檢查單號:U121097836

Clinical History:

CXR:INCREASED IFILTRATIONS IN BIL LOWER LOBES

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:

Multiple cysts are observed in both upper lobes of the lungs, accompanied by a coarse linear infiltration band, indicative of chronic parenchymal changes.

In the right lower lung, there is subpleural reticulation, which may represent post-inflammatory changes or early signs of interstitial lung 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:

1.Multiple cysts and coarse linear infiltration in both upper lobes, suggestive of chronic changes.

2.Subpleural reticulation in the right lower lung, suggestive of post-inflammatory changes or early interstitial lung disease.

3.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:U121128667

write a 30yrs experience radiologist report of non-contrast CT of chest( 150 words)

several nodules in bil upper chest wall max size 8.9mm

Fractures of the left 9-11th ribs with left subcutaneous emphysema change and suspicious flail chest.

Linear infiltration if bil lower lung.

little Left pleural effusion.

Clinical Information:

Evaluation for trauma

Technique:

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

Findings:

Bony Thorax:

Fractures of the right 3rd-4th,5-7th ribs ribs with suspicious flail chest.

Lungs and Pleura:

Bilateral upper chest wall, with the largest measuring 8.9 mm in diameter. These nodules are non-calcified and do not show aggressive features, but further evaluation is recommended.

In the bilateral lower lungs, there is a linear pattern of infiltration wtismall nodule, which may represent early infection, or underlying pathology.

A small amount of left-sided pleural effusion is also noted, which could be related to the trauma

or an inflammatory process.

Opacity in LLL,size 22.5mm ,need R/O trama opacity,infection or other pathology,recommend further evaluation.

No pneumothorax is noted on either side.

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.

Others:

No free air under the diaphragm.

Impression:

1.Multiple bilateral upper chest wall nodules, largest 11.2 mm;recommend further evaluation.

2.Left 9th to 11th rib fractures with subcutaneous emphysema, suggestive of flail chest.

3.Linear infiltrateswith small nodule in bilateral lower lungs.

4.Juxtapleura opacity in LLL,size 22.5mm ,recommend further evaluation.

5.Small left pleural effusion.

6.Atherosclerotic plaues in coronary artery.

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:U121098182

Non-contrast CT of the Chest

Indication:DYSPNEA

CONTACT CHEMICAL

COVID 19 INFECTION LAST MONTH.

Evaluation of respiratory symptoms and lung pathology

Findings:

There is evidence of bronchiectasis in both lungs, most prominently in the bilateral lower lobes. Multiple bullae are present in the upper lobes of both lungs, indicative of emphysematous changes.

Ground-glass opacities are diffusely distributed throughout both lungs, suggesting a range of differential diagnoses, including inflammation, infection, or fibrosis.

There is a presence of miliary nodular infiltration throughout both lungs and size abou 5mm nodules

in bilateral lower lung,likely disseminated infection, granulomatous disease, or metastatic disease.

Impression:

1.Bronchiectasis in both lungs, more prominent in the bilateral lower lobes.

2.Bullae in the upper lobes of both lungs, consistent with emphysematous changes.

3.Diffuse ground-glass opacities in both lungs; further evaluation needed to determine etiology.

4.Miliary in both lung and bilateral lower lung nodular infiltration in both lungs, suggesting potential disseminated infection or other pathology.

Recommendation:

Correlate clinically and need further imaging or biopsy to evaluate the cause of ground-glass opacities and nodular infiltration.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121093996

Technique:

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

Findings:

There are multiple diffuse round small cysts scattered throughout both lungs, with a predominance in the RUL and LUL. In the RUL, areas of consolidation,GGO are also noted, which are more extensive in this region compared to the LUL, suggesting a possible inflammatory or infectious process.

In the RML, there are two nodular opacities measuring 12 mm and 9 mm, respectively. In RLL, a larger opacity measuring 28 mm is observed. In the LLL, there are two additional opacities, measuring 17 mm and 8 mm.

