檢查單號:U120849213

Clinic information:

Clinic information:

Adenocarcinoma of sigmoid colon, pT3N2bM0 stage IIIC s/p

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1. Stable,comparing previous CT.

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

post-surgical resection.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120862296

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right and Left upper Lobe : Three solid nodule size 7.0-10mm are identified in the both upper lobe.

,likely small juxtapleura nodule ,stable compating 2023/07/07 CT .A cyst in RUL noted,size 12mm ,stable comparing 2023/07/07 CT.

2,Mediastinum:

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

exceed 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:

margin spur formation of T spine.

IMPRESSION:

1.Three solid nodules size 7.0-10mm are identified in the both upper lobe.

,likely juxtapleura nodule ,stable compating 2023/07/07 CT .

2.A cyst in RUL noted,size 12mm ,stable comparing 2023/07/07 CT.

RECOMMENDATIONS:

a follow-up chest CT 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:U120902307

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 4th-7th 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:

Fractures of the right 4th-7th 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 ====

檢查單號:U120886433

Technique:

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

Findings:

Heart and great vessel:

orderline heart size.

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.

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:U120877099

Clinic information:

Adenocarcinoma of low rectum, cT3N1M0, stage IIIB s/p neoadjuvant CCRT

and TME with loop ileostomy Liver metastasis s/p RFA

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1. Stable,comparing previous CT.

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

status post-surgical resection.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120895705

Technique:

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

Findings:

Lungs:

Right Middle Lobe : Post-surgical changes are noted in the right middle lobe, consistent with previous subxiphoid VATS. A surgical stitch is visible, along with linear infiltration in the surrounding lung parenchyma, likey post-surgical scarring . There is no evidence of new or recurrent mass.

Mediastinum:

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:

Evidence of surgical stitch and linear infiltration in the right middle lobe following subxiphoid VATS for minimally invasive adenocarcinoma (MIA). These findings are consistent with post-surgical changes and scarring. No evidence of new or recurrent mass.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120897785

Technique:

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

Findings:

Lungs:

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

Mediastinum:

atherosclerotic plaues in coronary artery.

No mediastinal lymphadenopathy or masses are observed.

Pleura and Chest Wall:

No ribs fracture.

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

No evidence of rib fracture.No pneumothorax.

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:U120891341

Technique:

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

Findings:

Lungs:

Linear infiltration in left lingular lobe,likely post inflammatory change.

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

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 ribs fracture.

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.No evidence of rib fracture.No pneumothorax.

2.Linear infiltration in left lingular lobe,likely post inflammatory change.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120872242

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 similar-sized focal opacity, approximately 1.2 cm, is noted in the,right middle lung, left lingular lobe. Differential diagnoses include infectious/inflammatory conditions or neoplastic lesions.

Evidence of bronchiectasis is present in the RLL and LLL,consistent with chronic bronchiectatic changes.

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.Focal opacity, approximately 1.2 cm, is noted in the,right middle lung, left lingular lobe. Differential diagnoses include infectious/inflammatory conditions or neoplastic lesions.

3.Evidence of bronchiectasis is present in the RLL and LLL,consistent with chronic bronchiectatic changes.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120899942

Clinic information:

33-year-old female with a known case of Ovarian Hyperstimulation Syndrome (OHSS).

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:

bilateral pleural effusions .

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1. Bilateralright pleural effusion consistent with the clinical context of OHSS.

2. Moderate ascites noted in the abdomen, consistent with OHSS.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120901019

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A 4mm solid nodule is identified in the right middle lobe.

2,Mediastinum:

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

exceed the size criteria for abnormal enlargement.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

A 4mm solid nodule is identified in the right middle lobe.

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:U120896216

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A 8mm ground-glass opacity is identified in the RLL 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 8mm ground-glass opacity in the RLL 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:U120895790

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 :

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

surgical stitches are visualized, consistent with previous operative intervention.

There are small GGO ,4mm and linear fibrosis noted in LLL.

No evidence of fluid collections or abscesses.

Comparison:

Comparing with the previous study from 2022/07, 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 2022/07.

2.A small GGO and linear fibrosis noted in LLL.

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:U120895810

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 LUL lung .

A small juxtapleura nodule is noted 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:

A small ground-glass opacity is identified in the LUL lung .

A small juxtapleura nodule is noted in RUL.

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:U120883851

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 rightclavicle ,right 2nd-8th 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:

Cardiomegaly with atherosclerotic plaues

in coronary artery,aortic arch.

Others:

No free air under the diaphragm.

Impression:

Fractures of the rightclavicle ,right 2nd-8th ribs with suspicious flail chest.

Cardiomegaly with atherosclerotic plaues in coronary artery,aortic arch.

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:U120895262

Technique:

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

Findings:

Lungs:

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

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 ribs fracture.

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

No evidence of rib fracture.No pneumothorax.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120892693

Technique:

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

Findings:

Lungs:

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

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 ribs fracture.

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

No evidence of rib fracture.No pneumothorax.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120863384

Clinical Information:

Known History of CT-guided biopsy.,diagnosis of lung cancer with bone metastasis.

