檢查單號:U121089052

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 6th-7th ribs ribs.

post s/p of RUL with stitch and interlobular thickening and adjacent surgical stitches.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

on On port-A in upper chest.

GB stones and left renal tiny stone.

Impression:

Fractures of the right 6th-7th ribs ribs.

post s/p of RUL with stitch and interlobular thickening and adjacent surgical stitches.

on On port-A in upper chest.

GB stones and left renal tiny stone.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121063021

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

Fractures of the right 4th-8th ribs with suspicious flail chest.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the right 4th-8th ribs with suspicious flail chest.

Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121036777

Clinic information:

Adenocarcinoma of rectum, pT1NxMx, stage I s/p TEO excisio

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. Stable,comparing previous CT.

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

status post-surgical resection.

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:U120661335

Study Type: Non-Contrast CT of the Chest

Findings:

Right Upper Lobe :

A ground-glass opacity (<5mm) is noted in the LUL,LLL. There has been no change in the size or appearance of this GGO compared to the previous CT scan performed in 2024/02/02. This stability suggests a benign

lesion. A calcified lesion size 4.2mm in LLL.

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 small GGO ,small calcified nodule ,which no change since the previous CT scan in 2024/02/02.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121059944

Non-contrast CT of the Chest

Indication: Follow-up for known adenocarcinoma of the ascending colon, post-surgical monitoring

Findings:

The patient has a history of adenocarcinoma of the ascending colon, pT4aN1bM0, Stage IIIB, status post laparoscopic right hemicolectomy. Current imaging shows linear infiltrative changes in both lower lobes of the lungs. These infiltrates are stable compared to the previous CT scan dated 2024/06/15, with no significant change in size or appearance. No new pulmonary nodules or masses are identified. The lung parenchyma is otherwise clear, with no evidence of pleural effusion or pneumothorax.

The mediastinum and hilar regions do not show significant lymphadenopathy. The visualized upper abdomen is unremarkable, with no signs of recurrent or metastatic disease.

Impression:

1.Stable linear infiltrates in both lower lobes, with no significant interval change compared to 2024/06/15.

2.No evidence of new pulmonary nodules or metastatic disease.

Recommendation:

Continue routine 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:U121086792

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

Fractures of the right clavicle,2nd-9th ribs ribs with suspicious flail chest.

Lungs and Pleura:

Right pleural effusion.

GGO in right lower lung,likley pumonary hemorrhage.

No pneumothorax is noted on either side this time.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the right 2nd-9th ribs with suspicious flail chest.

Right pleural effusion.

GGO in right lower lung,likley contrusion pumonary hemorrhage.

No pneumothorax is noted on either side this time.

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:U121069990

Non-contrast CT of the Chest

Indication: Follow-up for bilateral parathyroid cancer, staged pT3bN1b, post-treatment evaluation

Findings:

The patient has a history of bilateral parathyroid cancer, staged pT3bN1b. Current imaging shows no evidence of lung lesions; the lung parenchyma is clear, with no nodules, masses, or infiltrates observed. There is no evidence of pleural effusion or pneumothorax.

The mediastinum appears normal, with no masses or significant lymphadenopathy noted.

There is no abnormal soft tissue density in the mediastinal or hilar regions. The visualized cardiovascular structures, including the heart and major vessels, are unremarkable.

The visualized portions of the upper abdomen are normal, and no significant abnormalities are detected in the osseous structures.

Impression:

No lung lesions identified; lungs are clear.

No mediastinal mass or significant lymphadenopathy.

Recommendation:

Continue regular follow-up imaging as part of post-treatment surveillance for parathyroid cancer

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121063081

Non-contrast CT of the Chest

Indication: Evaluation for pulmonary nodule

Findings:

A 10.6 mm nodule is identified in the right main bronchus (se/im 202/35),suggest an endobronchial lesion, which requires further evaluation to determine its nature, including possible malignancy or benign causes such as a granuloma or polyp.

