檢查單號:U120751077

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A solid nodule,size 14.6mm opacity is identified in the RLL lung .

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: 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 solid nodule,size 14.6mm opacity is identified in the RLL lung .

atherosclerotic plaues in coronary artery.

follow-up in 6m 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:U120752833

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

There is an opacity band noted in the left lingular segment. This finding is consistent with potential atelectasis or scarring.

Linear infiltrations are observed in the lower lobes bilaterally and in the right middle lobe .

These infiltrates may represent interstitial lung disease or fibrosis.

Emphysematous changes are present throughout both lungs, characterized by areas of low attenuation

and parenchymal destruction. bullae or large cystic changes are observed in lower lung,left lingual

lung.

2. Mediastinum:

No mediastinal or hilar lymphadenopathy meeting size criteria for abnormality.

3.Great 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.

IMPRESSION:

1.An opacity band noted in the left lingular segment. This finding is consistent with potential atelectasis or scarring.

2.Linear infiltrations are observed in the lower lobes bilaterally and in the right middle lobe .

These infiltrates may represent interstitial lung disease or fibrosis.

3.Emphysematous changes are present throughout both lungs, characterized by areas of low attenuation

and parenchymal destruction.

4.Bullae or large cystic changes are observed in lower lung,left lingual lung.

5.Atherosclerotic plaues in coronary artery.

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=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120750534

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Left lower lobe : A 3 mm ground-glass opacity (GGO) is identified in the RUL,LUL 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.

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

3.Vessels: 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 small ground-glass opacity in the Rt,Lt 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:U120762532

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:

A linear infiltration ,likely fibrotic change or post inflammatory change in RML.

There is subpleural reticulation in right lower lung. post-inflammatory change.

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.A linear infiltration ,likely fibrotic change or post inflammatory change in RML.

2.Subpleural reticulation in right lower lung. post-inflammatory change.

3.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:U120788532

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A 7.8mm ground-glass opacity is identified in the left lingular lobe lung.

A 6.0mm nodule in LLL.

Band like opacity in LLL, likley post inflammatory or infection process.

diffuse centrilobular radiolucencies, suggestive of lung emphysema.

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: atherosclerotic changes in aortic atch.

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:

Fatty change of liver is noted without present of GB stones.

IMPRESSION:

1.A 7.8mm ground-glass opacity is identified in the left lingular lobe lung.

2.A 6.0mm nodule in LLL.

3.Band like opacity in LLL, likley post inflammatory or infection process.

4.Diffuse centrilobular radiolucencies, suggestive of lung emphysema.

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:U120750417

Technique:

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

Findings:

Lungs:

Previous nodule in LLL is changing to linear infiltration.

Linear infiltrates are noted in both lower lungs suggestive of linear atelectasis or indicative

or post inflammatory changes.

Cardiac:

Enlargement of the cardiac with Atherosclerotic plaques are visible in the coronary arteries

Mediastinum:

Mediastinal Structures: The mediastinum appears intact with no evidence of lymphadenopathy or mass effect.

Impression:

1.Linear Infiltrates in both lower lung, Likely represent atelectasis or post inflammatory changes. Clinical correlation

2.Cardiomegaly and Atherosclerotic Coronary Disease.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120751361

Technique:

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

Findings:

Atherosclerotic plaues in coronary artery,aortic arch.

Left thyroid hypodesity lesion,size 1.2cm is noted.

Mediastinum:

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

Lungs:

No masses, nodules, or cavities are identified in the lungs.

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.Left thyroid hypodesity lesion,size 1.2cm

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:U120750405

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 lung :

There is opacity ,suspicious collapse of LLL. with surgical stitch in left lower lobe.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.Partial collapse in LLL with adjacent surgical stitches in the left lower lobe, consistent with

post-operative changes.

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:U120789943

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 3rd 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:

suspicious fractures of the right 3rd rib.clinic check.

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:U120751093

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A solid nodule ,size 10mm is identified in the RML 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 solid nodule ,size 10mm is identified in the RML lung ,

Stable,comparing 2023/07/03.