Bilateral moderate pleural effusions are present, more pronounced on the right side. There are no signs of pneumothorax or mediastinal shift

Heart and great vessel:

No cardiomegaly. Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

Impression:

1.Diffuse round cysts and consolidation in both upper lobes, predominantly in the RUL.

2.Multiple nodular opacities in RML, RLL, and LLL, largest measuring 28 mm in RLL.

3.Bilateral moderate pleural effusions.

Recommend further evaluation with contrast-enhanced imaging and possible biopsy of the larger nodular lesions to rule out malignancy.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121101154

Clinic information:

cecum cancer s/p

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.

No active lung lesion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121091767

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.

Lung Parenchyma:

A small GGO( 3mm ) in LLL.

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. A small GGO in LLL.

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:U121119558

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 3rd-4th,5-7th ribs,Left 3rd-5th ribs with suspicious flail chest.

Lungs and Pleura:

Motion artefacts.

Linear infiltration in RLL,LLL,suspicious inflammatory or othet etiology. clini check.

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:

Cardiomegaly with atherosclerotic plaues in coronary artery,aortic arch.

Others:

No free air under the diaphragm.

Impression:

1.Fractures of the left 3rd-4th,5-7th ribs,Left 3rd-5th ribs with suspicious flail chest.

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

3.Linear infiltration in RLL,LLL,suspicious inflammatory or othet etiology. clini check.

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:U121091179

Non-contrast CT of the Chest

Findings:

The non-contrast CT of the chest reveals GGO in the right lower lobe , measuring 9 mm and 6 mm. These GGOs show no significant change in size compared to the previous study dated 2024/06/26, suggesting stable lesions.

A cystic lesion measuring 13 mm is noted in the right upper lobe (RUL). A small 3.5 mm GGO is also observed in the RLL.

No pleural effusion, pneumothorax, or significant lymphadenopathy is identified. The heart and great vessels appear normal.

Impression:

1.Stable ground-glass opacities in the RLL, measuring 9 mm and 6 mm.

2.A 13 mm cyst in the RUL and a small 3.5 mm GGO in the RLL.

suggest 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:U121128033

Technique:

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

Findings:

Lungs:

There are small juxtapleura nodules in both upper 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:

No pleural effusions or pneumothorax.

The chest wall and diaphragm appear intact without abnormalities.

Impression:

small juxtapleura nodules in both upper lung.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120950616

Clinic information: COVID-19 infection 1 week ago, now presenting with mild cough.

Technique:

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

Findings:

Lung:

An irregular, non-calcified lesion measuring 20.9 mm in the left lingular lobe. This finding is non-specific and may represent residual post-infectious changes, though further follow-up with imaging or clinical correlation is recommended to rule out other pathology.

Heart and great vessel:

Cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

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

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.An irregular, non-calcified lesion measuring 20.9 mm in the left lingular lobe, raising concerning residual post-infectious changes, though further follow-up with imaging or clinical correlation is recommended to rule out other pathology.

2.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:U121123854

Non-Contrast CT Chest

Indication: Trauma

Findings:

Skeletal Injury: There is a fracture of the left clavicle, which is characterized by discontinuity and cortical irregularity of the bone. No significant displacement is noted.

Lung Findings: Ground-glass opacities are present in both the upper and lower lobes of the lungs, suggesting possible areas of contusion or other interstitial processes. Further correlation with clinical and laboratory data is recommended for a definitive diagnosis.

Vascular Findings: There are atherosclerotic plaques noted within the coronary arteries.

Impression:

1.Left clavicle fracture.

2,Ground-glass opacities in both lungs, consistent with trauma-related changes or

other interstitial pathology.Further correlation with clinical check.

3.Coronary artery atherosclerosis.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121091659

Clinical Information:

Follow-up RLL cancer 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 are no surrounding ground-glass opacities, consolidative changes, or cavitations.

