檢查單號:U120606060

CLINICAL INFORMATION:

Progressive shortness of breath.

Technique:

Axial multi-detector computed tomography images of the chest were obtained without contrast.

Findings:

Honeycombing:

Honeycombing changes are identified bilaterally in both the upper and lower lobes.

These changes are more pronounced in the lower lung zones.

Pulmonary Vessels and Heart:

- Atherosclerotic plaues in coronary artery,aortic arch.

mediastinum:

No mediastina or hilar lymphadenopathy meeting size criteria for abnormality.

Impression:

1.Extensive honeycombing changes observed bilaterally in both upper and lower lung lobes,

with a more dominant presentation in the lower lobes. This radiographic pattern raises

concerns for an underlying interstitial lung disease, such as idiopathic pulmonary fibrosis

or another fibrotic interstitial pneumonia.

3.Atherosclerotic plaues in coronary artery,aortic arch. clinical correlation is recommended.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120612212

NOn- Contrast-enhanced CT of the chest

Findings:

Lung Parenchyma:

Right Middle Lobe Nodules: Multiple nodules in the right middle lobe, with the largest measuring 1.6 cm. Associated interstitial infiltration suggests an inflammatory or infectious etiology.

Cardiovascular Structures:

Atherosclerotic plaques are noted in the coronary arteries and the aortic arch.

Mediastinum and Hilar Structures:

The mediastinal contours are within normal limits.

No significant lymphadenopathy or abnormal mediastinal masses are identified.

Pleura and Chest Wall:

There are no pleural effusions or pneumothorax. The chest wall appears intact.

Bony Thorax:

The visualized portions of the ribs, spine, and sternum appear unremarkable, with no evidence of acute fractures.

Impression:

1.Right Middle Lobe Nodules: Multiple nodules in the right middle lobe, with the largest measuring 1.6 cm. Associated interstitial infiltration suggests an inflammatory or infectious etiology. Further evaluation with clinical correlation and follow-up imaging is recommended.

2.Atherosclerotic plaques are noted in the coronary arteries and the aortic arch.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120596752

Clinical Indication: falling down,weakness

Examination: Non-contrast CT of the chest

Findings:

Heart and Great Vessels:

The heart is cardiomegaly with atherosclerotic plaques within the coronary arteries.

The aortic arch shows prominent atherosclerotic changes with the largest diameter

measuring 5.2 cm, indicative of aortic arch dilation.

Lungs:

There is a GGO measuring 18.6 cm located in the LLL ,R/O an inflammatory or infectious process, interstitial disease, or other causes and warrants further clinical correlation.

Subpleural reticulation is observed in the right and left lower lungs,suspicious interstitial lung disease or fibrosis.

Pleura:  
  
No significant pleural effusion or pneumothorax is noted.

Mediastinum:  
  
The mediastinal structures appear within normal limits without evidence of mass or lymphadenopathy.

Bones:  
  
The visualized bony structures, including the ribs, thoracic spine, and clavicles, show no evidence of fractures or destructive lesions.

Others:

Hepatic and bilateral renal cystic hypodesity lesions,suggest contrast CT check.

suspicious RLQ mass ,R/O colon tumor,need abdomen CT check.

IMP:

1.Cardiomegaly with prominent atherosclerotic plaques in the coronary arteries and aortic arch. The aortic arch diameter is significantly enlarged, measuring up to 5.2 cm.

2.Large ground-glass opacity in the left lower lobe measuring 18.6 cm. Differential considerations include inflammatory, infectious, or interstitial processes.

3.Subpleural reticulation in the right and left lower lungs, suggestive of interstitial lung disease or fibrosis.

4.Hepatic and bilateral renal cystic hypodesity lesions,suggest contrast CT check.

5.Suspicious RLQ mass ,R/O colon tumor,need abdomen CT check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120601532

Study Type: Non-Contrast CT of the Chest

Findings:

Right Lower Lobe:

Subpleural reticulation is noted in the right lower lobe,suggestive of interstitial changes, which may

be consistent with early interstitial lung disease or fibrosis.