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:U120751385

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 lung :

There is focal interlobular thickening over the right lower 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 2023/11/27, 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 2023/11/27

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:U120751389

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small dense nodule 2.5mm is identified in the LUL 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 benign calcified dense nodule 2.5mm is identified in the LUL 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:U120750469

Clinic information:

Rt hypopharyngeal squamous cell carcinoma, cT2-3N0M0, cStage III post CCRT..

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 2024/03/19 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

No evidence of anastomotic leak or significant fluid collection.

Cardiovascular Structures:

The heart and major vessels appear normal in size and contour.

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 comparing previous 2024/03/19 CT. and Stable postoperative changes following subtotal esophagectomy and gastric tube reconstruction.

Recommendations:

Oncologic follow-up is advised to monitor for any signs of recurrence of the esophageal carcinoma.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120699516

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- 6th ribs ribs.

suspicious flail chest.need clinic check.

Lungs and Pleura:

right pleural effusion.

No pneumothorax is noted on either side.

There are bullae in both upper lung.

There is reticulat infiltration in RML,RLL.

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:

1.Fractures of the right 3rd-6th ribs with suspicious flail chest.

need clinic check.

2.Right pleura effusion.

3.bullae in both upper lung.

4.reticular infiltration in RML,RLL.

5.atherosclerotic plaues in coronary artery.

6.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 ====

檢查單號:U120771339

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Two nodules in the left upper lobe, measuring 7 mm and 9 mm, with associated linear fibrotic infiltration.  
No evidence of acute COVID-19 related changes such as ground-glass opacities or diffuse alveolar damage.   
Recommendations:  
 Recommend follow-up CT scan in 3-6 months to monitor the stability or changes in the size and characteristics of the nodules.

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.Two nodules in the left upper lobe, measuring 7 mm and 9 mm, with associated linear fibrotic infiltration.

2.No evidence of acute COVID-19 related changes such as ground-glass opacities or diffuse alveolar damage.

Recommendations:

Recommend follow-up CT scan in 3-6 months to monitor the stability or changes in the size and characteristics of the nodules.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120750775

Clinical Information:

Follow-up for Lung, right upper lobe, VATS S2 segmentectomy,adenocarcinoma

Lymph node, mediastinal, dissection ,carcinoma, metastatic ,colon s/p,

and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Right lung :

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

surgical stitches are visualized, consistent with previous operative intervention.Stable,comparing

2023/06/03.

There is increasing a small GGO, .6mm in RLL .

Comparison:

Comparing with the previous study from 2023/06/03, the focal interlobular thickening and surgical stitch

retention appear stable.

There are mediastinum enlarged L.Ns and liver hypodesity lesions,stable comparing 2023/06/03.

Right lower lung:

There is increasing GGO,opacities and brochiectasis in LLL,likely infection but can't

R/O neoplastic process. need follow up. .

Mediastinum and Hila:

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

Others:

Atherosclerotic plaues in coronary artery,aortic arch and abdominal aorta.

Left thyroid lesion,size 3.6cm.No change,comparing previous CT.

Impression:

1.Stable comparing 2023/06/03 of Rt lung ,mediastinum and liver lesions.

2.Increasing a small GGO, .6mm in RLL

3.Increasing GGO,opacities and brochiectasis in LLL, likely infection but can't

R/O neoplastic process. need follow up.

4.left thyroid lesion,sono check.

Recommendation:

Continue clinical follow-up. Another imaging study may be warranted in 3 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120776854

Clinical Information:

Evaluation for trauma

Technique:

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

Findings:

Bony Thorax:

NO ribs fracture. No pneumothorax..

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Lacaration of right post upper back is noted..

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.

No ascites in abdomen.

Impression:

lacaration of right post upper back.

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:U120751163

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 lung.:

Left upper lung wedge resection.

Comparison:

Comparing with the previous study from 2024/01/11.Military nodules decreasing,Favor response.

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:

Favor response. Comparing with the previous study from 2024/01/11 of military nodules decreasing.

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:U120772454

Clinic information:

Stage IVC adenocarcinoma of the sigmoid colon with a history of obstruction and peritoneal carcinomatosis,

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 2024/04/17.

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:U120762717

CLINICAL INFORMATION:

Metastatic melanoma involving the left upper lobe of the lung,liver.

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Metastatic melanoma involving the left upper lobe of the lung, confirmed by biopsy.