There is evidence of linear calcification and infiltration noted in the RML and LLL, suggesting chronic inflammatory or fibrotic changes. Linear infiltration is also observed in the RLL, indicating possible scarring or residual inflammation.

The remaining lung fields are clear, with no pleural effusion or pneumothorax. The mediastinum and heart are within normal limits, with no significant lymphadenopathy or mediastinal mass.

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Impression:

1.Nodule in the right main bronchus, 10.6 mm; further evaluation recommended.

2.Linear calcification and infiltration in RML,LLL and Linear infiltration in RLL.

3.Atherosclerotic plaues in coronary artery.

Recommendation:

Further evaluation with bronchoscopy or biopsy is recommended to assess the nature

of the bronchial nodule.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121072274

Non-contrast CT of the Chest

Indication: Follow-up for esophageal SCC, post Ivor-Lewis procedure and CCRT

Findings:

The patient is status post Ivor-Lewis procedure for esophageal squamous cell carcinoma, staged cT3N2M0, with subsequent CCRT. A small juxtapleural nodule is identified in RLL, measuring 15.2 mm. This nodule warrants further evaluation to determine its nature, which may represent metastatic disease, primary lung pathology, or benign process.

Ground-glass opacities are noted in the LUL, measuring 24 mm, and in the RUL, measuring 10.2 mm. These GGOs could represent post-inflammatory changes, infection, or early neoplastic processes.

The visualized mediastinum and heart appear within normal limits, with no evidence of significant lymphadenopathy or new masses.

Impression:

1.Juxtapleural nodule in the RLL, 15.2 mm; further evaluation recommended.

2.Ground-glass opacities in LUL (24 mm) and RUL (10.2 mm); possible post-inflammatory or other etiologies.

Recommendation:

Consider further imaging or biopsy to assess the nature of the RLL nodule and GGOs.

Continued follow-up with oncology is advised to monitor for recurrence or metastatic disease.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121072218

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.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121072751

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.

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. 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:U121036862

Clinic information:

colonoscopy positive finding

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:

no evidence of lymphadenopathy or mediastinal masses.

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 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:U121072368

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

Fractures of the right 4th to 9th ribs with suspicious flail chest.

Lungs and Pleura:

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

atherosclerotic plaues in coronary artery.

Normal size and configuration of the cardiac silhouette.

No pericardial effusion.

Additional Observations:

No pleural effusion.

No free air under the diaphragm.

Impression:

1.Fractures of the right 4th to 9th ribs with suspicious flail chest.

2.atherosclerotic plaues in coronary artery.

3.No evidence of pneumothorax or parenchymal lung opacities.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121078582

Clinic information:

Adenocarcinoma of rectum cT4bN2bM0, stage IIIC, s/p neoadjuvant CCRT,

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 upper Lung: Focal interlobular septal thickening is observed in the rightupper 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.

Linear infiltrtion of both lower lung,likley post inflammatory or post treatment.

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

Impression:

1.Stable,comparing 2023/03/31, post-operative changes in the right lung, with focal interlobular thickening and adjacent surgical stitches.

2.Linear infiltrtion of both lower lung,likley post inflammatory or post treatment.

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:U121086357

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 left clavicle, left 3rd-7th ribs with focal hematoma and suspicious flail chest.

Lungs and Pleura:

No pneumothorax is noted on either side on this time.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the left clavicle, left 3rd-7th ribs with focal hematoma and suspicious flail chest.

Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

No pneumothorax on either side on this time.

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:U121088766

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:

Little bil, pleural effusion.

No pneumothorax.

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.

Bil. little pleura 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:U121087053

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 left scapula.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

Impression:

Fractures of the left scapula.

Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120999670

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.

T- spine:

No osteolytic metastasis lesion.

Impression:

.No evidence of lung lesions

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121088862

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 pleural effusions or pneumothorax.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121076294

Technique:

Contrast-enhanced CT of the chest was performed.

