查單號:U120576663

Clinical Information:

Follow-up for post-operative changes and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Right upper Lobe :

There is focal interlobular thickening over the right upper lobe. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

There are no surrounding ground-glass opacities, consolidative changes, or cavitations.

No evidence of fluid collections or abscesses.

Comparison:

Comparing with the previous study from 2023/12/18, the focal interlobular thickening and surgical stitch

retention appear stable. No new abnormalities or significant interval changes are observed.

Other Lung Fields:

A part solid nodule in LLL,size 16.3mm,response comparing 2023/12/18

Mediastinum and Hila:

No mediastinal or hilar lymphadenopathy. The heart and great vessels are unremarkable.

Pleura and Chest Wall:

No pleural effusions or pneumothoraces. The chest wall appears intact without masses or deformities.

internal fixation plate over left clavicle.

Impression:

1.Focal interlobular thickening with adjacent surgical stitches in the right upper lobe, consistent with

post-operative changes. This appears stable when compared to the prior study from 2023/10/18

2. response of a nodule in LLL ( from 35mm change to now 16mm)

Recommendation:

Continue clinical follow-up. Biopsy check or imaging study may be warranted in 3 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120586821

Clinic information:

Adenocarcinoma of sigmoid colon s/p

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1. Stable,comparing previous CT.(2023/6/29)

2. No evidence of pulmonary metastases in a patient with a history of colon cancer status

post-surgical resection.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120576314

Clinical History:

Patient with pathologic staging pT1bN0 adenocarcinoma, status post video-assisted thoracoscopic surgery

with S6 sparing LLL lobectomy.

Follow-up CT for ground-glass opacities in the left upper lobe, previously noted on 2023/12/14.

Technique:

A non-contrast computed tomography scan of the chest was performed.

Findings:

Left Upper Lobe:

Stable of ground-glass opacities,comapring 2023.12./14 in the left upper lobe

Left Lower Lobe:

Post-surgical changes are noted in the left lower lobe consistent with prior lobectomy.

No new focal lesions or abnormalities are identified in the residual lung parenchyma.

Remaining Lung Parenchyma:

The right lung and remaining left lung parenchyma appear unremarkable.

No evidence of consolidation, new nodules, or pleural effusions.

Mediastinum and Hilar Regions:

The mediastinal structures are within normal limits.

No significant lymphadenopathy or pathologic enlargement of the hilar lymph nodes.

Impression:

1.Stable of ground-glass opacities,comapring 2023.12./14 in the left upper lob

2.Post-surgical changes in the left lower lobe consistent with prior lobectomy, without evidence of recurrent disease.

Continued monitoring and follow-up imaging

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120584286

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

a dense nodule in RML size 3.5mm

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: atherosclerotic changes in coronary artery

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

1. atherosclerotic changes in coronary artery

2. a dense nodule in RML size 3.5mm

follow-up in 12 months may be appropriate to confirm stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120578937

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lung:

brochiectasis and honeycombing in bilateral lower lung,

UIP usualy interstitial pneumonia.

IPF idiopatic pulmonary fibrosis.

2.Mediastinum: Subcentimeter mediastinal lymph nodes, likely reactive in nature given their size.

3.Vessels: unremarkable.

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

- Atherosclerotic plaues in coronary artery,aortic arch .

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

7.Others:liver,spleen,kidneys and pancrease unremarkable.

IMPRESSION:

1.brochiectasis and honeycombing in bilateral lower lung of UIP usualy interstitial pneumonia.

Stable,comparing 2023/09/19

2.Atherosclerotic plaues in coronary artery,aortic arch .

3.Cardiomegaly.

clinical correlation and cardiac ultrasound is recommended.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120584921

Procedure:

Non-contrast CT scan of the chest.

Findings:

Lungs:

LUL: There is a dense opacity measuring 2.3 cm with adjacent linear infiltration.

RUL:There is opacity measuring 1.0 cm with adjacent linear infiltration.

RML,MLL and LLL : Linear infiltrations, likely fibrosis, are observed in these regions.

A suspicious clip is noted in the RML.

Emphysematous changes are present in both lungs.

Mediastinum:

Subcentimeter lymph nodes are noted in the mediastinum. These are non-specific and likely reactive.

