檢查單號:U121036238

Technique:

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

Findings:

Lungs:

A larges suspicious 13 cm mass lesion with surrounding consolidation in the left upper lobe, consistent with known adenocarcinoma, likely representing extensive disease or tumor progression.

Mediastinum:

Subcentimeter lymph nodes in the mediastinum, possibly reactive or early nodal involvement by malignancy. Moderate pericardial effusion is likely related to the underlying malignancy.

Pleura and Chest Wall:

bilateralpleural effusions.

Impression:

1.A larges suspicious 13 cm mass lesion with surrounding consolidation in the left upper lobe, consistent with known adenocarcinoma, likely representing extensive disease or tumor progression.

2.Bilateral pleura effusion likely malignant in nature, related to the known adenocarcinoma.

3.Moderate pericardial effusion is likely related to the underlying malignancy.

4.Subcentimeter lymph nodes in the mediastinum, possibly reactive or early nodal involvement by malignancy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121048148

Non-Contrast CT of the Chest

Clinical History:

History of colon cancer. Recent evaluation for chest symptoms.

Findings:

A chest wall nodule is identified in the right middle lobe, measuring 11.3 mm, which shows an increase in size compared to the previous study on 2023/11/13, where it measured 8.7 mm. There is associated rib erosion adjacent to this nodule, raising concern for a metastatic lesion, particularly given the patient's history of colon cancer.

The mediastinum appears intact with no evidence of lymphadenopathy or other abnormalities.

There are atherosclerotic plaques noted in the coronary arteries.

No pleural effusion or pneumothorax is observed.

Impression:

1.Enlarging chest wall nodule in the right middle lobe with rib erosion, suspicious for metastatic disease in the context of known colon cancer history.Recommend further evaluation, including biopsy.

2.Atherosclerotic plaques in the coronary arteries.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121033929

Non-Contrast CT of the Chest

Indication: Follow-up evaluation in a post-operative patient with a history of lung surgery.

Technique: Non-contrast-enhanced CT scan of the chest was performed.

Findings:

Right Lung: Focal interlobular septal thickening is observed in the right lobe, accompanied by the presence of adjacent surgical stitches. These findings are consistent with post-operative changes. There is no evidence of any new or progressive abnormalities in this region. Comparison with prior imaging shows these changes to be stable.

Lung Parenchyma: No new or concerning abnormalities are identified in either lung. The remaining lung fields are clear, with no evidence of nodules, masses, or areas of consolidation. There are no signs of pneumothorax or pleural effusion.

Mediastinum and Pleura: The mediastinal structures appear unremarkable, and there is no evidence of lymphadenopathy. Pleural spaces are clear.

Impression:

1.Stable post-operative changes in the right lung, with focal interlobular thickening and adjacent surgical stitches.

2.No new or concerning lung abnormalities identified.

Recommend continued routine follow-up imaging to monitor for any future changes.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120982038

CLINICAL INFORMATION:

Adenocarcinoma of rectum, s/p CCRT

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:U121056213

Clinical History:

Known case of lung adenocarcinoma, EGFR-positive, involving the right upper lobe (RUL). Current staging is cT2aN3M1a, stage IVA, with documented left-sided malignant pleural effusion.

Findings:

Lung and pleura

A poorly defined lesion measuring 16 mm is noted in the right upper lobe, consistent with the known primary site of lung adenocarcinoma. Additionally, there is an 18 mm lesion adjacent to the chest wall in the right lower lobe ,likely either local extension of the primary tumor or a separate metastatic deposit.

The left pleura is markedly thickened, consistent with known malignant pleural effusion.

No pneumothorax is noted, and no new or acute infiltrates are seen.

Mediastinum:

Subcentimeter lymph nodes are present in the mediastinum. their presence is consistent with N3 disease as part of the patient’s known staging.

Bone:

The bony structures of the thorax, including the ribs and spine, appear intact with no evidence of pathologic fractures.

Others: Rt hepatic cystic lesion.

Impression:

1.Right upper lobe primary lung adenocarcinoma measuring 16 mm.

2.Right lower lobe chest wall lesion measuring 18 mm, likely related to metastatic disease.

3.Thickening of the left pleura, consistent with malignant pleural effusion.

4.Subcentimeter mediastinal lymph nodes, consistent with known N3 disease.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121048009

Medical History:

History of colon cancer with status post-surgical resection.

Study:

Non-contrast computed tomography of the chest for evaluation of thoracic pathology.

