檢查單號:U121015495

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 and Chest Wall:

There are multiple calcified plaques observed in the subpleural regions of both chest walls. These plaques are likely indicative of prior asbestos exposure, representing pleural plaques.

The lung parenchyma appears clear with no evidence of consolidation, nodules, or masses. The airways are patent, and there is no evidence of bronchiectasis or other significant parenchymal abnormalities.

Bony Structures:

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

or destructive lesions.

Others: hepatic cystic like lesions noted.

Impression:

1.Subpleural calcified plaques in both chest walls, consistent with prior asbestos exposure.

suggest clinic check and imaging follow up.

2.Atherosclerotic plaues in coronary artery,aortic arch.

3. hepatic cystic like lesions.

Clinical correlation for further evaluation.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121016132

Technique:

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

Findings:

Lungs:

Small calcifications with Subtle infiltration in RUL, are likely related to a chronic process, such as prior granulomatous disease. Differential considerations include early inflammatory changes or scarring.

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:

Small calcifications and ubtle infiltrationin RUL, are likely related to a chronic process, such as prior granulomatous disease. Differential considerations include early inflammatory changes or scarring.

Clinical correlation is recommended and A repeat CT scan in 3-6 months may be considered to monitor the area of infiltration.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121024814

Technique:

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

Findings:

Lungs:

A 65.7 mm opacity with an air bronchogram pattern in the RUL is concerning for either an infectious, inflammatory, or neoplastic process. Given the size and characteristics, further evaluation with tissue sampling is recommended.

The honeycombing in both upper lungs is indicative of advanced fibrotic lung disease, likely related to interstitial lung disease. Consideration should be given to further evaluation and management by a pulmonologist

Mediastinum:

subcentimeter LNs in meduastinum

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.A 65.7 mm opacity with an air bronchogram pattern in the RUL is concerning for either an infectious, inflammatory, or neoplastic process. Given the size and characteristics, further evaluation with tissue sampling is recommended.

2.The honeycombing in both upper lungs is indicative of advanced fibrotic lung disease, likely related to interstitial lung disease. Consideration should be given to further evaluation.

3.The subcentimeter lymph nodes in the mediastinum are of uncertain significance but could be reactive to the underlying lung pathology. Continued monitoring may be appropriate.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121020318

Technique:

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

Findings:

Lungs:

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

or early interstitial lung disease.

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.

Pleura and Chest Wall:

Left rib fracture suspicious.

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.Left rib faacture suspicious.

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:U121019927

Technique:

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

Findings:

Lungs:

Small opacities in the left upper lobe with associated infiltration is concerning for metastatic disease Clinical correlation and possible further evaluation are recommended.  
  
  
Sclerotic Changes in T3, T4 Vertebrae, and Ribs: Findings consistent with metastatic adenocarcinoma involvement in the ribs and thoracic spine.

Mediastinum:

The subcentimeter lymph nodes in the mediastinum are of uncertain significance but could be reactive to the underlying lung pathology. Continued monitoring may be appropriate.

Pleura and Chest Wall:

Moderate Right Pleural Effusion: The right pleural effusion is likely malignant in nature, given the patient’s history of metastatic adenocarcinoma.

Impression:

Small opacities with infiltration in the LUL, a moderate right pleural effusion, and sclerotic changes in the T3 and T4 vertebrae and ribs. These findings are in keeping with the known metastatic disease,

and appropriate oncologic management should continue as planned.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121012365

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:

Cardiomegalt with therosclerotic 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:U121030328

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity measuring 4mm is noted in the RUL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/02/14.

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 4 mm in the RUL 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:U121010341

Clinical History:

History of left upper lobe adenocarcinoma, status post-treatment.

Technique: High-resolution non-contrast CT scan of the chest was performed using standard protocol.

Findings:

Left Upper Lobe :

Status post-treatment changes in the left upper lobe consistent with prior oncological intervention.

No new mass lesions or significant consolidation noted in the LUL.

Right Middle Lobe :

Ground-glass opacities are present in the right middle lobe.

Linear opacities and interlobular septal thickening are also observed within the RML.

Left Lung:

Similar linear opacities and interlobular septal thickening are seen in the left lingular segment and left lower lobe

Mediastinum and Lymph Nodes:

No evidence of mediastinal mass or significantly enlarged lymph nodes.

Pleura and Chest Wall:

The pleural spaces and chest wall structures appear intact with no evidence of pleural effusion or thickening.