Findings:

The imaging reveals extensive emphysematous changes throughout both lungs, with areas of ground-glass opacity noted in the right lung and left upper lobe. These findings may indicate areas of active inflammation or early fibrotic changes.

A solitary, well-circumscribed nodule measuring 15.3 mm is present in the right middle lobe (RML). Additionally, two nodules are observed in the left lower lobe (LLL), measuring 8 mm and 5 mm, respectively. These nodules require further investigation to exclude malignant processes.

There is evidence of bilateral pleural effusion, more pronounced on the right side.

A small to moderate pericardial effusion is also present .

No significant lymphadenopathy is noted.

Multiple bil. renal cysts.

Impression:

1.Emphysema with associated ground-glass opacities in the right lung and left upper lobe.

2.Nodule in the right middle lobe (15.3 mm) and additional nodules in the left lower lobe (8 mm, 5 mm). Recommend further evaluation with follow-up imaging or biopsy as clinically indicated.

3.Bilateral pleural effusion and pericardial effusion and Consider correlation with clinical findings

to determine the underlying cause.

4.Multiple bil. renal cysts.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121047689

Imaging Report Form for the Esophageal Cancer 食道癌

Imaging Date: 2024/08/22

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

□with □without intravenous contrast.

A. Primary Tumor (T)

# Location

□Cervical segment (hypopharynx to sternal notch)

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

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

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

epicenter within the proximal 2cm of the cardia)

# Size

■Not visible / Non-measurable

■Measurable: Length: 12 ; Maximum thickness: 9mm

# Tumor Invasion

□<=T2: Less than the muscularis propria

■T3: Invades esophageal adventitia

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

□T4b: Invades aorta, vertebral body, airway

B. Regional Lymph Node (N)

□N0: No or Equivocal

■Yes, locates

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

□Middle paraesophageal □Lower paraesophageal □Pulmonary ligament □Diaphragmatic

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

# Number: \_\_\_\_

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

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

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

C. Distant Metastasis (M)

□M0: No or Equivocal

■M1: Yes, location: \_\_\_\_

D. Other Findings

= = = = = =

IMP:

Esophageal cancer, preliminary imaging staging T3N2M1 (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:U121017860

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 spur formation without evidence of destructive lesions.

Impression:

Atherosclerotic plaues in coronary artery,aortic arch.

Clinical correlation for further evaluation 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:U121071335

Indication: Evaluation of suspected lung pathology in a patient with a history of brain tumor.

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

Findings:

Lungs: There is evidence of suspicious fibrotic infiltration in the left upper lobe . Additionally, subpleural reticulation is noted in the right and left lower lobes, which could represent post-inflammatory changes or early signs of interstitial lung disease. These findings should be correlated with clinical and laboratory data for further evaluation.

Coronary Arteries: Presence of atherosclerotic plaques is noted within the coronary arteries. The degree of luminal narrowing is not quantified on this exam, but atherosclerotic changes are evident.

Lung Parenchyma: There are areas of emphysematous changes, suggesting underlying chronic obstructive pulmonary disease

Impression:

1.Suspicious fibrotic infiltration in the left upper lobe.

2.Subpleural reticulation in bilateral lower lobes, possibly indicating post-inflammatory changes or early interstitial lung disease.

3.Atherosclerotic changes in the coronary arteries.

4.Emphysematous changes consistent with COPD.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121084534

Examination: Contrast-enhanced CT of the abdomen

Indication: Evaluation of back pain

Findings:

The contrast-enhanced CT reveals a Type A aortic dissection extending from the aortic arch through the descending aorta and involving both iliac arteries. There is no evidence of rupture or significant periaortic hematoma at this time. The pericardium appears thickened, which may suggest underlying inflammation or chronic pericardial disease.

A non-enhancing Left renal cyst measuring 4.0 cm is noted, consistent with a benign renal cyst (Bosniak category I). Additionally, a vascular-enhancing lesion is identified in segment 8 of the liver, measuring 3.4 cm. This lesion demonstrates arterial phase enhancement, raising the possibility of a hypervascular lesion such as a hepatichemagioma or focal nodular hyperplasia. Furtherimaging and clinic follow up may be considered.

