檢查單號:U120804333

Clinic information:

LEFT CHEST PAIN GOT WORSE TODAY

Study Type: Non-Contrast CT of the Chest

Findings:

Lung:

Bronchiectasis in the left upper lobe and left lower lobe, accompanied by reticular infiltration, suggesting chronic infection or inflammation. The small opacity in the left lingular lobe may

represent a sequela of chronic disease or a small focus of infection/inflammation.

Bronchiectasis in the right upper lobe with a small juxtapleural nodule measuring 12 mm.

The nature of this nodule should be further evaluated to exclude malignancy.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

atherosclerotic plaues in coronary artery.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

internal fixation plate over left clavicle,left 4th-7th.

Impression:

1.Bronchiectasis in the left upper lobe and left lower lobe, accompanied by reticular infiltration, suggesting chronic infection or inflammation. The small opacity in the left lingular lobe may

represent a sequela of chronic disease or a small focus of infection/inflammation.

2.Bronchiectasis in the right upper lobe with a small juxtapleural nodule measuring 12 mm.

The nature of this nodule should be further evaluated to exclude malignancy.

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:U120808404

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.left subphrenic region

Fatty-density masses with spot calcifications in the left subphrenic region, stable in size and appearance compared to the previous scan from 2023/10/22.

2,Mediastinal Lymphadenopathy:

Enlarged mediastinal lymph nodes, with the largest measuring 17 mm. Further evaluation may be required to determine the underlying cause.

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:

1.Fatty-density masses with spot calcifications in the left subphrenic region, stable in size and appearance compared to the previous scan from 2023/10/22.suggest follow up to monitor the stability.

2.Mediastinal lymphadenopathy with the largest measuring 17 mm. Further evaluation may be required to determine the underlying cause

3.No pulmonary lesions.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120808181

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 (< 6mm) is identified in the left lower 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:

small GGO in the left lower lung,stable,comparing 2023/05/29.

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:U120819877

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

A nodule in LLL,size 4.5mm.

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 nodule in LLL,size 4.5mm.

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:U120624103

Clinic information:

Adenocarcinoma of ascending colon, pT2N0M0,

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

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.

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

or early interstitial lung disease

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.

2.Subpleural reticulation in the Rt lower 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:U120804669

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 4.2mm is identified in the RUL 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:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

1.small ground-glass opacity in the lung,

2.atherosclerotic plaues in coronary 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:U120807737

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 left 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:

small ground-glass opacity 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:U120819514

Technique:

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

Findings:

Heart and great vessel:

Mild cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Lungs:

A 5.8 cm thick-walled cavity with internal opacities in the right middle lobe, suggestive of a necrotic infection, abscess, or cavitating neoplasm.

Bronchiectasis with miliary nodules in the right lower lobe, indicative of a chronic infectious or inflammatory process, possibly granulomatous disease.

An opacity in the left upper lobe, which requires further evaluation to determine the underlying cause.

Bronchiectasis in the left lower lobe, consistent with chronic inflammatory or infectious etiology.

Mediastinum:

L.Ns,largest 1.6cm in pretrachea area, raising concerning neoplastic meta,reactive L.N.

need close follow up.

Pleura:

right pleural effusion or pneumothorax.

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.

2.A 5.8 cm thick-walled cavity with internal opacities in the RML, suggestive of a necrotic infection, abscess, or cavitating neoplasm.

3.Bronchiectasis with miliary nodules in the RLL , indicative of a chronic infectious or inflammatory process, possibly granulomatous disease or neoplastic metastasis.

4.An opacity in the LUL, which requires further evaluation to determine the underlying cause.

5.Bronchiectasis in the left lower lobe, consistent with chronic inflammatory or infectious etiology.

6. Right pleural effusion, which may be secondary to infection, inflammation, or malignancy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120820896

Technique:

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

Findings:

Heart and great vessel:

NO Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

Emphysema change of lung.

There is a right-sided pneumothorax with partial collapse of the right lung. The pneumothorax appears to be moderate in size and extends from the apex to the base of the right lung. There is no evidence of tension pneumothorax as the mediastinum is not shifted.

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.Emphysema change of lung.

2.right-sided pneumothorax with partial collapse of the right lung. The pneumothorax appears to be moderate in size and extends from the apex to the base of the right lung.

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:U120822478

Technique:

A non-contrast CT scan of the chest was performed. Axial images were obtained.

Findings:

Lungs:

Right Middle Lobe: There is a not well-defined lesion measuring approximately 3.4 cm in the RML.

which may suggest an infectious, inflammatory, or neoplastic process.

Mediastinum:

Calcified lymph nodes are present in both the hilar and mediastinal regions.

This finding is consistent with prior granulomatous disease or neoplastic.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Others: a hypodesity cystic lesion in Rt liver 1.0cm.

Impression:

1.A not well-defined lesion measuring approximately 3.4 cm in the RML,likley infectious, inflammatory,

or neoplastic process. Further evaluation with contrast-enhanced imaging or biopsy may be necessary

for definitive characterization.

2.Calcified lymph nodes are present in both the hilar and mediastinal regions.

This finding is consistent with prior granulomatous disease or neoplastic.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120820192

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 multiple ribs with suspicious flail chest.

Lungs and Pleura:

Right pneumothorax is noted.

There is evidence of GGO in right lung,LLL ,likely contrusion hemorrhage,

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

atherosclerotic plaues in coronary artery.

Normal size and configuration of the cardiac silhouette.

Others:

On endotracheal tube in place.

No free air under the diaphragm.

Impression:

1.Fractures of the right multiple ribs with suspicious flail chest.

2.Right pneumothorax

3.GGO in right lung and LLL ,likely contrusion hemorrhage,

4.Atherosclerotic plaues in coronary artery.