Comparison:

Comparing with the previous study from 2024/02/05, the focal interlobular thickening and surgical stitch

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

Other Lung Fields:

No additional nodules, masses, or significant parenchymal changes are noted in the remaining lung fields.

Mediastinum and Hila:

No mediastinal or hilar lymphadenopathy. The heart and great vessels are unremarkable.

Pleura and Chest Wall:

No pleural effusions or pneumothoraces. The chest wall appears intact without masses or deformities.

Impression:

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

post-operative changes. This appears stable when compared to the prior study from 2024/02/05.

2.No new or concerning lung abnormalities are identified.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120484914

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:U121098321

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:

Omentum fat herniation to left low chest.

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:

1.Omental fat herniation into the left lower chest, likely secondary to a diaphragmatic defect.

No evidence of acute complications

2.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:U120964918

Non-Contrast CT Chest

Clinical indication: History of rectal adenocarcinoma (cT3N1M0, stage IIIB) status post concurrent chemoradiotherapy (CCRT).

CT of the chest reveals a 37.3 mm irregular opacity in the LLL. This lesion is concerning for possible metastatic disease given the patient's oncological history, though differential diagnosis includes inflammatory or infectious etiology.

There is no evidence of significant pleural effusion or additional pulmonary nodules.

The mediastinum is unremarkable, with no enlarged lymph nodes noted.

The heart and great vessels appear normal, and no signs of acute cardiovascular pathology are present.

Impression:

A 37.3 mm opacity in the left lower lobe, concerning for potential metastasis or infection,

Further evaluation with follow-up imaging or biopsy is recommended for definitive diagnosis.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121097253

Non-Contrast CT Chest

Clinical indication: Known prostate cancer; evaluation for metastatic disease.

CT of the chest reveals no acute pulmonary findings. The lungs are clear, with no evidence of masses, nodules, or pleural effusion.

There are multiple sclerotic changes involving the sternum thoracic and lumbar vertebrae, characteristic of metastatic disease.

The mediastinum is clear, with no enlarged lymph nodes.

atherosclerotic plaues in coronary artery.

Impression:

1.Multiple sclerotic changes in the sternum, thoracic and lumbar spine, highly suggestive of metastatic disease in the context of known prostate cancer.

2.No acute pulmonary findings.

3.Atherosclerotic plaues in coronary artery.

Continued oncologic management is recommended, with consideration for further systemic evaluation

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121056119

Non-Contrast CT of the Chest

Findings:

There is a consolidation in the RUL measuring 38.4 mm, which may represent pneumonia, other inflammatory/infectious processes.

Ground-glass opacities are observed in both lungs, likley of a diffuse inflammatory process, infection, or edema etc.

The pulmonary artery is mildly enlarged, measuring 35 mm, which raises the possibility of pulmonary hypertension.There is cardiomegaly with atherosclerotic plaques in the coronary arteries and aortic arch.

Impression:

1.Consolidation in the RUL with bilateral ground-glass opacities suggests an infectious or inflammatory process or other etiology.

2.Cardiomegaly with atherosclerotic changes in the coronary arteries and aortic arch.

3.Mild enlargement of the pulmonary artery, possibly indicating pulmonary hypertension.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121101113

Clinical Information:

Evaluation for trauma

Technique:

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

Findings:

Bony Thorax:

No rib fracture.

Degenerative changes are evident in the thoracic spine with marginal spur formation.

Lungs and Pleura:

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

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

or early interstitial lung disease

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.

No pericardial effusion.

Additional Observations:

No pleural effusion.

No free air under the diaphragm.

Impression:

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

or early interstitial lung disease

No evidence of pneumothorax or parenchymal lung opacities.

Recommendation:

Clinical correlation is recommended for the septal thickening. 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:U121090812

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 (RLL):

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 fibrosis with calcified in RUL.