Technique:

Axial, coronal, and sagittal high-resolution images were acquired through the chest without contrast.

Findings:

Pulmonary Nodules:

A small 3mm juxtapleural nodule is identified in the right upper lobe,stable,comparing previous CT .

Small nodules require careful monitoring to exclude metastatic disease.

Pleura:

No pleural effusions or significant pleural thickening is observed.

Lung Parenchyma:

The lung fields are otherwise clear with no evidence of consolidation, mass lesions, or significant interstitial lung disease.

Cardiovascular:

No evidence of significant cardiac enlargement. atherosclerotic plaues in aortic arch.

Mediastinum:

The mediastinal contours are within normal limits, with no evidence of lymphadenopathy or mediastinal mass.

Impression:

1.A small juxtapleural nodule in the right upper lobe,Stable comparing 2024/02/05.

2.No new nodule in lung.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121048133

Technique:

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

Findings:

Lungs:

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

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

Mediastinum:

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

No mediastinal lymphadenopathy or masses are observed.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

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

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

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121054694

Findings:

Lung:

A cavity is noted in the right lower lobe , which appears stable compared to the previous CT scan dated 2024/04/10.

Bronchiectasis accompanied by ground-glass opacity in LLL , suggestive of underlying chronic inflammatory changes.

Infiltration is observed in the right middle lobe and the left lingular lobe, indicating active inflammatory or infectious processes.

Mrdiastinum:

The mediastinal structures are within normal limits, with no significant lymphadenopathy.

No pleural effusion or pneumothorax is noted.

Heart and great vessel:

No cardiomegaly.

atherosclerotic plaues in coronary artery.

Impression:

1.Stable cavity in the right lower lobe, unchanged from the previous study.

2.Bronchiectasis with ground-glass opacity in the left lower lobe, suggestive of chronic inflammatory changes.

3.Infiltrative changes in the right middle lobe and left lingular lobe, consistent with active inflammatory or infectious processes.

4.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:U121042593

Study Type: Non-Contrast CT of the Chest

Findings:

Lung:

There is a 5.2 mm solid nodule in the　LLL lobe.( se/im 202/51)

No associated cavitation or calcifications.

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 5.2 mm solid nodule in the　LLL lobe.

suggesr 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:U121052025

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:

Suspicious Rt 5,6th non-displaced fracture of ribs.

Impression:

1.Atherosclerotic plaues in coronary artery,aortic arch.

Clinical correlation for further evaluation.

2.Suspicious Rt 5,6th non-displaced fracture of ribs.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121055928

Technique:

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

Findings:

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Lungs:

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

or early interstitial lung disease.

No evidence of pneumothorax of lung.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

left 9th rib fracture without displacement.

Others: suspicious left renal hematoma. contrast abdomen CT check.

Impression:

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

or early interstitial lung disease

2.Atherosclerotic plaues in coronary artery,aortic arch.

Clinical correlation for further evaluation.

3. suspicious left renal hematoma. contrast abdomen CT check.

3.left 9th rib fracture without displacement.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121047089

Clinical History:

Follow-up for a patient with a history of GIST and Barrett's esophagus with high-grade dysplasia,

both status post-surgical interventions. Evaluation for thoracic disease recurrence.

Non-Contrast CT of the Chest:

Technique:

Non-contrast computed tomography of the chest was performed.

Findings:

Lungs and Pleural Spaces: No lung lesions or nodules are identified.

The pleural spaces are clear without effusions or thickening.

Esophagus and Mediastinum: Post-surgical changes consistent with Ivor-Lewis esophagectomy are noted.

No mediastinal lymphadenopathy or mass lesions are evident.

Cardiac and Vascular Structures: Atherosclerotic plaques are noted in the coronary arteries and the aortic arch.

No aneurysmal dilatation of the aorta is seen.

Bones: Scoliosis of the thoracic spine is observed.

Soft Tissues: No abnormalities detected in the visualized soft tissues.

Impression:

1.No evidence of lung lesions or thoracic metastases in the context of the patient's history of GIST.

2.Post-surgical changes are seen related to Ivor-Lewis esophagectomy, without signs of local recurrence or complications.

3.Atherosclerotic plaques in the coronary arteries and aortic arch, consistent with systemic atherosclerotic disease.

4.Scoliosis of the thoracic spine without evidence of pathological vertebral lesions.

