线诊断角度来看，大多数句子有一定的诊断含义，其中一部分上、下条有连贯性，其目的试图帮助初学者学习英文时起点参考作用，同时还可从一部分词句中学习有关放射诊断方面的知识。诚然，这只不过是我们的主观愿望，鉴于我们的水平有限，未能从语法结构分析，只是就一句或一段英文大意译成中文，因而这本册子很可能达不到上述的效果。

为了便于读者查阅，我们按系统大致分了一下段落（无

所谓章节)，每个段落的词句多少不一，看起来有些零乱，因为它不是从一本原文书而来，所以不象教科书那样有系统性。一个句子，可以这样译，也可以那样译，有些专有名词可能与字典不一致。有些句子我们采取直译，有些句子采取意译，至于为什么不采取同一种译法，一方面是要忠于原意，另一方面是要合乎中文的习惯。我们认为只要不损原意，怎么顺手就怎么译，怎么能让人看懂就怎么译，因而本册子不是刻板、规范的译法，仅供参考。

此外，在《临床放射学杂志》上发表过的那一部分词句曾经郭俊渊教授、张侗主任、叶念祖主任审校过，在此致以衷心的感谢。这次重新整理后加上新编译的词句，均一并经朱大成教授和陈士璋主任反复审校。然而，毕竟编译者水平有限，如有错误，敬希读者批评指正。

袁德启同志为本书打字和校对，亦在此致以谢忱。

编 译 者

一九八六年六月

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胸 部 (Chest)

(一) 肺 (Lung)

(1) Infections of the lower respiratory tract in infants commonly involve inflammation of the smaller airways.

婴儿下呼吸道感染常引起小气道炎症。

(2) Largely for anatomic reasons, the peripheral airways of infants are more susceptible to inflammatory narrowing than are those of adults.

主要由于解剖上的原因，婴儿的周围气道较成人更易发生炎性狭窄。

(3) Inflammatory narrowing of the smaller airways causes two major radiologic signs: generalized hyperinflation and irregularity of aeration.

小气道的炎性狭窄所引起两种主要的X线征：普遍性过度充气和不规则充气。

(4) Small airway obstruction is a common and important manifestation of lower respiratory infection in infancy.

小气道阻塞是婴儿下呼吸道感染常见和重要的表现。

(5) The presence of pleural fluid on chest radiographs and swelling of the neck suggested the possibility of retropharyngeal abscess.

在胸片上如出现胸腔积液和颈部肿胀,则提示咽后脓肿的可能。

(6) Unilateral inferior pulmonary ligament air appeared in the frontal projection as a lucent oval area in a right or left parasagittal supradiaphragmatic position.

一侧下肺韧带积气在正位X线片上表现为位于右或左侧矢状面旁的横膈上方一个卵圆形透亮区。

(7) Simple overinflation was considered to be present if there were two of the following abnormalities.

若有下列异常中的两种,应考虑单纯过度充气的存在。

(8) The lung length was the same or greater than the lung width using measurements described by Simon et al.

采用Simon等所描述的测量方法,肺的长度等于或大于肺的宽度。

(9) The posterior wall of the bronchus intermedius is outlined on most lateral chest radiographs by air in the lumen and in adjacent lung.

中间段支气管后壁的轮廓,在大多数侧位X线片上可由管腔内和邻近肺内的气体勾画出来。

(10) Interstitial fluid is continuously removed from the lungs by the pulmonary lymphatics
间质内的液体由肺淋巴管不断地从肺内移去。

(11) Perivascular and peribronchial cuffing histologically may be early signs of interstitial pulmonary edema.

在组织学上血管周围和支气管周围袖可能是间质性肺水肿的早期征象。

(12) The fissure contiguous to the consolidation is thickened and flat or convex outwards, the latter frequently indicating underlying lung necrosis.

与实变区相邻的叶间裂增厚和变平或向外凸出，外凸者常常提示潜隐性肺坏疽。

(13) A peribronchial abscess that communicates with a bronchial lumen may create a flap-valve mechanism leading to the development of a tense, air-filled abscess cavity.

支气管周围脓肿与支气管腔相通时，可产生活瓣性机制，结果发生张力性充气的脓肿空洞。

(14) Changes in the radiograph are more frequently seen in children than in adults, and more frequently in extrinsic asthma than in intrinsic asthma.

X线改变在儿童比成人常见，而且外源性哮喘比内源性哮喘多见。

(15) The same patient then subjected to a more severe exposure may develop asthma with pulmonary eosinophilia.

同一病人在较严重的接触后可发生伴有肺嗜伊红细胞增多症的哮喘。

(16) Multiple well-circumscribed pulmonary nodules over 2cm in size suggest metastatic neoplasm but nonmalignant conditions must be considered if the nodules have changed only slightly in size or number over several years.