Moderate left pleural effusion, likely secondary to metastatic disease.

No improvement indicating disease progression.

2,Mediastinum:

mediastinum enlarged L.Ns.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

left pleural effusion with pin tail..

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.

Others:Left thyroid lesion measuring 2.2 cm, suspicious primary tumor,or metastatic involvement.

Multiple liver metastases consistent with known melanoma.  
No improvement indicating disease progression.

IMPRESSION:

1.Metastatic melanoma involving the left upper lobe of the lung, confirmed by biopsy.

Moderate left pleural effusion, likely secondary to metastatic disease.

No improvement indicating disease progression.

2.Multiple liver metastases consistent with known melanoma.  
No improvement indicating disease progression.

3.Mediastinum L.Ns enlarged,disease progression.

3.Left thyroid lesion measuring 2.2 cm, suspicious primary tumor,or metastatic involvement.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120626476

Clinical Information:

The patient is participating in the LOXO-BTK-20030 CLL study, currently receiving Ibrutinib treatment (140mg daily)

and is on Cycle 8 / Day 1 of the therapy. Ongoing assessments include ECG and tumor evaluations.

Previous Imaging Comparison: CT scan of the chest dated 2023/03/29

Procedure: Contrast-enhanced Computed Tomography of the Chest

Findings:

Lungs:

No lung lesions are identified, indicating no evidence of primary pulmonary pathology or metastatic disease.

Lymph Nodes:

Subcentimeter lymph nodes are noted in the mediastinum. These are within normal size limits and are not significantly enlarged.The largest L.N is 9.1\*6.6mm .

BIl. axillary L.Ns are noted. The largest axillary L.Ns is in left side,size about 11.1\*6.9mm.

Cardiovascular:

A stent is visualized in the left coronary artery, indicative of prior interventional cardiology procedure.

IMPRESSIONS:

Target lesion: Some borderline enlarged lymph nodes and subcentimeter lymph

nodes over bilateral hilar regions, mediastinum and bilateral axillary region.

(greatest diameter: largest 11.1\*6.9mm in axillary region).

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120767976

CLINICAL HISTORY:

Patient presented CHEST PAIN

TECHNIQUE:

Multi-detector computed tomography of the whole body was performed with the administration

of intravenous contrast material of Chest CTA.

FINDINGS:

Chest:

No dissection of aorta.

No cardiomegaly without atherosclerotic plaues in coronary artery.

No pneumothorax.

No mediastinim mass lesion or lymphoadenopathy.

Abdomen:

The liver,spleen outline is smooth.

There is suspicious a tiny stone in left kidney.

Pelvis:

The iliac bones and sacrum appear intact with no evidence of fracture or dislocation.

IMPRESSION:

suspicious a tiny stone in left kidney.

Suggest to correlate with clinical findings and follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120750518

clinical condition:Adenocarcinoma of rectosigmoid colon with liver metastasis,

cT4bN2M1a, stage IVA

compared with 20240229 CT

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.

Linar infiltration in lower lung,likley post inflammatory chnage.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

On port-A in upper chest.

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.Linar infiltration in lower lung,likley post inflammatory chnage.

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:U120756180

CLINICAL HISTORY:

MALAISE THIS MORNING

DIZZINESS

COLD SWEATING, DIARRHEA

TECHNIQUE:

Multi-detector computed tomography of the whole body was performed without the administration

of intravenous contrast material.

FINDINGS:

Chest:

No rib fracture ,no pneumothorax are noted.

Cardiomegaly with atherosclerotic plaues

in coronary artery,aortic arch.

NO active lung mass.

Abdomen:

MUltiple non-enhnaced cysts in liver are noted,largest 13.7cm

Present of GB stones without wall thickness.

There is less enhanced left adrenal gland nodule size 0.8cm ,

Nonenhanced Left renal cysts.

There is wall thickness of rectum.( se/im 603/71).need clinic check.

Spondylosis deformans of the thoracolumbar spine with fixation at L3-5.

Atherosclerotic plaues are noted in abdomen aorta.

Pelvis:

The iliac bones and sacrum appear intact with no evidence of fracture or dislocation.