Continued routine follow-up and surveillance for GIST.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121047550

FINDINGS:

Lungs:

A solide lesion size 23.1cm in LUL.need biopsy check to R/O neoplastic or granunoma lesion.

Findings of COPD with emphysematous changes, most prominent in the upper lobes bilaterally.

Bilateral upper lobe scarring and fibrosis, more pronounced in the left upper lobe.

Left Pneumothorax:

There is no pneumothorax of lung.

No acute consolidation or pleural effusion.

Mediastinum:

Unremarkable appearance of the mediastinal structures.

IMPRESSION:

1.A solide lesion size 23.1cm in LUL.need biopsy check to R/O neoplastic or granunoma lesion.

2.Findings of COPD with emphysematous changes, most prominent in the upper lobes bilaterally.

3.Bilateral upper lobe scarring and fibrosis, more pronounced in the left upper lobe.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121048222

Clinical Information:

Follow-up for post-operative changes and assessment of lung pathology.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Right Lower Lobe :

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

surgical stitches are visualized, consistent with previous operative intervention.

There is a 11.6mm GGO in RLL.

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 right lower lobe, consistent with

post-operative changes. This appears stable when compared to the prior study.

2.Stable of a GGO in RLL.

Recommendation:

Continue clinical follow-up. Another imaging study may be warranted in 6-12 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121002901

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:

Atherosclerotic plaues in coronary artery.

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:U119828011

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 (LLL):

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

surgical stitches are visualized, consistent with previous operative intervention.

There are 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 right lower 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:U121054973

Non-contrast CT of the chest.

Findings:

There are multiple ground-glass opacities (GGO) scattered throughout both lungs, with predominance in the lower lung zones. The majority of these GGOs measure approximately 4 mm in size. The distribution and appearance of these opacities may indicate an interstitial lung process, such as early-stage interstitial pneumonia, hypersensitivity pneumonitis, or other inflammatory conditions.

No significant consolidation, nodules, or mass lesions are observed. There is no evidence of pleural effusion, pneumothorax, or significant lymphadenopathy. The major airways are patent, and the mediastinal structures are within normal limits.

Impression:

Multiple ground-glass opacities in both lungs, predominantly in the lower lobes, measuring around 4 mm in size.Findings suggestive of an interstitial process; differential considerations include early interstitial lung disease or inflammatory changes.Serial CT imaging may be necessary to monitor progression.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121041776

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:

Calcifications and fibrosis infitration in the RUL are likely sequelae of prior granulomatous disease.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

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

or destructive lesions.

Impression:

Calcifications and fibrosis infitration in the RUL are likely sequelae of prior granulomatous disease.

Atherosclerotic plaues in coronary artery,aortic arch.

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:U121060029

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.

LUng:

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

or early interstitial lung disease

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:

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

or early interstitial lung disease

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:U121042134

Clinical Information:

Evaluation of the chest for trama

Technique:

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

Findings:

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy, or abnormal enhancement noted.

The trachea, major vessels, and heart appear unremarkable.

Lungs:

Infiltration and Subpleural reticulation is present in bilateral lower lung fields.

No masses, nodules, or cavities are identified in the lungs. The bronchial tree appears unremarkable.

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: right renal tiny stone.

Impression:

1.Infiltration and Subpleural reticulation is present in bilateral lower lung fields.

This could be indicative of various etiologies,including early interstitial lung disease, atypical infection, or chronic inflammatory changes.

2.right renal tiny stone.

Clinical correlation and follow-up imaging might be warranted based on symptoms and clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121048247

Clinical Information:

History of s/p VATS for RLL nodule.

Technique:

Non-contrast axial images of the chest were obtained.

Findings:

Right lower 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.

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:

Focal interlobular thickening with adjacent surgical stitches in the right lower lobe, consistent with

post-operative changes. NO new nodule in lung.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121045555

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 large, centrally necrotic mass in the left upper lobe, with posterior chest wall invasion. This finding is highly concerning for an aggressive primary lung cancer or metastatic disease.

A solid mass in the right middle lobe with associated ground-glass opacity, likely representing a malignant process, with differential including primary lung cancer or metastasis.

Pleura:

bilateral pleural effusion or pneumothorax.

Bony Structures:

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

or destructive lesions.

Others:

A large abdominal mass with suspicious liver metastases, see abdominal CT report.

On endotracheal tube in place and on peacemaker.

Impression:

1.A large, centrally necrotic mass in the left upper lobe, with posterior chest wall invasion. This finding is highly concerning for an aggressive primary lung cancer or metastatic disease.