Comparison:

Comparing with the previous study from 2022/11/06, appear stable. No new abnormalities or significant interval changes are observed.

Other Lung Fields:

No additional nodules, masses, or significant parenchymal changes are noted in the remaining lung fields.

Mediastinum and Hila:

No mediastinal or hilar lymphadenopathy. The heart and great vessels are unremarkable.

Pleura and Chest Wall:

No pleural effusions or pneumothoraces. The chest wall appears intact without masses or deformities.

Impression:

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

post-operative changes. This appears stable when compared to the prior study from 2023/11/06.

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:U121091851

Non-Contrast CT of the Chest

Findings:

Atherosclerotic plaques are present in the coronary arteries.

There is evidence of interstitial infiltration with presence of bronchiectasis and honeycombing

in both lower lobes , raising concerning associated with advanced fibrotic changes, likely related

to a chronic process such as idiopathic pulmonary fibrosis or a similar condition.

Impression:

1.Atherosclerotic changes in the coronary arteries consistent with coronary artery disease.

2. Interstitial infiltration, bronchiectasis, and honeycombing in both lower lungs, suggesting advanced interstitial lung disease. Further evaluation and clinical correlation are recommended to assess the extent and progression of pulmonary fibrosis.

Follow-up imaging may be considered based on clinical findings and symptoms.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121092558

Non-contrast CT of the chest.

Findings:

There are diffuse GGO present in both lungs, which may indicate interstitial lung disease, infection, or other inflammatory processes. The extent and distribution suggest a need for further evaluation,

The coronary arteries show calcified atherosclerotic plaques, consistent with underlying coronary artery disease.

Impression:

1.Diffuse ground-glass opacities in both lungs, suggestive of possible interstitial lung disease or inflammation.

2.Atherosclerotic plaques in the coronary arteries.

Recommend clinical correlation and follow-up with high-resolution CT.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121091738

Non-Contrast CT of the Chest

Findings:

Status post-VATS-assisted mediastinal tumor excision for thymoma.

There is an opacity in the RUL measuring 7.6 mm and a larger opacity in LUL measuring 18.2 mm, both of which have increased in size compared to the previous study from 2024/02/22.Need close follow up.

Linear infiltrations are observed in the RML and LLL ,suggestive of atelectasis or fibrosis.

Atherosclerotic plaues in coronary artery are present in the coronary arteries

Subcentimeter lymph nodes are noted in the mediastinum, which are likely reactive.

Impression:

1.Increasing opacities in RUL and LUL raising concerning infection or neoplastic process.

2.Linear infiltrates in RML and LLL, likely representing atelectasis or fibrosis.

3.Atherosclerotic changes in coronary arteries.

4.Stable subcentimeter mediastinal lymph nodes.

Continued monitoring is recommended.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121091175

Non-Contrast CT Chest

Clinical indication: Follow-up post-surgery for right middle lobe adenocarcinoma and biopsy-confirmed sclerosing pneumocytoma in the left upper lobe.

Finding:

Stable post-operative changes in the RML, with focal interlobular septal thickening and adjacent surgical stitches, consistent with prior VATS resection.

There is no evidence of recurrent mass or nodules in the right lung.

In the LUL, linear fibrosis is noted at the site of the previously biopsied sclerosing pneumocytoma, with no signs of progression or new lesions.

The mediastinum and heart are unremarkable, and no pleural effusion is present.

Impression:

1.Stable post-operative changes in the right middle lobe.

2.Linear fibrosis in the left upper lobe at the biopsy site.

3.No new lung abnormalities or concerning findings.

Continued follow-up as clinically indicated.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121072403

Contrast CT Chest

Clinical indication: Evaluation for pulmonary and pleural pathology.

CT of the chest reveals linear infiltration in the RML, left lingular lobe, and LLL, suggestive of early inflammatory or fibrotic changes.

A left pleural effusion is present.

Subcentimeter lymph nodes are noted in the mediastinum, with no suspicious features.