Contrast-enhanced CT of the chest

Findings:

Lung Mass:

An irregular, less enhanced mass lesion measuring approximately 1.8cm is identified in the left upper lobe.This lesion is favorable response ,comparing 2024/04/08.

Mediastinal Lymph Nodes:

Multiple subcentimeter lymph nodes are noted in the mediastinum.

These are not significantly enlarged but warrant attention in the known malignancy.

Bone Changes:

Stable of Sclerotic changes are seen in the T12 and L1 vertebrae

Gallbladder ,Kidneys and Vascular Structures:

Gallbladder stones are present without evidence of cholecystitis.

Bilateral renal cysts are observed, which appear non-enhanced and likely benign.

Atherosclerotic plaques are noted in the aortic arch

Impression:

1.Irregular mass in the LUL consistent with known primary lung cancer. favorable response ,comparing 2024/04/08.

2..Sclerotic changes in the T12 and L1 vertebrae, consistent with known bone metastasis.stable,comparing

2024/04/08.

3.Gallbladder stones and bilateral benign-appearing renal cysts.

4.Atherosclerotic changes in the aortic arch.

Recommendations:

Oncological follow-up for the management of lung cancer and associated bone metastasis.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120827336

Clinic information:

Clinical History:  
Patient with a history of right lower lobe (RLL) lymphoepithelial carcinoma. Initial surgery on 109/4/27 with pathologic staging pT2N0M0. Recurrence with subsequent surgery on 110/12/13, staged rpT4N0M0, stage IIIA. Patient underwent adjuvant chemotherapy (taxol + cisplatin x4-6 courses) and radiotherapy.

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 (RLL):

There is focal interlobular thickening over the right lower lobe.

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 2023/07/17, the focal interlobular thickening

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:

subcentimeter LNs in meduastinum. 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: bilateral renal cysts noted.

Impression:

1.No evidence of recurrent tumor or new lesions in the right lower lobe.

Post-surgical changes are stable.compared to the previous scan dated 2023/07/17,

2.Subcentimeter lymph nodes in the mediastinum, stable compared to previous imaging.

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:U120819412

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1. Lung: No evidence of lung lesions.

2.Mediastinum:

No mediastinalor hilar lymphadenopathy meeting size criteria for abnormality.

3.   
Right Submandibular Enlarged Lymph Node: A 1.5 cm enlarged lymph node on the right side and a 3.7 cm cystic, round lesion on the left side with enhanced margins.

Further imaging with ultrasound or MRI may be considered to better characterize this lesion

.(se/im 301/1)

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

- Atherosclerotic plaues in coronary artery,aortic arch .

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

7. Others;

Suspicious a nonenhnaced cyst in right liver.

A less enhnaced lesion in spleem,size 0.9cm, nature to be determinted.

IMPRESSION:

1.A 1.5 cm enlarged lymph node on the right side and a 3.7 cm cystic, round lesion on the left side

with enhanced margins. Further imaging with ultrasound or MRI may be considered to better characterize this lesion .

2.Atherosclerotic plaues in coronary artery,aortic arch .

3.Suspicious a nonenhnaced cyst in right liver.

4.A less enhnaced lesion in spleem,size 0.9cm, nature to be determinted.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120818752

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.

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.

Spondylosis deformans with spur formation of T spine.

Impression:

1.Atherosclerotic plaues in coronary artery,aortic arch.

2.Spondylosis deformans with spur formation of T spine.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120869673

CLINICAL HISTORY:

Patient presented following trauma.

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.

A juxtapleura nodule size 13.8mm in RML,close follow up.

Abdomen:

The liver,spleen and kidneys outline smooth,need contrast if clinic suspicious internal bleeding.

A left renal non-enhanced cyst ,size 7mm.

Atherosclerotic changes in the abdominal aorta with a noted dissection extending to the right iliac artery.

Atherosclerotic plaues are noted in abdomen aorta.

Lumbar Spine:

Mild marginal osteophytes are noted in the lumbar spine, indicative of degenerative changes.

Pelvis:

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

IMPRESSION:

1.A juxtapleura nodule size 13.8mm in RML,close follow up.

2.A left renal non-enhanced cyst ,size 7mm.

3.Atherosclerotic changes in the abdominal aorta with a noted dissection extending to the right iliac artery. This is a critical finding requiring immediate attention from a vascular surgeon.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120838893

Clinic information:

btrast cancer

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:

atherosclerotic plaues in coronary artery.aortic arch.

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.

On port-A in upper chest.

Impression:

1.No evidence of lung lesions.

2.Atherosclerotic plaues in coronary artery,aortic arch.

3.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:U120826694

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 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 with adjacent surgical stitches in the LUL 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:U120863187

Clinic information:

Cough with yellow sputum for 2~3 weeks

Technique:

A 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.

There is suspicious Subpleural reticulation in the Rt lower lungs, suggestive of post inflammatory change or early 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:

suspicious 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:U120819119

Clinical Indication:

Follow-up for recurrent thymoma, history of operation on 110/1/19 in Showchwan Hospital,

and concurrent chemoradiotherapy (CCRT) with CEP.