Mediastinum and Hila:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

atherosclerotic plaues in coronary artery.

Pleura,

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

1.Subpleural reticulation in the right lower lobe, indicative of interstitial changes,

possibly early interstitial lung disease or fibrosis.

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:U120605992

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right lung

Multiple nodules in the right upper and lower lobes with the largest ill-defined lesion in the right lower lobe measuring 2.6 cm and in the right upper lobe measuring 2.0 cm and 1.6 cm, concerning for a differential including metastatic disease, granulomatous infection, or primary lung neoplasm.

Left lung

Multiple nodules in the left upper lobe, with the largest nodule measuring 0.9 cm, and associated reticular infiltration, which may represent an metastatic disease of inflammatory change.

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: no atherosclerotic changes are evident in the coronary arteries.

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:

margin spur formation of T spine.

IMPRESSION:

1.Multiple nodules in the right upper and lower lobes with the largest ill-defined lesion in the right lower lobe measuring 2.6 cm and in the right upper lobe measuring 2.0 cm and 1.6 cm, concerning for a differential including metastatic disease, granulomatous infection, or primary lung neoplasm.

2.Multiple nodules in the left upper lobe, with the largest nodule measuring 0.9 cm, and associated reticular infiltration, which may represent an metastatic disease of inflammatory change.

suggest PET CT or biopsy check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120612312

Clinic information:

TOUGNE CNACER S/P,esophageal T2N0M0G2 SCC, s/p.

Non-contrast CT of the chest

Findings:

Lungs and Pleura:

Linear infiltrates are observed within right lower lobes of the lungs.

These changes are consistent with post-inflammatory changes, possibly related to the patient's recent

surgery and/or chemoradiotherapy.

No discrete lung lesions or nodules are identified.

Stable of comparing previous 2023/07/10 CT.

Mediastinum and Esophageal Bed:

The mediastinum appears stable with no evidence of a mass or lymphadenopathy.

Post-surgical changes are noted in the esophageal bed consistent with subtotal esophagectomy

and gastric tube reconstruction.

No evidence of anastomotic leak or significant fluid collection.

Cardiovascular Structures:

atherosclerotic plaues in coronary artery.

Bones and Soft Tissues:

The bony thorax and chest wall structures appear intact with no evidence of lytic or blastic lesions.

Impression:

1.Linear infiltrates in right lower lobes, likely post-inflammatory in nature and related to recent surgical and

chemoradiotherapy history.

2.No evidence of recurrent disease in the mediastinum or lungs on this non-contrast CT scan.

3.Stable of comparing previous 2023/07/10 CT

Recommendations:

Oncologic follow-up is advised to monitor.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120614892

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 8.5 mm is noted in the RUL. There has been mild increasing size

and dense of this GGO compared to the previous CT scan performed in 2024/03/05.suggest follow up.

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:

A ground-glass opacity (GGO) measuring 8.5 mm is noted in the RUL. There has been mild increasing size

and dense of this GGO compared to the previous CT scan performed in 2024/03/05.

Suggest 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:U120611433

Clinical Information:

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

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Rightupper Lobe (RUL):

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

surgical stitches are visualized, consistent with previous operative intervention.

Comparison:

Comparing with the previous study from 2023/7/03, the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

Small( < 6mm) GGO in RLL,LUL.

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 2023/7/03.

2.Stable of small GGO in RLL,LUL.

Recommendation:

Continue clinical follow-up. Another imaging study may be warranted in 12 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120611812

Type: Non-contrast CT of the Chest

Clinic information:

Follow-up post right VATS anterior mediastinal tumor excision, pericardectomy, and right middle lobe wedge resection; assessment of response to treatment.

Comparison:Previous CT Date: 2024/03/18

Findings:

Mediastinum:Post-surgical changes are noted in the anterior mediastinum consistent with the previous right VATS anterior mediastinal tumor excision and pericardectomy.No evidence of recurrent thymoma

in the anterior mediastinum.

Mediastinal lymph nodes are enlarged compared to the previous study, suggesting reactive or residual changes.

