檢查單號:U120551276

Technique:

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

Findings:

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

Multiple nodules in the right upper lobe, the largest measuring 8 mm with surrounding infiltration. Differential diagnosis includes infection, inflammation, or malignancy. Further evaluation is recommended.

Calcified nodule in the left lower lobe, measuring 0.4 mm, likely representing a benign granuloma.

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.Multiple nodules in the right upper lobe, the largest measuring 8 mm with surrounding infiltration. Differential diagnosis includes infection, inflammation, or malignancy. Further evaluation is recommended.

2.Calcified nodule in the left lower lobe, measuring 0.4 mm, likely representing a benign granuloma.

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:U120648238

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 9-11th ribs,left 5th ribs ribs with suspicious right 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.

The liver,spleen outline smooth,if clinic check R/O laceration ,need contrast check

Left renal hypodesity lesion,size 1.4cm ,sono follow up.

Impression:

Fractures of the right 9-11th ribs,left 5th ribs ribs with suspicious right flail chest.

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

Left renal hypodesity lesion,size 1.4cm ,sono follow up.

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:U120634973

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right Upper Lobe (RUL): There is a small 3mm GGO in the right upper lobe.

Linear inflitration in Left lingular lobe,likely post inflammatory chnage.

2,Mediastinum:

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

3.Vessels:

no atherosclerotic changes are noted 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:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

2.5 mm solid nodule in the right upper lobe. Depending on risk factors and prior imaging,

this may warrant short-term radiologic follow-up to ensure stability.

4.No mediastinal or hilar lymphadenopathy.

RECOMMENDATIONS:

Right Upper Lobe (RUL): There is a small 3mm GGO in the right upper lobe.

Linear inflitration in Left lingular lobe,likely post inflammatory chnage.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120590275

Clinic information:

Adenocarcinoma of cecum, cTisN0M0, stage 0 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.

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:U120634218

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Bilateral ground-glass opacities more prominent in the lower lobes ,non-specific finding,

but need to R/O infectious processes, inflammatory conditions, and other interstitial lung diseases.

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: Atherosclerotic plaues are noted in abdomen aorta.

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:

Bilateral ground-glass opacities more prominent in the lower lobes. This pattern is non-specific

need R/O infectious processes, inflammatory conditions, and other interstitial lung diseases.

Clinical correlation and possibly further imaging or follow-up may be warranted to elucidate the underlying etiology.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120605355

Clinic information:

with a known history of colon cancer, has been admitted for adjuvant chemotherapy

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.

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:U120634044

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Lung: unremarkable.

2. Mediastinum:

No mediastinal or hilar lymphadenopathy meeting size criteria for abnormality.

3.Vessels: unremarkable.

4.Pleural Spaces:

No pleural effusion or thickening.

5.Hear:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

no acive lung lesion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ===

檢查單號:U120628832

Procedure: Contrast-Enhanced CT Scan of the Chest

Clinical Information:

cough with yellowish sputum and throat tickles and wheezing for 3 days.

Findings:

Right Upper Lobe : A 2.1\*1.1cm solid,not irregular nodule in RUL.

concerning for a neoplastic process or other etiology.

Mediastinal Lymph Nodes: subcentimeter lymph nodes are present in the mediastinum.

These nodes are within normal size limits but warrant correlation with clinical findings

due to the presence of a spiculated lung nodule.

atherosclerotic plaues in coronary artery,aortic arch.

Impression:

1. A 2.1\*1.1cm solid,not irregular nodule in RUL.concerning for a neoplastic process or other etiology. Recommendation for further evaluation with a contrast CT scan or/and possible biopsy.

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:U120590363

Clinic information:

Adenocarcinoma of ascending colon, pT4aN1bM0, stage IIIB,

s/p laparoscopic right hemicolectomy

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.

Atherosclerotic plaues in coronary artery with suspicious left decending a. with stent.

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 2023/11/09.

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

post-surgical resection.

3. Atherosclerotic plaues in coronary artery with suspicious left decending a. with stent.

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:U120629966

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Lung: unremarkable.

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:

no active lung lesion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120634939

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right Upper Lobe (RUL): There is a 7 mm well-circumscribed solid nodule in the right lower lobe.

right Lower Lobe (LLL): A 3.6 mm ground-glass opacity (GGO) is identified in the right lower lobe.

2,Mediastinum:

Lymph Nodes: Multiple 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. Specific vessels show

mild to moderate calcific plaques.

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:

Stable of RLL lung GGO.

RECOMMENDATIONS:

suggest 12 months may be considered to evaluate the stability of the GGO

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120589721

Clinic information:

Clinic information:

Adenocarcinoma of ascending colon with liver metastasis, pT4aN2bM1a, (7/24), TD(+),

stage IVA, RAS: wild type, s/p laparoscopic right hemicolectomy and partial hepatectomy.

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 2024/04/12.

