檢查單號:U120917963

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-4th,5-7th 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 2nd-5th ribs with local hematoma and 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:U120904587

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,clavicle, 2rd-7th ribs ribs with suspicious flail chest.

Lungs and Pleura:

GGO in right lung, LLL, R/O pneumonia R/O hemorrhage,R/O others.

A nodule in RML.

Emphysema change in both lung.

No pneumothorax is noted on either side.

There are cysts in RLL ,left lingular lobe.size about 2cm.

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 clavicle,2rd-7th ribs ribs with suspicious flail chest.

GGO in right lung, LLL, R/O pneumonia R/O hemorrhage,R/O others.

A nodule in RML.

Emphysema change in both lung.

No pneumothorax is noted on either side.

cysts in RLL ,left lingular lobe.size about 2cm.

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:U120925729

Procedure: Non-contrast computed tomography of the chest.

Clinical History:

Patient with a history of thymic squamous cell carcinoma, classified as pT3N1 post-operative,

with margin involvement noted post chemotherapy with PF regimen.

Follow-up imaging for evaluation of disease status post-treatment.

Comparison: CT dated 2024/02/08

Technique:

A non-contrast CT scan of the chest was performed covering the area from the thoracic inlet to the upper abdomen.

Findings:

Mediastinum: Post-operative changes in the mediastinal region consistent with previous surgical intervention for thymic squamous cell carcinoma. There is no evidence of residual thymic mass.

Lungs and Pleura: There are surgical stitches noted in the RUL and LLL , consistent with post-operative changes. Infiltration is observed in the RUL, and RML , stable when compared to the CT scan dated 2024/02/08 suggesting no significant progression of disease in these areas.

Thoracic Spine: The thoracic spine appears unremarkable with no significant abnormalities detected.

Impression:

1.Stable post-operative changes in the mediastinum following treatment for thymic squamous cell carcinoma. No evidence of residual thymic mass identified on this non-contrast study.

2.Surgical stitches are noted in the RUL and LLL, in keeping with post-operative status.

3.Infiltration is observed in the RUL, and RML , stable when compared to the CT scan dated 2024/02/08.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120917481

Technique:

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

Findings:

Lungs:

A 8 mm solid nodule in the LUL are noted stable comparing 2024/04/02.

Juxtapleura nodules in RML,RLL ,size 4mm ,10.0mm stable comparing 2024/04/02

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:

A 8 mm solid nodule in the LUL are noted. stable comparing 2024/04/02.

Juxtapleura nodules in RML,RLL ,size 4mm ,10.0mm stable comparing 2024/04/02

suggest 6-12ms follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120863127

Clinic information:

Adenocarcinoma of transverse colon, pT4aN2aM0, (5/33), stage IIIC s/p

laparoscopic right hemicolectomy

noncontrast CT of chest

Findings:

Lungs and Pleura:

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

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

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

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

Impression:

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:U120907444

noncontrast CT of chest

Findings:

Lungs and Pleura:

There are a 5.6mm GGO in RUL and a 4.2mm nodule in RML.

There are some small (<3mm) in both 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.

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. Stable,comparing previous CT.

2. A 5.6mm GGO in RUL,a 4.2mm nodule in RML some small (<3mm) in both 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:U120907416

Clinical Information:

RUL GGO post VATS RUL S1+2 segmenetectomy + Gr. 3,7 LN dissection....

atypical adenomatous hyperplasia

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

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 2023/11/13, the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

A GGO in RLL,size 11mm and 4mm in right lower lung,stable comparing 2023/11/13

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 stable comparing 2023/11/13

2.GGO in RLL,size 11mm,4mm in right lower lung,stable comparing 2023/11/13

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:U120907952

Technique:

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

Findings:

Lungs:

.Multiple juxtapleural nodules in both upper lungs, with the largest measuring 13.8 mm

2.Several opacity nodules in both upper lungs, with the largest measuring 7.2 mm.

Mediastinum:

Enlarged mediastinal lymph nodes, with the largest measuring 12.3 mm in the para-aortic area.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Others:

Cystic lesion in the left thyroid lobe.

Impression:

1.Multiple juxtapleural nodules in both upper lungs, with the largest measuring 13.8 mm

2.Several opacity nodules in both upper lungs, with the largest measuring 7.2 mm.

