檢查單號:U120697727

Clinic information:

Adenosquamous carcinoma, pT1cN0M0, stage IA, s/p VATS RUL 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 upper Lobe (RUL):

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 2023/07/24, the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

No additional nod檢查單號:U120695744

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 left 4-6th ,11-12th ribs.R/O with flail chest.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

Linear infiltration,likely post inflammatory change in both lower lung.

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.

Atherosclerotic plaues in coronary artery.

Others:

No free air under the diaphragm.

Impression:

Fractures of the left 4-6th ,11-12th ribs.R/O with flail chest.

Linear infiltration,likely post inflammatory change in both lower lung.

Atherosclerotic plaues in coronary artery.

Marginal spur formation at the thoracic spine

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 ====

ules, 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 upper lobe, consistent with

post-operative changes. This appears stable when compared to the prior study from 2023/07/24.

2.No new or concerning lung abnormalities are identified.

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:U120700293

Clinical Information:

Evaluation of the chest for trama

Technique:

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

Findings:

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy, or abnormal enhancement noted.

The trachea, major vessels, and heart appear unremarkable.

Lungs:

OPacity in RLL and inflitration in both lower lung,likely infection or inflammatory chnage.

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.

Others:

There is GB stones wall thickness and adjacent fatty strand,likley acute cholecystitis.

Impression:

1.OPacity in RLL and inflitration in both lower lung,likely infection or inflammatory chnage.

2.GB stones wall thickness and adjacent fatty strand,likley acute cholecystitis.

Clinical correlation and follow-up imaging might be warranted based on symptoms and clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120682713

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 is identified in the left upper lung .

A small nodule in RLL is noted.

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:

Stable of A small ground-glass opacity in LUL and A small nodule in RLL is noted.

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:U120641745

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:

There is mild infiltration in RLL,LLL,likely inflammatory or infection chnage.

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.mild infiltration in RLL,LLL,likely inflammatory or infection chnage.

2.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:U120697754

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Left upper Lobe : A small GGO (<4mm) is identified in the left upper lung ( se/im 204/55)

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 :

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

A small GGO (<4mm) is identified in the left upper lung ( se/im 204/55)

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:U120697720

Clinical Information:

a case of rectum cancer s/p

Follow-up for pulmonary left upper hamartoma post-operative changes and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Left upper lung:

There is focal interlobular thickening over the left 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 2024/01/04, the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

Emphysema change of lung is noted.

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.

Others:

atherosclerotic plaues in coronary artery is noted.

Impression:

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

post-operative changes. This appears stable when compared to the prior study from 2024/01/04.

2.No new or concerning lung abnormalities are identified.

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:U120696210

Technique:

A noncontrast-enhanced computed tomography scan of the chest was performed

Findings:

Pleura:

Pleural Effusion: There is right,left pleural effusion,prominent in right side.

Lungs:

There is infiltration in right ,lower lung.

mediastinum:

No lymphadenopathy is observed. Lymph nodes within the mediastinum.

Cardiomegaly with atherosclerotic plaues in coronary artery.

Mild pericardiac effusion with thickness of pericardium noted,suggest cardiac sono.

Impression:

1.Bilateral pleural effusion,

2.Cardiomegaly with atherosclerotic plaues in coronary artery.

3.Mild pericardiac effusion with thickness of pericardium noted,suggest cardiac sono.

Recommendation:

Further clinical correlation is recommended to identify the underlying cause of the effusion.

As mentioned above. Please clinic check 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:U120698977

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Left Lower Lobe (LLL): A 5 mm nodule is identified in the left lower lobe.Stable ,comparing 2024/04/01

and improving previous perifocal infiltration.

left lower lung infiltration ,likely post infection.( se/im 202/32)

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:

1.A 5 mm nodule is identified in the left lower lobe.Stable ,comparing 2024/04/01

and improving previous perifocal infiltration.

2.left lower lung infiltration ,likely post infection.( se/im 202/32)

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120697773

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 lung :

There is focal interlobular thickening over the left 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 2024/02/26, 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.Comparing with the previous study from 2024/02/26, the focal interlobular thickening and surgical stitch retentionin left lung appear stable

2.No new or concerning lung abnormalities are identified.

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:U120699216

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A linear band like opacity in RMl,stable comparing of 2023/09/11.

A small nodule in RML size 3.3cm

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 linear band like opacity in RMl,stable comparing of 2023/09/11.

A small nodule in RML size 3.3cm

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:U120673846

Clinic information:

colonancer admitted for salvage 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.

Emphysema change of upper lung is noted.