Impression:

1.Type A aortic dissection involving the aortic arch, descending aorta, and bilateral iliac arteries.

2.Thickened pericardium, suggestive of possible chronic pericardial disease.

3.Non-enhancing cyst in the left kidney (4.0 cm), likely benign.

4.Vascular-enhancing lesion in liver segment 8 (3.4 cm); consider further evaluation with clinic and imaging follow up.

Recommend urgent cardiovascular consultation for management of the aortic dissection.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121071575

Follow-up for colon cancer status post-treatment, assessment for metastases

Procedure:

Contrast-enhanced CT of the chest was performed to evaluate the lungs, pleura, and mediastinum.

Findings:

Lungs:

A less enhanced, well-defined opacity measuring 1.0 cm is noted in the right lower lobe. The reduced enhancement compared to the surrounding lung parenchyma raises suspicion for a metastatic lesion, given the p't history of colon cancer.

Bilateral pleural effusions are observed, moderate in volume.The effusions could be related to malignant processes or other etiologies.

Mediastinum:

No significant mediastinal or hilar lymphadenopathy is identified.

atherosclerotic plaues in coronary artery.No evidence of pericardial effusion.

Impression:

1.Suspicious 1.0 cm opacity in RLL,likely metastatic, further evaluation with PET-CT or biopsy is recommended.

2.Bilateral pleural effusionsDiagnostic thoracentesis may be considered to determine etiology.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121076260

Clinic information:

Adenocarcinoma of rectum with uterine invasion and perforation, cT3N1M0, stage IIIB s/p CCRT

noncontrast CT of chest

Findings:

Lungs and Pleura:

Clip in LUL without recurrent tumor.

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. Clip in LUL without recurrent tumor.Stable,comparing 2024/08/08.

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

post-surgical resection and CCRT .

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:U121017939

CLINICAL HISTORY: Prostate cancer treatment.

TECHNIQUE:

Contrast-enhanced CT examination of the chest was performed following intravenous administration of iodinated contrast material.

COMPARISON: Previous CT chest dated 2024/03/11 .

FINDINGS:

Cardiovascular:

Mild cardiomegaly with therosclerotic calcific plaques are identified within the coronary arteries.

No significant interval change compared to the prior study.

Lungs:

Subpleural reticulation is noted in the bilateral lower lobes, likely representing post-inflammatory changes.

No evidence of new or worsening pulmonary nodules, masses, or consolidations.

No pleural effusion or pneumothorax.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

Bones:

No acute fracture or destructive bone lesion.

IMPRESSION:

Mild cardiomegaly and coronary artery atherosclerosis,

Stable, Subpleural reticulation in the bilateral lower lobes, likely post-inflammatory in nature.

No evidence of metastatic disease to the chest.

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檢查單號:U121063715

Follow-up for rectal cancer, L2 wedge deformity evaluation

Procedure:

Contrast-enhanced CT of the chest was performed to evaluate lung parenchyma, bones, and vascular structures.

Findings:

Lungs:

Ground-glass opacities (GGO), small nodules, and less enhanced opacities are observed, primarily in the right lung, with prominence in the right upper lobe (RUL). These findings may represent inflammatory changes, metastatic disease, or infection, given the patient's oncological history.

Spine:

L2 vertebra shows a wedge deformity consistent with a compression fracture and bone graft.

internal fixation plate over left clavicle left ribs.

Heart and Vessels:

Evidence of atherosclerotic plaques is present in the coronary arteries, suggesting chronic atherosclerotic disease. No acute coronary findings are observed.

Impression:

1.Right lung GGO, nodules, and opacities,likley uspicious for metastatic disease or infection;

further evaluation with follow-up imaging or biopsy is recommended.

2.L2 wedge deformity with bone graft, consider MRI for further assessment.

3.Coronary artery atherosclerosis: Chronic changes.

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