3.Cystic lesion in the left thyroid lobe.

4.Enlarged mediastinal lymph nodes, with the largest measuring 12.3 mm in the para-aortic area.

Recommendations:

Further evaluation with a contrast-enhanced CT or PET-CT for better characterization of the pulmonary nodules and lymph nodes.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120907368

Clinical History:

History of esophageal cancer, s/p

CT scan arranged for follow-up.

Findings:

Esophageal Area: No evidence of recurrent disease in the esophageal region. The post-surgical changes related to transhiatal incision are stable with no new abnormalities.

Lungs and Pleura:New opacity and GGO in left lingular lobe size 14mm and LLL size 15mm,15.5mm

Thoracic Spine: Degenerative joint disease of the thoracic spine observed.

Low thoracic spine internal fixation hardware is in place with no signs of hardware failure or associated complications.

Aorta: Atherosclerotic plaques are noted in the aortic arch.

Port-A-Catheter: The Port-A catheter in the left upper chest appears to be in good position with no complications such as infection or thrombosis noted.

Other Thoracic Structures: Mediastinal structures are unremarkable. No enlarged lymph nodes or other abnormal masses are identified in the mediastinum.

Impression:

1.Stable post-surgical changes related to esophageal cancer treatment.

2.New opacitys and GGO on current examination,need R/O neoplastic or other etiology

compared to the previous study dated 2023/11/13. Clinic check and suggest PET- CT.

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:U120915485

Examination: Non-contrast CT of the chest

Findings:

Lung:

Upper Lungs:  
There are juxtapleural nodules, small calcified lesions, brochiectasis and areas of

fibrosis in both upper lobes. These findings suggest a chronic granulomatous process, possibly

from prior infections such as tuberculosis.

Right Middle,lower Lobe :  
Multiple nodules are noted in the RML,RLL , the largest measuring approximately 8 mm in diameter. These nodules warrant further evaluation to rule out metastatic disease, granulomatous infection, or primary lung neoplasm.

Left Lung:  
There is a surgical suture present in the left lingular lobe, associated with linear fibrosis.

Mediastinum:

No mediastinum mass.

Heart and great vessel:

atherosclerotic plaues in coronary artery.

IMP:

1.Juxtapleural nodules, small calcified lesions, and fibrosis in both upper lobes, suggestive of a chronic granulomatous process.

2.Multiple nodules in the RML,RLL,largest size 8mm. Further evaluation recommended to determine the etiology.

3.Surgical suture with associated linear fibrosis in the left lingular lobe.

4.Atherosclerotic plaues in coronary artery.

Recommendations:

Consider follow-up with contrast-enhanced CT or PET-CT to further evaluate the nodules

in the RML and RLL

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120915623

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in 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 aortic arch.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120924632

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 4-6th 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 4-6th 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:U120907781

noncontrast CT of chest

Technique:

A non-contrast computed tomography scan of the chest was conducted focusing on the lung fields.

The scan provides detailed imaging of the thoracic structures

Findings:

Pulmonary Nodule in Right Upper Lobe :

A spiculated nodule measuring approximately 13mm is identified in the RUL.(se/im 202/16)

The nodule exhibits a spiculated margin, likely malignant processes.

A GGO in RUL size 8mm.(se/im 202/10)

Simple cysts are noted in both upper lung.

Atherosclerotic plaues in coronary artery ,aortic arch.

Mediastinum: no mass lesion.

Impression:

1.Spiculated nodule in RUL, size 13 mm nodule raises concern for a primary lung cancer

or other etiology.

2.A GGO in RUL size 8mm. stable comparing 2023/07/26

Recommendations:

suggest biopsy or PET-CT check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120904406

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:

Upper Lobe Mass:  
A well-defined mass is present in the right upper lobe, measuring approximately size about 5.6cm withoutcavitation.

Left Lung:A region of ground-glass opacity is noted in the lingular segment of the left lung.

The etiology of the GGO could range from inflammatory/infectious processes to early neoplastic

changes.

Pleura:

left 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.

Clinical correlation for further evaluation such as echocardiography may be necessary.

2. A 5.6 cm solid mass in the right upper lobe with irregular margins. The findings are suggestive of a neoplastic process; malignancy cannot be excluded.