多发性界限清楚而大小在2厘米以上的肺结节，提示为转移性肿瘤；但如果几年内结节的大小或数量改变轻微，则应考虑非恶性病变。

(17) Kattan et al recently described the superior triangle sign, which serves to call attention to inapparent collapse of the right lower lobe.

Kattan 等最近描述了上三角征，此征提请注意不明显的右下叶不张。

(18) The double lesion sign is defined as lobar or segmental collapse in two different lobes that cannot be explained by a single bronchial lesion.

双病变征是指在两个不同的肺叶内有肺叶或肺段不张，而不能用一个单独的支气管病变来解释。

(19) The open bronchus sign, in which the

bronchus supplying a collapsed lung, lobe or segment is normal on bronchography, tomography, or bronchoscopy, indicates the peripheral variety of collapse and thereby excludes bronchogenic carcinoma.

通畅支气管征，就是供应不张的一侧肺、肺叶或肺段的支气管，在支气管造影、体层摄影或支气管镜检是正常的，从而指明肺不张是周围性的，也就可排除支气管癌。

(20) The air crescent or meniscus sign is a crescent-shaped radiolucent shadow at the periphery of a mass lesion of the lung.

新月形空气或半月征是指肺肿块内的外周有一新月形透亮影。

(21) Acute radiation pneumonitis typically appears on radiographs as diffuse or hazy densities with loss of lung volume.

急性放射性肺炎典型的X线表现为弥漫的或模糊的阴影，并伴有肺容积减少。

(22) In general, chronic lung disorders include conditions characterized clinically by respiratory symptoms or signs of weeks' to months' duration, and radiologically by diffuse, patchy areas of increased density and/or radiolucency, frequently with prominent hilar components.

一般来说，慢性肺部病变包括：在临床方面，以呼吸

道症状或体征延续数周至数月为特征的疾病,在X线方面,以密度和/或透明度增高的弥漫或斑片状区域,通常伴有肺门增大为特征的疾病。

(23) The free pleural air, located anterior and medial to the left lung, displaces the lingula posteriorly and laterally so that one is seeing the compressed lingula "on end" (parallel to the central ray).

位于左肺前内方的胸腔游离气体使舌叶向后外方移位,因此我们看到的是被压缩的舌叶的轴位相(与中心射线平行)。

(24) If a lung nodule develops in a child with cancer, can this nodule be assumed to be a metastasis? In an attempt to answer this question, we reviewed 90 cases of cancer in children.

儿童癌肿患者,如果肺部出现结节阴影,能否判断这就是转移灶呢?为了回答这个问题,我们复习了90例儿童癌肿病例。

(25) Pulmonary lymphangiectasis may be the result of dilatation and ectasia of the pulmonary lymphatics due to incompetent valves or agenesis

肺淋巴管扩张症可能是由于瓣膜机能不全或发育不全所致肺淋巴管的扩张和膨胀。

(26) For unknown reasons, *Streptococcus pneumoniae* and *Klebsiella pneumoniae* tend to localize peripherally on the alveolar epithelium

beneath the visceral pleura where they incite an early and often severe hemorrhagic edema.

链球菌肺炎和肺炎杆菌肺炎，好发于外周脏层胸膜下的肺泡上皮，而且常常早期在此引起严重的出血性水肿，其原因还不清楚。

(27) In summary, pulmonary lymphangiectasis should be considered in a patient with Noonan syndrome, reticulonodular pattern in lung fields similar to increased pulmonary vascularity, and physical or hemodynamic findings of pulmonary stenosis and/or atrial septal defect.

简言之，Noonan综合征患者，肺野如有类似于肺纹理多的网织结节影，并有肺动脉狭窄和/或房间隔缺损的体征或血液动力学的表现时，应考虑有肺淋巴管扩张。

(28) This report describes the unique clinical features and finding in the chest radiograph before and after surgery in four patients with Noonan syndrome, pulmonary lymphangiectasis, and cardiac disease.

本文描述4例Noonan综合征，肺淋巴管扩张和心脏病患者手术前后独特的临床表现和胸部X线所见。

(29) The radiographic finding in desquamative interstitial pneumonitis are not sufficiently distinctive at any stage that the diagnosis could be made or excluded without pulmonary biopsy.

脱屑性间质性肺炎的X线表现，在任何阶段均无足够

的特征性，因此不作肺活检就不能肯定或否定诊断。

(30) During resolution, the segment or lobe may shrink as radiolucencies appear within the consolidation. The probable explanation for this is that consolidation clears faster from alveoli than smaller bronchi and bronchioles resulting in a peripheral form of atelectasis.