Others: multiple cysts like lesions in liver.

Impression:

1.Post-treatment changes in the left upper lobe without evidence of recurrent disease in the LUL.

2.Ground-glass opacities with linear and interlobular septal thickening in the RML, left lingula, and LLL.These findings may represent post-inflammatory changes, infectious etiologies.

Stable,comparing 2024/01/11.

3.No mediastinal mass or significant lymphadenopathy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121010348

CLINICAL INFORMATION:

abnormal nodule over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Right upper Lobe : A small nodule ( <5mm) is identified in the left upper lobe.

No associated solid component.

2,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:

small nodule in the left upper lobe.

follow-up in 12 months may be appropriate to confirm stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121017340

Technique:

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

Findings:

Lungs:

There are multiple small, well-defined, centrilobular nodules scattered throughout both upper lobes. These nodules exhibit no significant cavitation. The distribution and appearance are consistent with miliary nodules, raising concern for a possible disseminated infectious or granulomatous process.

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:

Multiple miliary nodules in both upper lung lobes, with differential considerations including disseminated infection ,like tuberculosis or a granulomatous process.

Recommendation: Clinical correlation is advised. Consider follow-up imaging

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121009940

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 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 2023/08/28, the focal interlobular thickening and surgical stitch

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

A small GGO 4mm in left lower lung.( se/im 202/45)

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.

Atherosclerotic plaues in coronary artery.

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 2023/08/28.

2.A small GGO 4mm in left lower lung.( se/im 202/45)

3.Atherosclerotic plaues in coronary artery.

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:U121028608

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (GGO) measuring 3.5 mm is noted in the RUL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023. 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 3.5 mm in the RUL 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:U121020547

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.

Left scapula fracture is noted.

Impression:

Left scapula fracture.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121009911

Study Type: Non-Contrast CT of the Chest

Findings:

Left Upper Lobe :

A ground-glass opacity (GGO) measuring 6.0 mm is noted in the LUL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2024/03/28. 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 6.0 mm in the LUL with no change since the previous CT scan in 2024/03/28.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121028707

Technique:

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

Findings:

Lungs:

A solid nodule in LUlL,size 6.7mm.

Mediastinum:

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

subcentimeter LNs in meduastinum.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

A solid nodule in LUlL,size 6.7mm. need regular follow up.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121010664

Study Type: Non-Contrast CT of the Chest

Findings:

Right Lower Lobe :

A nodule measuring 6.0 mm is noted in the RLL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/04. This stability suggests a benign etiology, though continued monitoring is advised.

Focal brochiectasis and suspicious infection inflitration in RLL.

Linear infiltration in LLL,favor post inflammatory change.

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:

1.A nodule measuring 6.0 mm is noted in the RLL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/04. This stability suggests a benign etiology, though continued monitoring is advised.

2.Focal brochiectasis and suspicious infection inflitration in RLL.

3.Linear infiltration in LLL,favor 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:U121009936

Clinical Information:

AJCC 8th): pT1aN0 VATS LULS1+2+3 segmenetectomy

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 are no surrounding ground-glass opacities, consolidative changes, or cavitations.

No evidence of fluid collections or abscesses.

Comparison:

Comparing with the previous study from 2023/02/20, 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 LUL lobe, consistent with

post-operative changes. This appears stable when compared to the prior study from 2023/03/20.

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:U120951610

Clinic information:

Adenocarcinoma of rectum with invasion to prostate,cT4bN1M0, stage IIIC s/p CCRT

noncontrast CT of chest

Findings:

Lungs and Pleura:

A small nodule in LLL 4mm,suggest regular follow up.

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. Stable,comparing previous CT of 2024/05/24,

2. A small nodule in LLL 4mm,suggest regular follow up.

3. Atherosclerotic plaues in coronary artery.

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:U121030838

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 8.1cm solid like lesion in RUL, raising concerning neoplastic process, suggest contrast

CT check.

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.

Clinical correlation for further evaluation such as echocardiography.

2.A 8.1cm solid like lesion in RUL, raising concerning neoplastic process, suggest contrast

CT and 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:U121007555

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 9-12th ribs with suspicious flail chest.

Lungs and Pleura:

No pleural effusion.

Pneumothorax is noted on right,left side,prominent in right side.

There is GG0 in RLL,LLL,prominent in RLL likely contrusion hemorrhage or other etiology.

