查單號:U120937601

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:

Small GGO in RUL,LLL. suggest follow up.

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

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

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

2.Small GGO in RUL,LLL. suggest follow up.

3.Subpleural reticulation in the Rt lower lungs, suggestive of 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:U120736936

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with small nodules in RLL,LUL,stable comparing previous CT.

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.

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:U120937218

Clinical Information:

THORACOSCOPIC LOBECTOMY AN..D ADENOCARCINOMA, LUL, T1bN0M0,

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Left upper lung::

There is focal interlobular thickening over the LUL 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:

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.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120937470

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 7.4mm is noted in the LLL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2019. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

Stable GGO measuring 7.4 mm in the LLL with no change since the previous CT scan in 2023.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120931940

TECHNIQUE:

Multi-phase computed tomography of the abdomen and pelvis was performed following of non- contrast material.Images were acquired in axial, coronal, and sagittal planes.

FINDINGS:

No evidence of free intraperitoneal air is identified.

No evidence of free intraperitoneal fluid or ascites is observed.

Liver: pneumobilia in the liver, likely related to recent biliary intervention or

less commonly an enterobiliary fistula.

Gallbladder : No gallstones and without gallbladder wall thickening.

Common Bile Duct : Not dilated. No choledocholithiasis.

Spleen: Normal in size and appearance. No focal lesions or splenomegaly noted.

Kidneys: multiple small ow desity and high desity lesions in both kidneys,suspicious harmatoma or cysts.

Pancreas: No focal lesions or pancreatic ductal dilatation.

Lymph nodes: No enlarged lymph nodes in the abdomen or pelvis.

Lumbar Spine: degenerative spur formation noted in the lumbar spine.

Atherosclerotic plaues are noted in abdomen aorta.

Additional findings:

The rest of the visualized organs, including the intestines, adrenal glands,

bladder appear unremarkable.

Diverticulum in 2nd portion of duodenum is noted.

Atherosclerotic plaues are noted in abdomen aorta ,Spondylosis deformans of the L- spine

and Wedge deformity of T12 are noted.

IMPRESSION:

1.Pneumobilia in the liver, likely related to recent biliary intervention or less commonly an enterobiliary fistula.

2.Suspicious small harmatoma or cysts in both kidneys.

3.Diverticulum in 2nd portion of duodenum.

4.Atherosclerotic plaues are noted in abdomen aorta.

5.Spondylosis deformans of the L- spine with Wedge deformity of T12.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120946136

Study Type: Non-Contrast CT of the Chest

Findings:

Left Upper Lobe :

A part -solid measuring 12 mm is noted in the LUL. There has been no change in the size or appearance of compared to the previous CT scan performed in 2024/04/22. This stability suggests a benign etiology, though continued monitoring is advised.

Mediastinum ,Hila and Pleura:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

A part -solid measuring 12 mm is noted in the LUL. There has been no change in the size or appearance of compared to the previous CT scan performed in 2024/04/22. Stable.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120907643

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A nodule size 5mm is identified in the RML lung.(se/im 202/37)

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 nodule size 5mm is identified in the RML lung.(se/im 202/37)

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:U120734248

CLINICAL INFORMATION:

Adenocarcinoma of ascending colon, pT3N0M0, (0/59), TD(-), stage IIA,

moderately differentiated,s/p laparoscopic right hemicolectomy on 1120718

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Left upper Lobe:

A small nodule in RLL,size 3mm is identified. .

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: atherosclerotic changes in aortic arch.

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 in RLL,size 3mm .

Suggest 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:U120937262

Technique:  
Non-contrast CT of the chest was performed. Axial, coronal, and sagittal images were obtained.

Findings:

Lungs: There is a known history of a small lung cancer in the RML,status post-chemotherapy.

There is a suspicious mass lesion in RLL.. Further characterization with contrast-enhanced imaging and/or biopsy is recommended.

A massive pleural effusion is present on the right side.

Mediastinum:There is a mass in the mediastinum, which could represent lymphadenopathy or a primary mediastinal tumor. Further evaluation with contrast-enhanced imaging is suggested.

Lymph Nodes:  
  
There is a mass in the right supraclavicular region, which is highly suspicious for metastatic lymphadenopathy.

Pleura:  
  
The right pleural cavity contains a massive effusion

Bones:  
No evidence of lytic or blastic lesions in the visualized bones of the thorax.

Impression:

1.Status post-chemotherapy for right middle lobe small lung cancer.  
Suspicious mass in the right lower lobe, which requires further evaluation.

2.Massive right pleural effusion with associated lung collapse.

3.Mediastinal mass, suggestive of lymphadenopathy and   
Right supraclavicular mass, highly suspicious for metastatic disease.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120937931

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 is focal interlubular thickening with surgical stitches retention

over RUL lung,compatable with operative change.

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 2023/07/31, 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 RUL,LLL, consistent with

post-operative changes. This appears stable when compared to the prior study from 2023/07/31 .

2.No new or concerning lung abnormalities are identified.

Recommendation:

Continue clinical follow-up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120937215

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 lung. Adjacent to this area,

surgical stitches are visualized, consistent with previous operative intervention.

There is surgical stitches visualized in left lower lung.

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 2023/03, 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,left 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:U120917807

Clinic information:

adencarcinoma of ascending colon with abdominal wall and right Gerota fascia invasion, \

pT4bN0M0 (0/52), stage IIC s/p laparoscopic

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.

A GGO in LLL size 7mm, likely post inflammatory,infection or other etiology.

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. a GGO in LLL.likely post inflammatory,infection or other etiology.

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:U120938028

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A part-solid in right middle lung,size 13.5mm ( se/im 202/25)

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 part-solid in right middle lung,size 13.5mm ( se/im 202/25)

follow-up in 6 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:U120898423

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.

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. Atherosclerotic plaues in coronary artery.

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:U120951852

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.

Mild Pericardiac effusion 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:

Cardiomegaly,Atherosclerotic plaues in coronary artery,aortic arch with Mild Pericardiac effusion.

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:U120896837

noncontrast CT of chest

Findings:

Lungs and Pleura:

There is a 8.9mm nodule in LUL, stable comparing 2023/05/13.

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. A 8.9mm nodule in LUL, stable comparing 2023/05/13.

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:U120933539

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 left libgular lobe :

A spiculated nodule measuring approximately 2.4 cm is identified in the left lingular lobe.

Right pleura effusion is noted.

Atherosclerotic plaues in coronary artery ,aortic arch.

mediastinum: no mass lesion.

Impression:

1.Spiculated nodule in left lingular lobe size about 2.4cm nodule in the left lingular lobe,concern for a primary lung cancer or metastatic lesion.suggest contrast CT check.

2.Atherosclerotic plaues in coronary artery ,aortic arch.

3.Right pleura effusion.

Recommendations:

Given the suspicious nature of the nodule, further evaluation with a contrast-enhanced CT scan is recommended to assess enhancement patterns that might indicate active neoplastic processes.

PET-CT could also be considered for metabolic characterization and to assess for possible extrathoracic metastatic disease.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====