3. Ground-glass opacity in the lingular segment of the left lung, potentially due to an inflammatory/infectious process or early neoplastic changes.

Recommendations:

Correlation with clinical findings and further diagnostic work-up, including biopsy or PET-CT,

to characterize the right upper lung mass.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120915169

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.

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:U120925713

Clinical Information:

RLL malignant tumor s/p

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. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

Linear opacities/interlobular septal thickening are seen within the RLL, favor post inflammatory change

or post s/p teatment process chnage.

A 8mm GGO in RUL noted,suggest follow up.

No evidence of pleura effusion.

Comparison:

Comparing with the previous study from 2024/01/11, the focal interlobular thickening and surgical

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

Other 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 2023/03/01

2.A small GGO in RUL, stable compared to the prior study from 2023/03/01

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:U120907756

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small nodule　size( se/im 202/22) 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 small nodule　size( se/im 202/22) is identified in the RLL 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 ====

檢查單號:U120881086

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:

The collapsed right lower lobe with calcifications and air bronchograms suggests long-standing pulmonary collapse,likely secondary to obstructive processes or prior infection,possibly related to the patient's oncologic history.Stable,comparing 2024/05/02.

Pleura:

Rt pleural effusion.

Bony Structures:

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

or destructive lesions.

Impression:

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

2. The collapsed right lower lobe with calcifications and air bronchograms suggests long-standing pulmonary collapse,likely secondary to obstructive processes or prior infection,possibly related to the patient's oncologic history.Stable,comparing 2024/05/02.

3..Right pleura effusion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120921307

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 upper lobe. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

There is a nodule size 4mm in left upper lung. ( se/im 202/25).

Comparison:

Comparing with the previous study from 2024/01/26, the focal interlobular thickening and surgical stitch

retention appear stable.

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, consistent with

post-operative changes. This appears stable when compared to the prior study from 2024/01/26

2.A nodule size 4mm in left upper lung. ( se/im 202/25) ,suggest follow.

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:U120906991

Procedure: Non-contrast computed tomography of the chest.

Clinical History: Patient with a history of adenocarcinoma of the descending colon, staged as pT1N0M0,

status post EMR on 2021-11-10.

Findings:

Right Upper Lobe :

An ill-defined mass measuring approximately 2.1 cm is noted in the RUL. This lesion may represent a primary pulmonary neoplasm or metastatic disease.

Linear infiltration with and GGO opacity in both lung, pathological process such as inflammation

or early neoplastic changes.

Coronary Arteries: Atherosclerotic plaques are noted in the coronary arteries

Impression:

1.The ill-defined mass and adjacent GGO in the RUL could represent metastatic involvement from the known colorectal carcinoma,although primary lung pathology cannot be excluded.

2.Linear infiltration with and GGO opacity in both lung, pathological process such as inflammation

or early neoplastic changes.

3.Atherosclerotic disease of the coronary arteries noted.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120920734

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.

Mediastinum:

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

No mediastinal lymphadenopathy or masses are observed.

T-spine and and Chest Wall:

No pleural effusions or pneumothorax.

Severe scoliosis of the thoracolumbar spine is noted.

Presence of internal fixation plate is observed.

Impression:

1.Severe scoliosis of the thoracolumbar spine with internal fixation plate in place.

2.No lung lesions detected

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120922032

Technique:

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

Findings:

Lungs:

Opacities with focal bronchiectasis in the right middle lobe, right lower lobe, and left lower lobe.

Clinical correlation is recommended to determine the underlying etiology of the opacities and bronchiectasis.

Mediastinum:

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

No mediastinal lymphadenopathy or masses are observed.

atherosclerotic plaues in coronary artery.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.Opacities with focal bronchiectasis in the right middle lobe, right lower lobe, and left lower lobe.

2.No evidence of pleural effusion, or pneumothorax.

3.Atherosclerotic plaues in coronary artery.

Recommendations:

Clinical correlation is recommended to determine the underlying etiology of the opacities and bronchiectasis.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120911331

Technique:

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

Findings:

Lungs:

Subpleural reticulation in the right lower lungs, suggestive of possible interstitial lung disease or fibrosis. Recommend follow-up for further evaluation.