在消散期，实变范围内出现透亮区，肺段或肺叶可能缩小，其原因可能是实变的消散，肺泡比小支气管和细支气管快，因而引起周围型肺不张。

(31) Extensive parenchymal necrosis may heal slowly over a period of weeks or months; bacterial pneumatoceles usually resolve rapidly.

广泛的实质坏死可能在数周或数月的期间内缓慢痊愈；而细菌性肺气囊常消散快。

(32) A 51-year-old man, was noted to have a right lung nodule and a left paravertebral mass. As part of the work-up of the nodule, a bronchogram was performed that demonstrated left lower lobe bronchiectasis. The nodule was a calcified histoplasma.

51岁，男，发现右肺有一结节和左椎旁肿块，作为结节检查的组成部分，施行支气管造影证实左下叶支气管扩张。结节为钙化的组织胞浆菌瘤。

(33) A 50-year-old woman, had a long history of recurrent pneumonias. A bronchogram

demonstrated collapse of the left lower lobe due to bronchiectasis.

50岁，女，有长期反复发作肺炎的病史，支气管造影证明由于支气管扩张而导致的左下叶肺萎陷。

(34) A 42-year-old woman, had persistent productive cough. Chest radiographs revealed a left paravertebral soft-tissue mass (Fig. 1). The remainder of the left lung was relatively oligemic. The radiographic findings were misinterpreted as an aortic aneurysm, which was ruled out by aortogram. At thoracotomy a collapsed left lower lobe was resected. Pathologic findings demonstrated bronchiectasis with abscess formation.

42岁，女，有持续咳痰史。胸片示左侧椎旁有软组织块影（图1）。左肺其余部分肺血较少，X线所见曾误认为主动脉瘤，后经主动脉造影排除，胸廓切开术切除了萎陷的左下叶，病理所见证实为支气管扩张伴脓肿形成。

(35) Normal hilar lymph nodes are too small to be recognized as separate structures on hilar tomograms. The presence of enlarged lymph nodes within the hilum, whether single or multiple, unilateral or bilateral, represents a pathologic state and can result from malignancy, inflammatory disease, or sarcoidosis.

正常肺门淋巴结太小，以致不能在肺门体层片上作为

单独的结构而认出。肺门内出现增大的淋巴结，无论是单发或多发，一侧或双侧，均属病理状态，而且可能由于恶性肿瘤、炎性疾病或结节病所致。

(36) Often, hilar adenopathy is obvious on the ordinary chest roentgenogram and needs no further study. However, hilar tomography is helpful in evaluating the size and extent of enlarged nodes, in determining whether the adenopathy is unilateral or bilateral when this is not obvious by ordinary on chest roentgenogram, and in demonstrating calcification within enlarged nodes.

在常规胸片上，肺门淋巴结肿大常常是明显的，不必进一步检查，但肺门体层摄影对估价肿大淋巴结的大小和范围、确定肿大淋巴结是双侧或单侧（当常规胸片不明显时）、以及证实增大淋巴结内的钙化是有帮助的。

(37) Nodal enlargement associated with sarcoidosis usually presents a typical roentgenographic appearance of bilateral symmetric hilar and paratracheal adenopathy. Tomograms show multiple distinct nodular densities in the bronchial angles. The nodes are not calcified, and the bronchial tree is unaffected.

两侧对称性肺门和气管旁淋巴结增大，通常是结节病典型的X线表现。体层片示支气管角有多个清楚的结节状密度增加影。淋巴结无钙化，支气管树不受累。

(38) Malignant adenopathy usually results from metastasis or lymphoma. Tomograms demonstrate one or more enlarged, usually well defined, nodular densities without cavitation or calcification.

恶性淋巴结增大常为转移癌或淋巴瘤所致。体层摄影通常能显示一或多个增大的、界限清楚的致密而无空洞或钙化形成的结节阴影。

(39) A tomographic study demonstrates the "target calcification" of a benign granuloma. This is one form of calcification in pulmonary nodules that is a dependable indicator of benignity.

体层摄影显示良性肉芽肿的“靶状钙化”，这是肺结节钙化的一种形式，是良性病变的可靠标志。

(40) The chest film demonstrated multiple bilateral pulmonary metastases with left mediastinal adenopathy. Oral cholecystography showed an opacified gallbladder containing two radiolucent defects of an unusual nature. One might represent a stone, but the other was fixed in the neck of the gallbladder and did not change position. Cholecystectomy and laparotomy were performed. Pathological examination of the gallbladder revealed multiple polypoid masses varying from 2 to 25mm in diameter, some