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.

atherosclerotic plaues in coronary artery.

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.Mild subpleural fibrotic change over bil.lower lungs, r/o post-inflammatory change.

2.Emphysema change of upper lung.

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:U120692116

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 7.4mm is identified in the right upper lung .

A small nodule in left lingular lobe,size 3.5mm.

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 ground-glass opacity 7.4mm is identified in the right upper lung .

2. A small nodule in left lingular lobe,size 3.5mm.

3.Atherosclerotic plaues in coronary artery,

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

also suggest cardiac sono.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120707487

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. calcified L.Ns noted.

Lungs:

There are old tuberculosis (TB) infiltrations and opacities observed in the RML and LUL.

These findings are consistent with prior images and remain in a stationary status.

A lesion in the RML is noted and remains unchanged from the previous study.  
Nodular and infiltrative lesions in the LUL are also noted to be stationary without any significant interval change.

Bony Structures:

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

or destructive lesions.

Impression:

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

evaluation such as echocardiography may be necessary.

2.stationary without any significant interval change,comparing of2023/04/25.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120699563

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A solid nodule size size 3.5mm is identified in the RLL lung.

There is no definite subsolid nodule in LLL.

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.

7.Others:

Multiple cystic like lesions in liver and both kidneys,likely polycystic disease.

IMPRESSION:

1.A solid nodule size size 3.5mm is identified in the RLL lung, and

no definite subsolid nodule in LLL.

2. polycystic disease with multiple cytss in liver nd kiekneys.

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:U120701454

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Lungs:

Right middle lobe :Consolidation and bronchiectasis in the RML.

Left lingular lob:Consolidation, bronchiectasis, and interstitial infiltration in the left lingular lobe.

Left lower lobe :Bronchiectasis and interstitial infiltration in the LLL.

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:

suggest chronic airway disease, possibly secondary to previous infections or inflammatory conditions

with consolidation and bronchiectasis in the RML.left lingular lobe and Bronchiectasis and interstitial infiltration in the LLL.

suggest 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:U120605883

noncontrast CT of chest

Findings:

Lungs and Pleura:

A GGO in RUL.size 5.3mm,suggest follow up.

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. Stable,comparing previous CT 2023/02/11.

2. A GGO in RUL.size 5.3mm,suggest follow up.

3. 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:U120698272

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:

GGO in LUL 4mm,left lower lung 9.3mm

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

evaluation such as echocardiography may be necessary.

2.GGO in LUL 4mm,left lower lung 9.3mm regular 12ms follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120684633

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

1. Lung: 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: atherosclerotic plaues in coronary artery.

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.

7.Others:

Left adrenal small gland nodule,seem stable comparing previous CT 2021/10/07

IMPRESSION:

1.atherosclerotic plaues in coronary artery.

2.Left adrenal small gland nodule,seem stable comparing previous CT 2021/10/07

a follow-up chest CT in 12 months may be considered to evaluate the

stability of the pulmonary nodules.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120699358

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 4.5mm is identified in the left lower lung .

A small nodule 4mm 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:

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 4.5mm in LLL.

A small nodule 4mm in RLL.

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:U120688453

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 12.1 mm is noted in the LUL with change and not visible,compared to the previous CT scan performed in 2024/03/22 . This suggests post inflammatory change.

A small dense nodule 3mm.Stable comparing in 2024/03/22.

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.previous GGO in LUL change to not visible.

2.a small dense nodule with stable,comparing 2024/03/22.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120699207

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 upper Lobe :

There is focal interlobular thickening over the left upper 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.

atherosclerotic plaues in coronary artery.

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 LUL lobe, consistent with

post-operative changes.

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:U120686484

Clinic information:

liver HCC with TAE

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Solitary nodule in RLL: A 5.8 mm nodule in the right lower lobe. Given its small size, recommend follow-up imaging to monitor for any changes in size or characteristics.

Areas of GGO in the right lower lobe, likely post-inflammatory. Correlation with clinical history and symptoms is advised.

Cysts in LLL: Multiple benign-appearing cysts in the left lower lobe.

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.

7. Others: TAE noted in S8 of liver.

IMPRESSION:

1.A 5.8 mm nodule in the right lower lobe. Given its small size, recommend follow-up imaging to monitor for any changes in size or characteristics.

2.A GGO in the right lower lobe, likely post-inflammatory. Correlation and follow up.

3.Multiple benign-appearing cysts in the left lower lobe.

4.TAE noted in S8 of liver.

Recommendations:

Follow-up low-dose CT scan in 6-12 months to assess the stability of the right lower lobe nodule.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====