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.

low desity in liver,spleen,need contrast check to R/O laceration.

Impression:

Fractures of the right 9-12th ribs with suspicious flail chest.

right chest subcutaneous emphysema change.

Pneumothorax is noted on right,left side,prominent in right side.

GG0 in RLL,LLL,prominent in RLL likely contrusion hemorrhage or other etiology.

low desity in liver,spleenneed contrast check to R/O laceration.

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:U121027856

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:

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

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121010352

Study Type: Non-Contrast CT of the Chest

Findings:

Left lingular lobe :

A ground-glass opacity (GGO) measuring 3 mm is noted in the left lingular lobe . There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/04. 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 3mm in the left lingular lobe with no change since the previous CT

scan in 2023/04/20.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121027865

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:

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

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121017431

Technique:

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

Findings:

Lungs:

Bilateral consolidation opacities in both lungs, suggestive of pneumonia or other infectious/inflammatory processes. Clinical correlation and possibly further workup, such as sputum culture or blood tests, are recommended.

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, more prominent on the right side,context of fever and chills may indicate parapneumonic effusion or other related pathology

Others:

On CVP line and On endotracheal tube in place. ascites of abdomen.

Impression:

1. Bilateral consolidation opacities in both lungs, suggestive of pneumonia or other infectious/inflammatory processes. Clinical correlation and possibly further workup, such as sputum culture or blood tests, are recommended.

2. Bilateral pleural effusions, more prominent on the right side,context of fever and chills may indicate parapneumonic effusion or other related pathology.

3. No acute mediastinal or cardiac abnormalities.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121010370

Study Type: Non-Contrast CT of the Chest

Findings:

Right middle,Left upper Lobe :

Small nodules (<3mm) is noted in the RML,LUL . There has been no change in the size or appearance.

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:

Small nodules (<3mm) is noted in the RML,LUL . There has been no change in the size or appearance.

This stability suggests a benign etiology, though continued monitoring is advised.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121020300

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:

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

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121009917

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 Middle lung:

There is focal interlobular thickening over the right middle 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.

Linear fibrotic chnage in lower lung may be due to post treatment.

Comparison:

Comparing with the previous study from 2023/12/25,no new abnormalities or significant interval changes are observed.

Other Lung Fields:

A solid nodule in LLL,size 10mm,stable,comparing previous study from 2023/12/25.

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 middle lobe, consistent with post-operative changes. This appears stable when compared to the prior study from 2023/12/25.

2.A solid nodule in LLL,size 1cm,stable,comparing previous study from 2023/05/08.

3.Linear fibrotic change in lower lung may be due to post treatment change.stable,comparing previous study from 2023/05/08.

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:U120972744

Study Type: Non-Contrast CT of the Chest

Findings:

LUL Upper Lobe :

There is suspicious infiltration in LUL,likely post inflammatory change.( se/im 202/29)

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:

suspicious infiltration in LUL,likely post inflammatory change.( se/im 202/29)

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121027821

Technique:

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

Findings:

Lungs:

There are multiple opacities in RUL size 40mm LUL size 100.2mm and LLL 6.2mm

GGO in RLL,size 20mm

Mediastinum:

The subcentimeter lymph nodes in the mediastinum are noted.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

1.multifocal opacities in both lung,raising concerning infectious, inflammatory, or neoplastic in nature. Given the size and number of lesions, further evaluation with contrast-enhanced imaging,

PET-CT, or biopsy is recommended.

2.A 20 mm GGO in the RLL requires close monitoring and possible follow-up imaging to assess for resolution or progression.

3.The subcentimeter lymph nodes in the mediastinum are of uncertain significance but could be reactive to the underlying lung pathology. Continued monitoring may be appropriate.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121028578

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A suspicious solid lesion measuring 6.5 mm is noted in the RUL.( se/im 202/18). There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2023/07/18. 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 lesion measuring 6.5 mm in the RUL 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:U121015676

Non-contrast CT of the Chest

Indication: Lung adenocarcinoma, right upper lobe , cT4N0M1b, stage IVA,

with known metastases to the brain and lung to lung metastases.

Evaluation of the primary tumor and metastatic disease.

Finding:

Right Upper Lobe Mass: Increase in size of the primary adenocarcinoma in the right upper lobe, measuring 3.9 cm. This finding is concerning for tumor progression.

Metastatic Disease: Stable appearance of known lung-to-lung metastatic nodules and GGO in the right and leftlung.