Lungs:The right middle lobe shows post-surgical changes consistent with previous wedge resection.  
There is a smaller consolidation in the RLL compared to the previous CT.The consolidation appears reduced in size, indicating a positive response to treatment.

Pleura:No pleural effusion or pneumothorax is identified.  
Post-surgical changes at the pleural surface are noted, consistent with pericardectomy and prior interventions.

Other Findings:Heart size is within normal limits. Mild atherosclerotic plaues in coronary artery.

Impression:

1.Post-surgical changes in the anterior mediastinum,No evidence of recurrent thymoma.

2.Mediastinal lymph node enlargement compared to the previous study, suggesting reactive or residual changes.

3.Decreased consolidation in the right lower lobe, indicating a positive response to treatment.

Recommendation:  
  
Continue clinical follow-up and consider further imaging if clinically indicated.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120608834

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

Fractures of the right 3rd-4th,5-7th ribs ribs with suspicious flail chest.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the right 3rd-4th,5-7th ribs with suspicious flail chest.

Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120547238

Technique:

Non-contrast computed tomography of the chest was performed using standard protocols.

Findings:

Rt breat area : a soft tissure mass in Rt breast,size 2.2cm.

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy noted.

Lungs:

No masses, nodules, or cavities are identified in the lungs. The bronchial tree appears unremarkable.

No evidence of pneumothorax of lung.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

The visualized osseous structures of the chest are unremarkable without evidence of acute fractures

or destructive lesions.

Impression:

1. Rt breast mass.suggest mammography and sono check.

2. Atherosclerotic plaues in coronary artery,aortic arch.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120594959

NOn- Contrast-enhanced CT of the chest

Findings:

Lung Parenchyma:

linear infiltration is noted in the right middle lobe . This finding may be related to chronic inflammatory changes or previous infections. (se/im 202/47)

Cardiovascular Structures:

Mild cardiomegaly is observed and Atherosclerotic plaques are noted in the coronary arteries and the aortic arch.

Mediastinum and Hilar Structures:

The mediastinal contours are within normal limits.

No significant lymphadenopathy or abnormal mediastinal masses are identified.

Pleura and Chest Wall:

There are no pleural effusions or pneumothorax. The chest wall appears intact.

Bony Thorax:

The visualized portions of the ribs, spine, and sternum appear unremarkable, with no evidence of acute fractures.

Impression:

1.Mild bronchiectasis in the RML and linear infiltration in the left lower lung, potentially related to chronic inflammatory processes.

2.Mild cardiomegaly and atherosclerotic changes in the coronary arteries and aortic arch, which may contribute to the patient's symptoms of dyspnea.

3.No evidence of acute pulmonary infection, significant pleural effusion, or pulmonary embolism.

Recommendations:

Pulmonology follow-up for the management of bronchiectasis and evaluation of chronic respiratory symptoms.

Cardiology consultation for the assessment of cardiomegaly and coronary artery disease, including potential further evaluation

of cardiac function and risk factor management.

Clinical correlation for the linear infiltration in the left lower lung, and consideration of follow-up imaging if there is a change

in symptoms or concern for progression.

Regular monitoring and follow-up as indicated based on the patient’s clinical course.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120603556

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Perilobular consolidation with central ground-glass opacities in the left upper lobe measuring 3.9 cm, suggestive of an infectious or inflammatory process such as organizing pneumonia.

Multifocal opacities in the right middle lobe, right lower lobe, left lower lobe, and left lingular lobe, measuring approximately 2.0-3.0 cm, consistent with multifocal pneumonia or another diffuse inflammatory process.

2,Mediastinum:

Lymph Nodes: no enlarged lymph nodes are noted in the mediastinum.

3.Vessels and Heart : cardiomegaly atherosclerotic changes are evident in the coronary arteries.

4.Pleural Spaces:

No pleural effusion or thickening.

5.Bones & Soft Tissue:

margin spur formation of T spine.