Examination:  
Type of Exam: Non-Contrast CT of the Chest

Findings:

Thymus:There is a small mass in the anterior mediastinum consistent with residue thymoma.

This mass shows significant small change from previous imaging.

Heart and Great Vessels:  
There is a 3.2 cm less-enhanced heterogeneous density lesion with cystic-like characteristics measuring 2.9 cm on the anterior aspect of the left heart.

Lungs: There is consolidation present in the RUL and RML, accompanied by GGO and RLL with GGO opacity, suspicious pneumonia.

Pleura:  
  
There is a pleural effusion present and GGO opacity in the RLL.

Bones:  
  
The the ribs and thoracic spine, show no evidence of lytic or blastic lesions.

IMP:

1.A small mass in the anterior mediastinum consistent with residue thymoma.

2.A 3.2 cm less-enhanced heterogeneous density lesion with cystic-like characteristics

on the anterior aspect of the left heart.

3.RUL and RML, accompanied by GGO and RLL with GGO opacity,suspicious pneumonia.

4.Pleural effusion present and GGO opacity in the RLL.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120872012

Clinic information: Cough with right side chest pain for 10 days,

Technique:

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

Findings:

Lungs:

Right Upper Lobe:A spiculated enhancing mass measuring approximately 2.5 cm is observed in the right upper lobe. potentially representing a primary lung carcinoma or metastatic lesion.  
Additionally, a linear band-like opacity is noted in the right upper lobe,likely scarring, fibrosis, or a band of consolidation.

Left Upper Lobe :An atypical cystic lesion measuring 4.1 cm is identified in the left upper lobe.  
The cystic lesion has an unusual appearance, which could suggest an infectious or inflammatory process, or, a neoplastic etiology.

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.

On Rt chest tube.

Others:

Liver,spleen ,adrenal gland and Rt idney are unremarkable.

Left renal nonenhnaced cyst ,size 1.2cm is noted.

Impression:

1.A spiculated enhancing mass size 2.5 cm is observed in the RUL, potentially primary lung carcinoma

or metastatic lesion and linear band-like opacity is noted in the right upper lobe,likely scarring, fibrosis, or a band of consolidation.

2.An atypical cystic lesion measuring 4.1 cm is identified in the LUL,  
The cystic lesion has an unusual appearance, which could suggest an infectious or inflammatory process or a neoplastic etiology.

Recommendations:

biopsy of the spiculated mass in the RUL to establish a definitive diagnosis and Need clinical correlation and additional imaging to evaluate the cystic lesion in the LUL.

Imaging Report Form for the Lung Cancer 肺癌

Imaging Date: 2024/07/16

Technique: ■CT □MR images through the chest were obtained

■with □without intravenous contrast.

A. Primary Tumor (T)

# Location: right upper lung

# Size

□Non-measurable

■Measurable: \_\_\_\_ (greatest dimension)

□T1a: Tumor <= 1 cm

□T1b: Tumor > 1 cm but <= 2 cm

■T1c: Tumor > 2 cm but <= 3 cm

□T2a: Tumor > 3 cm but <= 4 cm

□T2b: Tumor > 4 cm but <= 5 cm

□T3: Tumor > 5 cm but <= 7 cm

□T4: Tumor > 7 cm

# Tumor Invasion

□T1:

□Surrounded by lung or visceral pleura

□Not more proximal than lobar bronchus

■T2:

□Involves main bronchus

■Invades visceral pleura

□Atelectasis to hilum (focal or total)

□T3:

□Invades chest wall, pericardium

□Separate tumor nodule(s) in same lobe

□T4:

□Invades diaphragm, mediastinum, heart, great vessels, vertebral body

□Invades trachea, carina, recurrent laryngeal nerve, esophagus

□Separate tumor nodule(s) in a different lobe of the ipsilateral lung

B. Regional Lymph Node (N)

■N0: No or Equivocal

□Yes, locates

□Low cervical, supraclavicular, sternal notch

□Upper paratracheal □Prevascular □Retrotracheal □Lower paratracheal

□Subaortic □Para-aortic □Subcarinal □Paraesophageal □Pulmonary ligament

□Hilar □Interlobar □Lobar □Segmental □Subsegmental

□N1: Ipsilateral peribronchial and/or hilar and intrapulmonary lymph nodes

□N2: Ipsilateral mediastinal and/or subcarinal lymph nodes

□N3: Ipsilateral / contralateral scalene or supraclavicular lymph nodes

□N3: Contralateral mediastinal and/or hilar lymph nodes

C. Distant Metastasis (M)

■M0: No or Equivocal

□M1a: Separate tumor nodule(s) in contralateral lung

□M1a: Pleural nodules or malignant pleural (or pericardial) effusion

□M1b: Single extrathoracic metastasis, location: \_\_\_\_

□M1c: Multiple extrathoracic metastases in one or more organs, location: \_\_\_\_

D. Other Findings

= = = = = =

IMP:

Lung cancer, preliminary imaging staging T2N0M0 (AJCC 8th edition).

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120878894

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Subpleural reticulation in the Rt 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:

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

or early interstitial lung disease

regular follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====