IMP:

1 Increase in size of the primary adenocarcinoma in the right upper lobe, size 3.9 cm. This finding is concerning for tumor progression.

2.Stable appearance of known lung-to-lung metastatic nodules and multiple ground-glass opacitiesin the right and lower lobe.

Recommendations:

Please correlate clinically with the patient's symptoms, Consider follow-up with MRI or PET-CT if clinically warranted to assess brain metastases further.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121028973

Technique:

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

Findings:

Lungs:

Nonspecific linear infiltrates in the lower lobes,

potentially representing atelectasis, fibrosis, or mild interstitial changes. Clinical correlation

is recommended.

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.

Liver: enhnaced lesion in Rt liver,see abdominal report.

Impression:

1.Post-Surgical Changes in Upper Thoracic Spine: Intact internal fixation plate with associated subcutaneous gas.clinic check.

2.Linear Infiltrates in Both Lower Lungs: Nonspecific linear infiltrates in the lower lobes,

potentially representing atelectasis, fibrosis, or mild interstitial changes. Clinical correlation

is recommended.

3. enhnaced lesion in Rt liver,see abdominal report.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120999146

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small nodule is identified in the LUL (size <3mm) lung (se/im 202/16).

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 is identified in the LUL (size <3mm) 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:U121017478

Technique:

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

Findings:

Lungs:

Multiple pulmonary metastases consistent with known metastatic disease.

Focal opacity in the right lower lobe ,likley pneumonia, or additional metastatic involvement. Bilateral small pleural effusions, likely secondary to the underlying metastatic,or other process.

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.

T- spine;Osteolytic metastasis in the T6 vertebral body with intact bone graft.

Impression:

1.Multiple pulmonary metastases consistent with known metastatic disease.

2.Focal opacity in the right lower lobe ,likley pneumonia, or additional metastatic involvement. 3.Bilateral small pleural effusions, likely secondary to the underlying metastatic,or other process.

4.Osteolytic metastasis in the T6 vertebral body with intact bone graft.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121011007

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Mild 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.

Others:

Bil. thyroid cystic lesion.

Present of Gb stones.

Rt renal cystic lesion.

Impression:

1 Cardiomegaly with mild atherosclerotic plaques in the coronary arteries.

2.No evidence of pulmonary embolism or aneurysm in the thoracic aorta or major vessels.

3.Clear lung fields with no significant pulmonary pathology identified.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120994245

Contrast-Enhanced CT Chest

Clinical Indication: Staging of esophageal cancer post-biopsy. Planning for neoadjuvant chemoradiotherapy (CCRT) followed by surgical intervention.

Comparison: None available.

Technique: Contrast-enhanced axial, coronal, and sagittal CT images of the chest were obtained following the administration of intravenous contrast.

Findings:

Esophagus:

There is significant circumferential wall thickening involving the middle third of the esophagus, with a maximal thickness of 9 mm. The length of the affected segment measures approximately 92 mm. The mass extends to the surrounding structures, with direct contact identified with the left main bronchus and the descending aorta. No clear evidence of invasion into these structures is seen at this stage; however, the close proximity raises concern for potential local invasion.

Lungs:

A solitary ground-glass opacity (GGO) is observed in the right upper lobe , measuring approximately 7 mm in diameter. This lesion is nonspecific and may represent inflammation, infection, or an early neoplastic process.

Mediastinum:

There is no evidence of a mediastinal mass or significant lymphadenopathy. The mediastinal structures, including the heart and great vessels, are within normal limits.

Pleura:

No pleural effusion or pneumothorax is identified

Bones and Soft Tissues:

No acute osseous abnormalities are noted. The visualized portions of the ribs, thoracic spine,

and chest wall are unremarkable.

Impression:

1.Significant circumferential thickening of the middle third of the esophagus, with a maximal thickness of 9 mm and a length of 92 mm. The mass is in contact with the left main bronchus and descending aorta, which raises concern for potential local invasion.

2.A 7 mm GGO in the right upper lobe, nonspecific but warrants close follow-up to assess for any interval changes or progression.

3.No evidence of mediastinal mass or significant lymphadenopathy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121019058

ontrast-Enhanced CT Chest

Clinical Indication: Follow-up for adenocarcinoma of the sigmoid colon, pT1N0M0, stage I, status post endoscopic submucosal dissection and laparoscopic sigmoidectomy. Evaluation of pulmonary findings.

Comparison: None available.