IMPRESSION:

1.Perilobular consolidation with central ground-glass opacities in the left upper lobe measuring 3.9 cm, suggestive of an infectious or inflammatory process such as organizing pneumonia.

2.Multifocal opacities in the right middle lobe, right lower lobe, left lower lobe, and left lingular lobe, measuring approximately 2.0-3.0 cm, consistent with multifocal pneumonia or another diffuse inflammatory process.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120605417

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity 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 2023/11/14,suggest 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.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120612134

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Left upper Lobe : Small GGO (<6mm) is identified in the LUL,LLL lung .

Right lower lung: a solid nodule in RLL size 4.3mm( se/im 202/47)

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:

Left upper Lobe : Small GGO (<6mm) is identified in the LUL,LLL lung .

Right lower lung: a solid nodule in RLL size 4.3mm( se/im 202/47)

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:U120577936

Clinic information:

rectosigmoid colon with obstruction and paraaortic lymph nodes metastasis,

pT4aN2aM1a,(6/32), TD(-), stage IVA, s/p laparoscopic

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:U120606118

Technique:

Non-contrast computed tomography of the chest was performed using standard protocols.

Findings:

Focal atelectasis in RML and brochiectasis in RML.

Nodules in RUL,size 3.7cm,3cm. suggest follow up.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy noted.

Lungs:

No masses, nodules, or cavities are identified in the lungs. The bronchial tree appears unremarkable.

No evidence of pneumothorax of lung.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

The visualized osseous structures of the chest are unremarkable without evidence of acute fractures

or destructive lesions.

Impression:

1.Focal atelectasis in RML and brochiectasis in RML.

2.Nodules in RUL,size 3.7cm,3cm. suggest follow up.

3.Atherosclerotic plaues in coronary artery,aortic arch.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120599785

NOn- Contrast-enhanced CT of the chest

Findings:

Lung Parenchyma:

Infiltrates and consolidation are present in the right left lower lung and with pleura effusion.

Cardiovascular Structures:

Mild cardiomegaly is observed and No Atherosclerotic plaques are noted in the coronary arteries.

Mediastinum and Hilar Structures:

The mediastinal contours are within normal limits.

No significant lymphadenopathy or abnormal mediastinal masses are identified.

Pleura and Chest Wall:

There are mild pleural effusions or pneumothorax.

The chest wall appears intact.

Bony Thorax:

The visualized portions of the ribs, spine, and sternum appear unremarkable, with no evidence of acute fractures.

Others:

Bil renal stones are note.

Impression:

1.Infiltrates and consolidation,likely pneumonia in the right,left lower lung and with pleura effusion.

2.Mild cardiomegaly.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120594935

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A 13.0 mm ground-glass opacity (GGO) is identified in the right upper lobe.

A 14.0 mm ground-glass opacity is identified in the right lower lobe.

A 8.3 mm ground-glass opacity 8.3mm is identified in the left lobe.

2,Mediastinum:

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

exceed the size criteria for abnormal enlargement.

3.Vessels: atherosclerotic changes in coronary 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:

1.A 13.0 mm ground-glass opacity (GGO) is identified in the right upper lobe.

2.A 14.0 mm ground-glass opacity is identified in the right lower lobe.

3.A 8.3 mm ground-glass opacity 8.3mm is identified in the left lobe.

4. atherosclerotic changes in coronary vessel

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120506014

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

OPacity in RUL,size 18.6mm Clinical correlation is advised, and further evaluation

may be considered to rule out any underlying pathology,such as infection or neoplastic changes.

2,Mediastinum:

Lymph Nodes: no enlarged lymph nodes are noted in the mediastinum.

3.Vessels and Heart :

no cardiomegaly atherosclerotic changes are evident in the aortic arch,

4.Pleural Spaces:

No pleural effusion or thickening.

5.Bones & Soft Tissue:

margin spur formation of T spine.

IMPRESSION:

1.OPacity in RUL,size 18.6mm Clinical correlation is advised, and further evaluation

may be considered to rule out any underlying pathology,such as infection or neoplastic changes.

2.atherosclerotic changes are evident in the aortic arch,

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====