5.On endotracheal tube in place.

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:U120829727

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 clavicle , 2nd-8th ribs ribs with suspicious flail chest.

Lungs and Pleura:

Left pleural effusion.

Left pneumothorax is noted.

There is opacity of LUL, likely partial collapse change of LUL.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Atherosclerotic plaues in coronary artery.

Others:

No free air under the diaphragm.

GB stones.

Impression:

1.Fractures of the left clavicle , 2nd-8th ribs ribs with suspicious flail chest,

need clinic check.

2.Left pleural effusion.

3.Left pneumothorax

4.opacity of LUL, likely partial collapse change of LUL.

5.Atherosclerotic plaues in coronary artery.

6. GB stones.

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:U120807292

Clinical Information: Post VATS S1-3 LUL segmentectomy for adenocarcinoma.

Chest CT without contrast

Findings:

Lungs:

Post-Surgical Changes: Evidence of recent surgery with stitch artifact in the left upper lobe (LUL).

No residual neoplastic lesions evident in the LUL post segmentectomy.

Atypical Cystic Lesions:

Right Lobe : Atypical cystic lesions ,the max measuring 32.0 mm in RML 23.0mm and 31mm in RLL

Left Lower Lobe : Atypical cystic lesion measuring 45.0 mm.

There lesions are no definite change ,compaing 2023/12/18

Emphysematous Changes: Noted in both lung, suggestive of chronic obstructive pulmonary disease changes.

or other etiology.

There is a therosclerotic plaues in coronary artery, aortic arch

Abdominal Findings:

Bilateral Renal Cysts: Multiple simple cysts observed in both kidneys.

Left liver hypodesity lesion.

Impression:

1.Post-surgical changes in the left upper lobe following VATS segmentectomy.

2.Multiple atypical cystic lesions in the lungs, no definite chnage ,compaing 2023/12/18

further evaluation or follow-up may be warranted.

3.Emphysematous changes suggestive of underlying COPD.

4.atherosclerotic plaues in coronary artery, aortic arch

5.Bilateral renal cysts.

6.Left hepatic cystic lesion.

Clinical correlation with prior imaging and further follow-up imaging as clinically indicated.

Sonographic evaluation of the left hepatic cyst for further characterization.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

查單號:U120817172

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

1. 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 pneumothorax of lung.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120811376

Technique:

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

Findings:

Heart and great vessel:

cardiomegaly with calcification in mitral valve.

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.

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.

cardiomegaly with calcification in mitral valve.

suggest cardiac sono check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

查單號:U120807792

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Consolidation with air bronchogram is noted in the RML and the left lingular lobe , suggestive of an infectious or inflammatory process.

Several irregular nodules are identified in the RLL,the largest nodule measures 13.8 mm in diameter.

The irregular morphology raises concern for possible malignancy or granulomatous disease.

Multiple diffuse miliary nodules are present throughout the RML, RLL, LLL, and LUL,consistent with a disseminated process, such as miliary tuberculosis, fungal infection, or metastatic disease.

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:

1.RML and the left lingular lobe,suggestive of an infectious or inflammatory process.

2.Several irregular nodules are identified in the RLL,the largest nodule measures 13.8 mm in diameter.

The irregular morphology raises concern for possible malignancy or granulomatous disease.

3.Multiple diffuse miliary nodules are present throughout Rt,LT lung. R/O miliary tuberculosis,fungal infection, or metastatic disease.

Suggest PET CT,Bronchoscopy with biopsy or sputum analysis to obtain a definitive diagnosis

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120808238

Technique:

A non-contrast CT scan of the chest was performed. Axial images were obtained.

Findings:

Lungs:

No pulmonary nodules, masses, or lesions are identified in either lung.

The lung parenchyma is clear without evidence of consolidation, ground-glass opacities, or interstitial lung disease.

Mediastinum:

The mediastinal structures, including the heart, great vessels, trachea, and esophagus, appear within normal limits.

No mediastinal lymphadenopathy or masses are observed.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.No evidence of lung lesions, consistent with a normal CT appearance of the lung parenchyma.

2.No abnormalities in the mediastinum, including no evidence of lymphadenopathy or mediastinal masses.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120818797

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

RT lower lung consolidation, raising concerning of atelectasis of RLL,infection or other etiology.

No evidence of pneumothorax of lung.

Pleura:

Right pleural effusion with pleura thickness.

Bony Structures:

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

or destructive lesions.

Others:Left thyrois lesion,sono check.

Impression:

1.RT lower lung consolidation, raising concerning of atelectasis of RLL,infection or other etiology.

2.Rt pleura effusion. Consider thoracentesis to confirm the nature of the pleural fluid and to relieve the compressive effect on the left lower lobe.

3. Cardiomegaly with 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:U120826497

CLINICAL INFORMATION:

funnel chest.

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

small juxtapleura nodule in RML.

2,Mediastinum:

Lymph Nodes: none of 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:

small juxtapleura nodule in RML.

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:U120817929

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

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

or early interstitial lung disease.

Cysts are noted in right upper 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.Subpleural reticulation in the Rt lower lungs, suggestive of post inflammatory change

or early interstitial lung disease.

2.Cysts are noted in right upper lung.

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:U120798417

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 :

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

surgical stitches are visualized, consistent with previous operative intervention.

Other Lung Fields:

There is inflitration of RLL,suspicious post inflammatory or infection process.

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 left upper lobe, consistent with

post-operative changes.

2.inflitration of RLL,suspicious post inflammatory or infection process.

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:U120831152

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 6-10th ribs with suspicious flail chest.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the left 6-10th ribs with suspicious flail chest.

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

Recommendation:

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

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====