2.A solid mass in the right middle lobe with associated ground-glass opacity, likely representing a malignant process, with differential including primary lung cancer or metastasis.

3.A large abdominal mass with suspicious liver metastases, see abdominal CT report.

4.On endotracheal tube in place and on peacemaker.

5.Atherosclerotic plaues in coronary artery,aortic arch.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121015553

Contrast-Enhanced CT of the Chest

Clinical History:

Known case of prostate cancer, status post TURP

Findings:

Mediastinum:

There are multiple enlarged lymph nodes present in the mediastinum, which could suggest metastatic involvement given the history of prostate cancer.

Lung:

The left lower lobe demonstrates large opacities associated with areas of ground-glass opacity.

These findings may represent metastatic disease or could be indicative of an infectious or inflammatory process. No pleural effusion or pneumothorax is observed.

Others

The visualized portions of the heart and great vessels are within normal limits.

There are no significant abnormalities noted in the remaining lung fields or the chest wall.

No bony osteolytic or scerotic change.

Impression:

1.Multiple enlarged mediastinal lymph nodes, suspicious for metastatic involvement.

2.Large opacities with associated ground-glass opacities in the left lower lobe,

suggestive of possible metastasis or other pathology.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121005012

Contrast-Enhanced CT of the Chest

Indication: Evaluation of chest pain and vascular disease.

Technique: Contrast-enhanced CT scan of the chest was performed with intravenous contrast administration.

Findings:

Aorta: There is evidence of atherosclerosis with calcified plaque formation within the aorta. A suspicious dilation of the ascending thoracic aorta is noted, measuring approximately 4.9 cm in diameter, which is suggestive of an aneurysmal change. This warrants further evaluation and correlation with clinical findings, given the potential risk of progression.

Coronary Arteries: Calcified atherosclerotic plaques are present in the coronary arteries, indicating underlying coronary artery disease. The extent of luminal narrowing cannot be assessed precisely on this CT, but the presence of calcification suggests chronic vascular changes.

Lungs and Pleura: No focal lung lesions, masses, or areas of consolidation are identified. Pleural spaces are clear, with no evidence of pleural effusion.

Impression:

Atherosclerosis with calcified plaque in the aorta and coronary arteries.

Suspicious dilation of the ascending thoracic aorta, measuring approximately 4.9 cm, suggestive of an aneurysm.

Recommend follow-up imaging and cardiovascular evaluation to monitor the size of the aortic dilation

and assess for any potential intervention.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121036954

Study: Contrast-enhanced CT of the Chest

Indication: Known history of hepatocellular carcinoma, status TACE and RFA treatment.

Findings:

Lungs:

A 5 mm nodule is identified in the right middle lobe . Given the P't history, likley represent a metastatic lesion; however, further evaluation with follow-up imaging is recommended to assess for any change in size or characteristics.

There is evidence of linear fibrosis in the right lower lobe. This may be related to prior treatment or scarring, but malignancy cannot be entirely excluded. Continued surveillance is advised.

Lymph Nodes:

Significant enlargement of the lymph node is noted at the carina, measuring approximately 40 mm. This is concerning for possible metastatic involvement, and further correlation with the patient's clinical history and additional diagnostic workup may be necessary.

Liver:

The liver shows post-treatment changes consistent with prior radiofrequency ablation (RFA) and transarterial embolization (TAE).

Others: Atherosclerotic plaues in coronary artery,aortic arch and abdominal aorta.

Impression:

1.A 5 mm nodule in the right middle lobe, potentially metastatic, with a recommendation for follow-up imaging.

2.Enlarged carinal lymph node, 40 mm in size, suggestive of possible metastatic disease.

3.Linear fibrosis in the right lower lobe, likely related to prior treatment but requires follow-up.

4.Post-treatment changes in the liver consistent with RFA and TAE, with no evidence of new or recurrent lesions.

5.Atherosclerotic plaues in coronary artery,aortic arch and abdominal aorta.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121036224

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 pleura:

Massive Left Pleural Effusion: A large left pleural effusion is causing significant compression and partial collapse of the left lower lobe. The effusion may be malignant in nature, and consideration should be given to drainage and further evaluation.

Moderate Pericardial Effusion: A pericardial effusion is noted, requiring close clinical monitoring to assess for potential complications such as tamponade.

Great vessel:

atherosclerotic plaues in coronary artery.

Bony Structures:

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

or destructive lesions.

