檢查單號:U120652186

Findings:

Mediastinum:

Postoperative changes are noted in the right anterior mediastinum consistent with recent VATS resection of an anterior mediastinal mass. There is no discrete mass lesion identified in the mediastinum to suggest residual thymoma. However, due to the limitations of non-contrast imaging, small foci of disease cannot be completely excluded.

Cardiovascular:

atherosclerotic plaues in coronary artery, aortic arch.

Lungs:

There is consolidation in the right lower lobe ,satable comparing 2024/03/25, R/O

postoperative atelectasis,

Impression:

1.Postoperative changes in the right anterior mediastinum following VATS resection of an anterior mediastinal tumor, with no clear evidence of residual thymoma on non-contrast imaging.

2.Atherosclerotic plaques within the coronary arteries

3.Consolidation in the right lower lobe, satable comparing 2024/03/25,R/O

postoperative atelectasis, clinic check and imaging follow up 3-6ms .

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120659273

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small desne nodule is identified in the RML lung .

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: atherosclerotic plaues 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. A small desne nodule is identified in the RML lung.

2. Atherosclerotic changes incoronary artery.

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:U120669434

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:

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:

Atherosclerotic plaues in coronary artery,aortic arch..Clinical correlation for further

evaluation such as echocardiography may be necessary.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120655203

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 6th- 11th ribs with suspicious flail chest.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

Subpleural reticulation in the Rt lungs, suggestive of post inflammatory change

or early interstitial lung disease

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 6th- 11th ribs with suspicious flail chest.

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

Subpleural reticulation in the Rt lungs, suggestive of post inflammatory change

or early interstitial lung disease

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120675793

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Bronchiectasis with associated opacity in the right middle lobe, left lingular segment, right lower lobe, and left lower lobe. The pattern suggests chronic inflammatory changes with possible superimposed infection.

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:

Bronchiectasis with associated opacity in the right middle lobe, left lingular segment, right lower lobe, and left lower lobe. The pattern suggests chronic inflammatory changes with possible superimposed infection.

clinic and 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:U120652253

Clinic information:

Adenocarcinoma, moderately differentiated VATS RLL lobectomy

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 lower Lobe :

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

surgical stitches are visualized, consistent with previous operative intervention.

Comparison:

Comparing with the previous study from 2019/01/06, 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 2019/01/06,

2.No new or concerning lung abnormalities are identified.

Recommendation:

Continue clinical and 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:U120562681

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:unremarkable.

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

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:

There is a suspicious spur and possible tear at the right clavicle near

the sternum-clavicle junction.

IMPRESSION:

suspicious spur and possible tear at the right clavicle near

the sternum-clavicle junction. need clinic check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120601273

Clinic information:

Adenocarcinoma of rectum with obstruction , pT3N0M0,

stage IIA s/p laparscopic TME 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:

1. Stable,comparing previous CT 2023/11/27.

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:U120605484

Clinic information:

Clinic information:

s/p Anoplasty on 1130122

Adenocarcinoma of rectum s/p CCRT with pelvic wall invasion, ypT4bN0M0, (0/27), stage IIC, s/p Robotic laparoscopic total mesorectal exc

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.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.ision with intersphincteric resection, pull through coloanal anastomosis (Turnbull Cutain method).

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120666456

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Fatty density lesion in the left lower chest wall, measuring 4.8 cm x 1.5 cm, likely a lipoma.

Ground-glass opacity in the right lower lobe measuring 5 mm.

Infiltration of LLL,likley post inflammatory or infection change.

No evidence of pleural effusion, pneumothorax.

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:

1. Fatty density lesion in the left lower chest wall, measuring 4.8 cm x 1.5 cm, likely a lipoma.

2. Ground-glass opacity in the right lower lobe measuring 5 mm.

3. Infiltration of LLL,likley post inflammatory or infection change.

Recommendations:

Follow-up imaging, such as a high-resolution CT or repeat CT chest, in 6-12 months to monitor the GGOs for any changes in size or appearance.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120651804

Clinic information:

esophageal SCC. s/p neoadjuvant CCRT.

Non-contrast CT of the chest

Findings:

Lungs and Pleura:

GGO in the right middle lobe measuring 17 mm, with additional GGO opacities and linear infiltration in the right lower lobe,R/O an inflammatory or infectious process or radiation-induced changes. Clinical correlation and possible follow-up imaging are recommended.

Post-treatment Changes: Changes in the middle third of the esophagus consistent with neoadjuvant CCRT for esophageal cancer, without evidence of discrete mass or significant wall thickening.

comparing previous 2024/03/11 CT: additional GGO opacities and linear infiltration in the right lower lobe,R/O an inflammatory or infectious process or radiation-induced changes

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.