Ground-glass opacity measuring 0.9 cm in the right lower lobe. Differential diagnoses include inflammatory, infectious, or neoplastic processes. Clinical correlation and follow-up imaging are advised.

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.Subpleural reticulation in the right lower lungs, suggestive of possible interstitial lung disease or fibrosis. Recommend follow-up for further evaluation.

2.Ground-glass opacity measuring 0.9 cm in the right lower lobe. Differential diagnoses include inflammatory, infectious, or neoplastic processes. Clinical correlation and follow-up imaging are advised.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120904471

Imaging Report Form for the Esophageal Cancer 食道癌

Imaging Date: 2024/07/22

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

□with □without intravenous contrast.

A. Primary Tumor (T)

# Location

□Cervical segment (hypopharynx to sternal notch)

■Upper third of thoracic segment (sternal notch to azygos vein)

□Middle third of thoracic segment (azygos vein to inferior pulmonary vein)

□Lower third of thoracic segment (inferior pulmonary vein to esophagogastric junction,

epicenter within the proximal 2cm of the cardia)

# Size

□Not visible / Non-measurable

□Measurable: Length: 3cm ; Maximum thickness: 0.8cm

# Tumor Invasion

■<=T2: Less than the muscularis propria

□T3: Invades esophageal adventitia

□T4a: Invades pleura, pericardium, azygos vein, diaphragm, or peritoneum

□T4b: Invades aorta, vertebral body, airway

B. Regional Lymph Node (N)

□N0: No or Equivocal

■Yes, locates

■Low cervical □Upper paratracheal □Lower paratracheal □Subcarinal □Upper paraesophageal

□Middle paraesophageal □Lower paraesophageal □Pulmonary ligament □Diaphragmatic

□Paracardial □Left gastric □Common hepatic □Splenic □Celiac

# Number: \_\_\_\_

■N1: Regional lymph node metastases involving 1 to 2 nodes

□N2: Regional lymph node metastases involving 3 to 6 nodes

□N3: Regional lymph node metastases involving >=7 nodes

C. Distant Metastasis (M)

■M0: No or Equivocal

□M1: Yes, location: \_\_\_\_

D. Other Findings

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IMP:

Esophageal cancer, preliminary imaging staging T2N1M0 (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:U120907628

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 CT2024/0/15.

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:U120872793

Technique:

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

Findings:

Lungs and chest wall :

Two, lesion in right chest size 15.2 cm, left low chest size 4.8cm with contrast-enhanced mass, associated cortical thinning and a mixed sclerotic and lytic bone pattern. The findings are consistent with an aggressive lesion, likely related to the underlying osteofibrous dysplasia or polyostotic

fibrous dysplasia.

Mediastinum:

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

No mediastinal lymphadenopathy or masses are observed.

Impression:

Two lesions in right chest wall size 15.2 cm, left low chest wall size 4.8cm with contrast-enhanced mass, associated cortical thinning and a mixed sclerotic and lytic bone pattern. The findings are consistent with an aggressive lesion, likely related to the underlying osteofibrous dysplasia or polyostotic fibrous dysplasia.

Consider biopsy of the masses for histopathological confirmation.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120901059

Clinic information:

cT4N1M0, stage IIIA, post thoracoscopic lobectomy of RUL, fissureless

and mediastinal lymph node dissection

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 :

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.

Other Lung Fields:

Linear infiltration in Rt lung,LLL,klikely fibrosis change.

A solid nodule in left lingular lobe 3mm.(se/im 33)

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.

2.Linear infiltration in Rt lung,LLL,klikely fibrosis change.

3.A solid nodule in left lingular lobe 3mm.(se/im 33)

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:U120906192

CLINICAL HISTORY:

TA,

Contract Ct of abdomen and chest

TECHNIQUE:

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

of intravenous contrast material.

FINDINGS:

Chest:

suspicious right 5-8th ribs fracture.

no pmeumothorax.

No mediastinim mass lesion or lymphoadenopathy.

Abdomen:

The liver,spleen outline smooth.

further assessment based on clinical, ultrasound to better characterize.

Pelvis:

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

Others: suspicious Rt femur fracture.

IMPRESSION:

1. suspicious Rt femur fracture,right 5-8th ribs fracture.

2. No free air,no ascites.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====