Technique: Contrast-enhanced axial, coronal, and sagittal CT images of the chest were obtained following the administration of intravenous contrast.

Findings:

Lungs:

In the right lower lobe , there is an 8 mm GGO identified. This lesion is nonspecific and could represent an inflammatory process, atypical infection, or a potential early neoplastic change. Close monitoring with follow-up imaging is recommended.

In the left lower lobe , there is a more extensive area of ground-glass opacity measuring approximately 28.3 mm (noted on series/image 202/57). raising concerning neoplastic process or inflammatory change ,need close follow up.

There are also of infiltration and a small focus of calcification in LLL, likley a chronic process such as a granulomatous infection.

Mediastinum:

No evidence of mediastinal mass or significant lymphadenopathy is noted. The heart and great vessels appear normal in size and configuration.

Pleura:

No pleural effusion or pneumothorax is identified.

Bones and Soft Tissues:

The visualized portions of the ribs, thoracic spine, and chest wall are unremarkable, with no acute osseous abnormalities detected.

Impression:

1.Ground-glass opacity in the RLL measuring 8 mm. The etiology is nonspecific, but considering the patient’s oncologic history, close follow-up is advised.

2.Ground-glass opacity in the LLL measuring 28.3 mm, neoplastic etiology cannot be excluded. Further evaluation with follow-up imaging or biopsy may be warranted depending on the clinical scenario.

3.Infiltration and a small focus of calcification in LLL, likley a chronic process such as a granulomatous infection.

4.No evidence of mediastinal mass or significant lymphadenopathy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121010598

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Consolidation of LLL lung, Clinical correlation is advised, and further evaluation

may be considered to rule out infection or neoplastic changes.

2,Mediastinum:

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

3.Vessels and Heart : cardiomegaly atherosclerotic changes are evident in the coronary arteries.

4.Pleural Spaces:

mild pleural effusion or thickening.

5.Bones & Soft Tissue:

margin spur formation of T spine.

IMPRESSION:

Consolidation of LLL lung, Clinical correlation is advised, and further evaluation

may be considered to rule out infection or neoplastic changes.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121028671

Clinic information:

admitted for salvage chemotherapy

Findings:

Lungs and Pleura:

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

Linear infiltration in LLL ,may be due to post treatment fibrotic changes.Stable

compating 2024/03/28.

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.

On Status post subclavian double lument catheter insertion in place.

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 2023/03/28.

2. Linear infiltration in LLL ,may be due to post treatment fibrotic changes.Stable

compating 2024/03/28.

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:U121007321

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:U120999451

Procedure:

Contrast-enhanced CT angiography (CTA) of the chest, abdomen, and pelvis was performed, with axial and multiplanar reconstructions to evaluate the thoracic and abdominal aorta, as well as the abdominal organs.

Findings:

Aorta:

Aortic Dissection: There is evidence of an aortic dissection involving the descending thoracic aorta extending into the abdominal aort without evidence of rupture or periaortic hematoma.

Liver and Biliary System:

Pneumobilia: There is the presence of air within the biliary tree, noted as pneumobilia. Gas is seen within the common bile duct (CBD), which could be secondary to a recent endoscopic procedure or less commonly due to a fistula. There is no evidence of biliary obstruction or significant intrahepatic ductal dilation.The liver parenchyma is otherwise unremarkable, with no focal lesions or abnormal enhancement.

Bowel and Rectum:

Sigmoid and Rectum: The sigmoid colon and rectum are markedly distended, filled with large amounts of hard, dense fecal material consistent with severe fecal impaction. There is dilation of the proximal sigmoid colon, suggesting significant chronic constipation.

Lungs and Pleura:

The lungs are clear with no evidence of consolidation, pleural effusion, or pneumothorax. There is no evidence of pulmonary embolism.

Mediastinum and Heart:

The heart is normal in size with no significant pericardial effusion. The mediastinal structures, apart from the aortic dissection, appear normal. No mediastinal hematoma is noted.

Impression:

1.Aortic Dissection involving the descending thoracic and abdominal aort. No evidence of rupture or acute hemorrhage at the time of imaging.

2.Pneumobilia and gas in the common bile duct likley related to a recent endoscopic procedure or other less common causes such as biliary-enteric fistula. Clinical correlation is recommended.

3.Severe fecal impaction in the sigmoid colon and rectum with associated colonic dilatation possibly leading to colonic conspipation.clinic hceck.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====