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. Stable GGO in the right middle lobe measuring 17 mm.

2.A dditional GGO opacities and linear infiltration in the right lower lobe, R/O an inflammatory or infectious process or radiation-induced changes. Clinical correlation and possible follow-up imaging

are recommended.

2.Changes in the middle third of the esophagus consistent with neoadjuvant CCRT for esophageal cancer, without evidence of discrete mass or significant wall thickening.

Recommendations:

clinic and imaging follow-up suggest.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120666363

Clinic information:

A patient of lung cancer, adenocarcinoma, cT4N1M0, stage IIIa.

EGFR wild type s/p neoadjuvant chemotherapy

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 lunng :

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

surgical stitches are visualized, consistent with previous operative intervention.

There are \infiltration in RLL,stable comparing 2024/01/03

Comparison:

Comparing with the previous study from 2024/01/03, 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 2024/01/03.

2.No new or concerning lung abnormalities are identified.

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:U120652061

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Stable of 6.5mm,3.5mm GGO in the right middle,lower lobe.

No associated cavitation or calcifications.

2,Mediastinum:

Lymph Nodes: None of the nodesexceed 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:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

Stable of 6.5mm,3.5mm GGO in the right middle,lower lobe.

this may warrant 6ms- 1yr radiologic follow-up to ensure stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120652018

Clinical Information:

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

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Left Lower Lobe (LLL):

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

surgical stitches are visualized, consistent with previous operative intervention.

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 over the left lower lobe. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

2. lineat infiltration in LLL ,likely post inflammatory change of post s/p.

Recommendation:

Continue clinical follow-up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120514299

Clinical History:

Known case of colon cancer, evaluation for pulmonary metastasis.

Comparison made with prior CT dated 2023/09/15

Technique: Contrast-enhanced CT of the chest.

Findings:

Pulmonary Metastasis:

Multiple pulmonary nodules are visualized in both lungs, consistent with metastatic deposits.

These nodules are spread throughout all lobes

Comparison with the prior CT 2024/03/27 reveals an stable in both the size and number of these nodules.

Other Findings:

No significant mediastinal, hilar, or axillary lymphadenopathy.

The trachea and major bronchi are unremarkable.

No pleural effusion or thickening noted.

No evidence of osseous metastasis in the visualized portions of the thoracic spine.

Impression:

1.Stable pulmonary metastasis from known colon cancer with an stable in both size and number

of metastatic nodules when compared to the prior study of CT 2024/03/27

2.Absence of lymphadenopathy and pleural involvement.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120659215

CLINICAL INFORMATION:

cough and DOE

Technique:

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

Findings:

Interseptal Thickness:

There is notable thickening of the interlobular septa throughout the lung fields.

Honeycombing:

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

These changes are more pronounced in the left 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.Bilateral interlobular septal thickening.

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

with a more dominant presentation in the left 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:U120652521

Clinic information:

Cough with some sputum.

Adenocarcinoma of RS colon with obstruction, pT3N0M0,

s/p laparoscopic LAR and 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.

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 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:U120652892

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 active lung lesion. suggest regular follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120652233

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 4.6mm ( se/im 202/37) is identified in the right lower lung.

A small small juxtapleura nodule in RUL.

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:

1.A small ground-glass opacity 4.6mm ( se/im 202/37) in the RLL.

2.A small small juxtapleura nodule in RUL. ( se/im 202/15)

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:U120568967

Clinic information:

1. Adenocarcinoma of sigmoid colon, pT2N0M0,(0/25),TD(-), stage I,

moderately differentiated, s/p laparoscopic sigmoidectomy

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:U120668233

CLINICAL INFORMATION:

Cough with scanty sputum for months after getting COVID-19 infection in 2024/4.

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

GGO in right upper lung ( se/im,202/13)

Linear infiltration in LLL and focal brochus dilated.

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.GGO in right upper lung ,size 9mm( se/im,202/13),suspicious post inflammatory change.follow up.

2.Linear infiltration in LLL and focal brochiectasis , suspicious post inflammatory change.

3.atherosclerotic changes in coronary artery.

follow-up in 6- 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:U120667340

NOn- Contrast-enhanced CT of the chest

Findings:

Lung Parenchyma:

Linear infiltrates are present in the RML,left lingular.

This pattern is suggestive of post inflammatory.

Cardiovascular Structures:

No cardiomegaly is observed. atherosclerotic plaues in coronary artery.

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.Linear infiltrates are present in the RML,left lingular,suggestive of post inflammatory.

2. atherosclerotic plaues in coronary artery.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====