Impression:

1. Massive Left Pleural Effusion: A large left pleural effusion is causing significant compression and partial collapse of the left lower lobe. The effusion can't R/Omalignant in nature, and consideration should be given to drainage and further evaluation.

2.A pericardial effusion is noted, requiring close clinical monitoring to assess for potential complications such as tamponade.

3.Atherosclerotic plaues in coronary artery,aortic arch.

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

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121055068

Study: Contrast-enhanced CT of the Chest

Findings:

Lungs:

Left Lung: There is a consolidation with air-bronchogram seen in the left lung. This finding is highly suggestive of an infectious process, such as pneumonia, or other etiology.

Right Lower Lobe : An area of opacity is observed in the right lower lobe. This could represent a infection process. Further clinical correlation and follow-up imaging are recommended to assess for progression or resolution.

Pleura:

There is a moderate right pleural effusion. Thoracentesis could be considered for diagnostic and therapeutic purposes if clinically indicated.

atherosclerotic plaues in coronary artery.

Impression:

1.Consolidation with air-bronchogram in the left lung, suggestive of pneumonia or other infectious/inflammatory process.

2.Opacity in the right lower lobe, likely infection process; follow-up imaging is recommended.

3.Moderate right pleural effusion, with a recommendation for further evaluation.

4.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:U120972434

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 Millde Lobe :

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

surgical stitches are visualized, consistent with previous operative intervention.

Comparison:

Comparing with the previous study from 2024/03/21 the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

A benign calcified small nodule in RLL.stable,comparing 2024/03/21.

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 2024/03/21.

2.No concerning lung abnormalities are identified.

Recommendation:

Continue clinical follow-up. Another imaging study may be warranted in 6-12 months.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121045634

Technique:

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

Findings:

Lungs:

A 22 cm hugeencapsulated fluid collection with an air-fluid level is present in the left lung, suggestive of a large abscess or infected cyst and with eftward midline shift, with compression of the left lung and adjacent structures.

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 22 cm hugeencapsulated fluid collection with an air-fluid level is present in the left lung, suggestive of a large abscess or infected cyst and with eftward midline shift, with compression of the left lung and adjacent structures.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121028071

Imaging Report Form for the Lung Cancer 肺癌

Imaging Date: 2024/08/20

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

■with □without intravenous contrast.

A. Primary Tumor (T)

# Location: LUL

# Size

□Non-measurable

□Measurable: 5.4 (greatest dimension)

□T1a: Tumor <= 1 cm

□T1b: Tumor > 1 cm but <= 2 cm

□T1c: Tumor > 2 cm but <= 3 cm

□T2a: Tumor > 3 cm but <= 4 cm

□T2b: Tumor > 4 cm but <= 5 cm

■T3: Tumor > 5 cm but <= 7 cm

□T4: Tumor > 7 cm

# Tumor Invasion

□T1:

□Surrounded by lung or visceral pleura

□Not more proximal than lobar bronchus

□T2:

□Involves main bronchus

□Invades visceral pleura

□Atelectasis to hilum (focal or total)

□T3:

□Invades chest wall, pericardium

□Separate tumor nodule(s) in same lobe

■T4:

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

□Invades trachea, carina, recurrent laryngeal nerve, esophagus

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

B. Regional Lymph Node (N)

■N0: No or Equivocal

□Yes, locates

□Low cervical, supraclavicular, sternal notch

□Upper paratracheal □Prevascular □Retrotracheal □Lower paratracheal

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

□Hilar □Interlobar □Lobar □Segmental □Subsegmental

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

□N2: Ipsilateral mediastinal and/or subcarinal lymph nodes

□N3: Ipsilateral / contralateral scalene or supraclavicular lymph nodes

□N3: Contralateral mediastinal and/or hilar lymph nodes

C. Distant Metastasis (M)

■M0: No or Equivocal

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

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

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

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

D. Other Findings

= = = = = =

IMP:

Lung cancer, preliminary imaging staging T4N0M0 (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:U121045593

Clinic information:

chest pain.

Technique:

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

Findings:

Lungs:

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

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.

Great vessel: no aneurysm.

Pleura and Chest Wall:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Others:

GB stones.

Bil renal cysts.

Focal enhnaced in uterine wall,suspicious uterine myoma,GYN check.

Impression:

1.No aneurysm of chest aorta.

2.GB stones.

3.Bil renal cysts.

4.Focal enhnaced in uterine wall,suspicious uterine myoma,GYN check.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====