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:U120577791

Clinic information:

Adenocarcinoma of transverse colon , pT2N0M0,(0/21), TD(-),

stage I s/p laparoscopic right hemicolectomy

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.

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

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:U120589545

Clinic information:

RUL,adenocarcinoma, cT4N2M1b,s/p

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 lung:

There is a mass lesion in the right upper lobe measuring approximately 3.1 cm in greatest dimension. DEcrasing change in size compared to prior imaging studies,comparing 2023/08/14.

There is a large right-sided pleural effusion,

Comparison:

Comparing with the previous study from 2023/08/14, stable.

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.stable of right chest when compared to the prior study from 2023/08/14 .

2. atherosclerotic plaues in coronary artery.

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:U120635093

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small ground-glass opacity (<4mm) is identified in the right upper lung .

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:

Stabe,small ground-glass opacity in theright upper lobe.

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:U120636307

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small ground-glass opacity size 5.6mm is identified in the right upper lung .

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:

A small ground-glass opacity size 5.6mm is identified in the right upper lung

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:U120644434

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A 4.2 mm ground-glass opacity (GGO) is identified in the left lower lobe.

2,Mediastinum:

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

exceed the size criteria for abnormal enlargement.

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:

A 4.2 mm ground-glass opacity (GGO) is identified in the left lower lobe.

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:U120635612

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A partsolid lesion,size 13mm is identified in the right upper lung .

A small 5.4mm GGO in RLL.

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:

atherosclerotic plaues in coronary artery.

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

1.A partsolid lesion,size 13mm is identified in the right upper lung .

need clinic check or suggest biopsy check.

2.A small 5.4mm GGO in RLL.

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

3.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:U120635178

Study: Non-contrast CT Chest

Technique: Multi-detector non-contrast axial CT images of the chest were acquired.

Findings:

Left Upper lobe : A 9mm opacity is noted in the left upper lobe,,likely post inflammatory change

Mediastinum: There are no discernible mass lesions in the mediastinum.

Structures including the heart, great vessels, trachea, and major bronchi appear unremarkable based on

the provided information.

Impression:

A 9mm opacity is noted in the left upper lobe,likely post inflammatory change

suggest follow up 6-12m CT.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120634978

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.

Comparison:

Comparing with the previous study from 2023/01/02 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 2023/01/02

2.No new or concerning lung abnormalities are identified.

Recommendation:

Continue clinical,imaging follow-up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120640258

Clinic information:

after eating cake with OHCA noted,

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1. Lung:

Opacities in the RUL, RLL, LLL, and left lingular lobe, with bilateral pleural effusions

and partial collapse of both lower lobes,suggestive of bilateral pneumonia with associated

effusions and atelectasis.

2.Mediastinum: No mediastinalor hilar lymphadenopathy meeting size criteria for abnormality.

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: multiple hypodesity lesions in liver.

IMPRESSION:

1.Atherosclerotic plaues in coronary artery,aortic arch .

2.Opacities in the RUL, RLL, LLL, and left lingular lobe, with bilateral pleural effusions

and partial collapse of both lower lobes,suggestive of bilateral pneumonia with associated

effusions and atelectasis.

3.multiple hypodesity lesions in liver. need sono check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120634947

CLINICAL INFORMATION:

CT: bilateral bronchiectasis.

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

There are infiltration, small nodules in the RLL left lingular lobe of lung and

brochiectasis in both lower lung.

small juxtapleura nodules in both apical lobe.

2,Mediastinum:

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

3.Vessels:

no atherosclerotic changes are noted 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:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

1.infiltration, small nodules in the RLL left lingular lobe of lung and

brochiectasis in both lower lung.suggest post inflammatory change.

2.small juxtapleura nodules in both apical lobe. stable comparing 2023/11/22,

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120628497

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 4.2 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 2019. 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 4.2 mm in the RUL with no change since the previous CT scan in 2019.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120506256

Clinic information:

cT3N0M0, stage IIA, s/p CCRT with grade 1 regression, ypT2N0M0,

TD(-), stage I s/p laparoscopic TME, ISR and loop ileostomy

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 s

tatus 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:U120640017

Clinic information:

Clinical History:  
The patient has a history of hypertension, currently managed with Cilostazol.

There is also a history of colonic polyps and a recent positive fecal immunochemical test (FIT).

NOn-contrast CT finding

Lungs:

Mild subpleural infiltration observed in both lower lobes and left lingular of the lungs.

No evidence of nodules, masses, or cavitary lesions.

No pleural effusion or pneumothorax.

Mediastinum:

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

exceed the size criteria for abnormal enlargement.

Vessels: No atherosclerotic changes in greast vessel

Pleural Spaces:

No pleural effusion or thickening.

Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

Mild subpleural infiltration observed in both lower lobes and left lingular of the lungs.

R/O early interstitial lung changes or mild inflammatory/infectious processes.

clinic and imagings follow-up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====