Vasculature:  
  
Atherosclerotic plaques are noted in the aortic arch,

IMP:

1.Dense opacity with adjacent linear infiltration in the left upper lobe, measuring 2.3 cm and

opacity 1.0 cm with Linear infiltrations in RUL.

2.Suggestive of fibrosis in the right middle lobe, right lower lobe, and left lower lobe.

3.Suspicious clip noted in the right middle lobe.

4.Emphysematous changes in both lungs.

5.Atherosclerotic plaques in the aortic arch.

Further clinical correlation and follow-up imaging may be warranted to monitor these findings.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120581412

Study Type: Non-Contrast CT of the Chest

Findings:

Left lower lung: A 5mm small juxtapleura nodule in LLL.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

1.Stable chest ,comparing 2023/07/03.

2.A 5mm small juxtapleura nodule in LLL.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120590638

TECHNIQUE:

Non-contrast CT of the chest was performed.

FINDINGS:

Right,Left lower Lobe:

There is an area of consolidation in the RLL,LLL , characterized by increased attenuation and air bronchograms.The consolidation involves a significant portion of pneumonia.

No evidence of cavitation or necrosis within the consolidation.

There is infiltration in right middle lung.

Other Lobes:

The right upper lobe, right lower lobe, and left lung appear clear, with no evidence of consolidation, nodules, or masses.

Pleura:

Right,Left pleural effusion or pneumothorax.

Mediastinum:

The mediastinal structures, including the heart and great vessels, appear unremarkable.

No evidence of mediastinal lymphadenopathy.

Bones:

No evidence of acute fracture or destructive bony lesion.

IMPRESSION:

1.Consolidation in the RLL,LLL lobe, suspicious for pneumonia.

2.Rt,Lt pleura effusion.

3.infiltration in right middle lung,likely infection or inflammatory change.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====.

檢查單號:U120547124

Procedure: Non-contrast CT of the Chest

Clinical History:

colon cancer

Evaluation for pulmonary pathology.

Findings:

Lungs:

Multiple nodules present in both lungs, with the largest nodule measuring 11.7 mm in the right lower lobe

A cavity lesion with a thick wall measuring 55.4 mm in the right upper lobe.

No mass lesions observed in the mediastinum.

Cardiovascular:

Atherosclerotic plaques present in the coronary arteries.

Impression:

1.Multiple pulmonary nodules, the largest being 11.7 mm in the right lower lobe.

2.Thick-walled cavity lesion in the right upper lobe measuring 55.4 mm; R/O includes infectious, inflammatory, or metastasis processes.

3.Atherosclerotic plaques in the coronary arteries.

Recommendations:

Consideration of further imaging, such as PET-CT or biopsy, to characterize the nodules and

the cavity lesion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120576321

Clinic information:

LLL adenocarcinoma, pT3N0 post VATS LLL lobectomy

Technique:

Axial imaging of the chest was obtained without the administration of contrast.

FINDINGS:

1.Lungs:

LLL adenocarcinoma, pT3N0 post VATS LLL lobectomy

Right lower lung : There is a 8.5 mm GGO in the RLL lobe,stable comparing 2023/09/25.

Left lower lung: There i suspicious a new GGO in LLL,size 8.3mm.

2,Mediastinum:

Lymph Nodes: some subcentimeter lymph nodes are noted in the mediastinum. None of the nodes

exceed the size criteria for abnormal enlargement.

3.Vessels: Atherosclerotic changes are evident in the coronary arteries,aortic arch.

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

spur formation.

IMPRESSION:

1.LLL adenocarcinoma, pT3N0 post VATS LLL lobectomy

2.A 8.5 mm GGO in the RLL lobe,stable comparing 2023/09/25.

3.Suspicious a new GGO in LLL,size 8.3mm.need follow up.

4.Atherosclerotic changes in the coronary arteries.

suggest follow up 6ms.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

查單號:U120577171

Study Type: Non-Contrast CT of the Chest

Findings:

Left lower Lobe :

A ground-glass opacity (GGO) measuring 4 mm is noted in the LLL. There has been no change in the size

or appearance of this GGO compared to the previous CT scan performed in 2022/11/29. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Left lingular lobe:

linear infiltration in left lingular lobe,likely post inflammatoy change.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

1.Stable GGO measuring 6.5 mm in the RUL with no change since the previous CT scan in 2022/11/29.