IMPRESSION:

1.Cardiomegaly with atherosclerotic plaues in coronary artery,aortic arch.

2.MUltiple non-enhnaced cysts in liver ,largest 13.7cm

3.Present of GB stones without wall thickness.

4.less enhanced left adrenal gland nodule size 0.8cm ,

5.Nonenhanced Left renal cysts.

6.wall thickness of rectum.( se/im 603/71).need clinic check.

7.Spondylosis deformans of the thoracolumbar spine with fixation at L3-5.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120764015

Technique:

Axial imaging of the chest was obtained without and with contrast.

FINDINGS:

1.Lungs:

Right Upper Lobe :

The right upper lobe demonstrates a honeycomb-like pattern, indicative of advanced pulmonary fibrosis.  
Additionally, there are areas of consolidation within the right upper lobe, which may represent superimposed infection or inflammatory process.

The right upper lobe bronchus is noted to be filled with mucus, suggesting a possible obstructive process or infection.Also,the right lower brochus compressed with RLL collapse.

Left lung:There are significant emphysematous changes noted in the left lung.

Pleural Effusion:

A suspicious encapsulated chronic pleural effusion is observed in the right lung, size 21.5 cm in size.  
The effusion has a thick wall and shows some enhancement post-contrast administration, which likley of chronicity and may raise concerns for an underlying infection or malignancy.

On endotracheal tube in place. On port-A in upper chest.

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..Bones & Soft Tissue:

margin spur formation of T spine.

IMPRESSION:

1.Emphysematous changes are seen in the left lung.

2.Suspicious Honeycombing and consolidation in the right upper lobe, consistent with advanced fibrotic changes and potential superimposed infection.

3.Suspicious encapsulated chronic pleural effusion in the right lung with areas of enhancement, which warrants further investigation to exclude infectious or malignant causes.

4.Mucus plugging in the right upper lobe bronchus, likely secondary to an obstructive or infectious process and right lower brochus compressed with RLL collapse.

5.On endotracheal tube in place. On port-A in upper chest.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120732841

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,GGO size 3.7mm is identified in the RML lung .

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

or early interstitial lung disease

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,GGO size 3.7mm is identified in the RML lung .

2.Subpleural reticulation in the Rt,Lt lower lungs, suggestive of post inflammatory change

or early interstitial lung disease

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:U120779422

Clinic information:

colon cancer s/p ,admitted for salvage chemotherapy

Clinical History:

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

A contrast CT of the abdomen was performed

Findings:

The contrast CT of the abdomen reveals the following findings:

Postoperative Changes:

The patient has a history of colon cancer and has undergone surgery with an anastomosis in the sigmoid colon.

The surgical site and anastomosis are visualized, and no evidence of local recurrence is identified.

Rt lung surgical wire noted,without nodules in lung.

A post RF of left hepatic low desity lesion is observed, without enhanced lesions in liver.

Abdominal Lymph Nodes:

No lymphadenopathy or enlarged lymph nodes are detected in the abdominal region.

The periaortic and mesenteric lymph nodes appear within normal limits.

Atherosclerotic plaues are noted in abdomen aorta.

Impression:

1.Stable ,comparing 2024/03/14 CT .

Further clinical follow-up and coordination with the oncology team are recommended

for the continuation treatment.

2.Atherosclerotic plaues are noted in abdomen aorta.

3.Small non-enhanced cystsin liver and right kidney.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120765193

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.

Abdomen:

No free air, No ascites.

The liver,spleen ,kindeys,GB are unremarkable. .

Atherosclerotic plaues are noted in abdomen aorta.

Impression:

Atherosclerotic plaues in coronary artery,aortic arch,abdomen aorta.

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:U120789231

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

No active lung lesion.

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.

7. Others:atrophy chnage of left kidneys and margin spur of L spine.

IMPRESSION:

1. NO cardiomegaly,No atherosclerotic plaues in coronary artery.

2. Atrophy chnage of left kidneys and margin spur of L spine.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120698375

CLINICAL INFORMATION:

breast cancer s/p

Technique:

Axial imaging of the chest was obtained with contrast.

FINDINGS:

1.Lungs:

A small nodule size 3mm is identified in the LUL 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 nodulesize 3mm is identified in the LUL lung

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 ====