2.left lingular lobe,likely post inflammatoy change.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120577460

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 6.5 mm is noted in the RUL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/07/24. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

Stable GGO measuring 6.5 mm in the RUL with no change since the previous CT scan in 2023/07/24.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120578789

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

recticular infiltration in RML.

2. Mediastinum:

No mediastinal or hilar lymphadenopathy meeting size criteria for abnormality.

3.Vessels: unremarkable.

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

recticular infiltration in RML.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120577357

Clinical Information:

LUL adenocarcinoma, pT2aN0 post VATS LUL lobectomy + LLL wedge resection

Follow-up for post-operative changes and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Left lung:

There is focal interlobular thickening over the left upper.lower lobe. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

There are suspicious a small ground-glass opacities,size 3mm,in LUL

Comparison:

Comparing with the previous study from 2023/03, the focal interlobular thickening and surgical stitch

retention appear stable. No new abnormalities or significant interval changes are observed.

Other Lung Fields:

No additional nodules, masses, or significant parenchymal changes are noted in the remaining lung fields.

Mediastinum and Hila:

No mediastinal or hilar lymphadenopathy. The heart and great vessels are unremarkable.

Pleura and Chest Wall:

No pleural effusions or pneumothoraces. The chest wall appears intact without masses or deformities.

Impression:

1.Focal interlobular thickening with adjacent surgical stitches in the right lower lobe, consistent with

post-operative changes. This appears stable when compared to the prior study from 2024/03/07

2.a small ground-glass opacities,size 3mm,in LUL

Recommendation:

Continue clinical follow-up. Another imaging study may be warranted in 6 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120547390

Clinic information:

Adenocarcinoma of sigmoid colon,s/p laparoscopic sigmoidectom

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

No evidence of pulmonary metastases in a patient with a history of colon cancer status post-surgical resection.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120577488

Clinical Information:

RUL/LUL adenocarcinoma, mpT1bN0 post VATS LUL lingual lobectomy

Follow-up for post-operative changes and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Right ,Left upper lung:

There is focal interlobular thickening over the right upper,left upper lobe.

Adjacent to this area, surgical stitches are visualized, consistent with previous

operative intervention.

There are surrounding infiltration and ground-glass opacities in LLL,likely post operative

intervention chnage. suggest 3-6ms follow up.

Mediastinum and Hila:

No mediastinal or hilar lymphadenopathy. The heart and great vessels are unremarkable.

Pleura and Chest Wall:

No pleural effusions or pneumothoraces. The chest wall appears intact without masses or deformities.

Impression:

1.Focal interlobular thickening with adjacent surgical stitches in the right and left upper lobe, consistent with post-operative changes. This appears stable when compared to the prior study from 2024/01/01.

2.surrounding infiltration and ground-glass opacities in LLL,likely post operative

intervention chnage. suggest 3-6ms follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120546720

Clinical History: Status post colon cancer surgery.

Follow-up for previously noted lung changes.

Comparison: CT chest dated 2024/03/18

noncontrast CT of chest

Findings:

Lungs and Pleura:

GGO opacities in both lung,stabel comparing 2024/03/18

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

Atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1. GGO opacities in both lung,but stable comparing 2024/03/18.

2. atherosclerotic plaues in coronary artery.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120577472

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 4 mm is noted in the RUL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/12/18. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

Stable GGO measuring 4 mm in the RUL with no change since the previous CT scan in 2023/12/18.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ==

查單號:U120577183

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 6.0 mm is noted in the LLL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/08/21. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

atherosclerotic plaues in coronary artery.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

1.Stable GGO measuring 6.0 mm in the LLL with no change since the previous CT scan in 2023/08/21

2. atherosclerotic plaues in coronary artery.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120577138

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right lower lung small GGO and small juxtapleura nodule (all smaller than 6mm)

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

Right lower lung small GGO and small juxtapleura nodule (all smaller than 6mm)

follow-up in 12 months may be appropriate to confirm stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====