There is evidence of atherosclerotic plaques in the coronary arteries

.The heart and great vessels are otherwise unremarkable.

Impression:

1. Linear infiltration in RML, left lingular lobe, and LLL.

2. Left pleural effusion.

3. Coronary artery atherosclerosis.

Clinical correlation recommended for further management.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121108432

Technique:

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

Findings:

Heart and great vessel:

No cardiomegaly.

Atherosclerotic plaues in coronary artery,aortic arch.

No definite pulmonary embolism.

Mediastinum:

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

Lungs:

Suspicious a samll GGO size 4.6mm in RML.( se/im 202/33)

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:

1.Atherosclerotic plaues in coronary artery,aortic arch.

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

2.Suspicious a samll GGO size 4.6mm in RML.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121088673

Clinic information:

colon cancer sp admitted for salvage chemotherapy

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:U121106906

Contrast-Enhanced CT of the Chest

Findings:

The Hx of the chest reveals a huge known primary malignancy in the left upper lobe of the lung,post s/p. The patient is currently undergoing first-line therapy with Etoposide and Cisplatin. Adjacent to the primary mass, a smaller nodule is identified in the LUL, measuring 5.6 mm.

Subcentimeter lymph nodes are noted within the mediastinum. These lymph nodes are not significantly enlarged, suggesting they are likely reactive; however, given the oncologic history, continued surveillance is advised.

There is evidence of consolidation in the LLL, likely representing collapse. No pleural effusion or pneumothorax is seen. The heart and great vessels appear normal.

Impression:

1.A small 5.6 mm nodule in the LUL.

2.Subcentimeter mediastinal lymph nodes likely reactive.

3.Left lower lobe consolidation suggests collapse, likely related to underlying pathology.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121047620

Contrast-Enhanced CT of the Chest

left inguinal sarcoma s/p,R/T

Findings:

The contrast-enhanced CT of the chest demonstrates an ill-defined mass in the RLL of the lung, measuring approximately 20 mm. This mass is concerning for possible metastatic spread, given the patient’s history of left inguinal sarcoma.

A surgical stitch is noted in the LLL, indicative of prior intervention.

Several non-enhancing cystic lesions are present in the liver, suggesting benign hepatic cysts.

Atherosclerotic plaques are observed in the coronary arteries.

The T-spine appears intact with no evidence of fractures, destructive lesions, or significant degenerative changes.

The heart size is within normal limits, and no pleural effusion or pneumothorax is observed.

Impression:

1.Ill-defined 20 mm mass in the RLL, likely metastatic given history of sarcoma.

2.Presence of surgical stitch in LLL.

3.Non-enhancing cystic lesions in the liver, likely benign.

4.Atherosclerotic plaques in coronary arteries.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121047008

Non-Contrast CT of the Chest

Indication:

Lung, right middle lobe,papillary carcinoma, metastatic, S/P

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 2024/03/11 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:U121111257

Clinic information:

fever, shortness of breath and malaise since today.

Contrast-Enhanced CT of the Chest

Findings:

The contrast-enhanced CT of the chest reveals GGO opacities in both the right and left lungs, which may represent of including inflammation, infection, or other etiology. There is also evidence of bilateral pleural effusions, more prominent on the right side, with associated partial atelectasis of RLL.

There is cardiomegaly,Atherosclerotic plaues in coronary artery,aortic arch and abdominal aorta,

R/O suspicious intramural hematoma or chronic thrombi.

suspicious intramural artheroma

There is left thyroid lesion,sono check.

Bilateral renal cysts are identified, consistent with chronic renal disease. which are characteristic of cystic renal disease. Multiple small hypodense cystic lesions are also observed in the liver

No evidence of significant mediastinal lymphadenopathy is seen. The heart and great vessels appear normal. The osseous structures of the thoracic spine show degenerative changes.

Impression:

1.Ground-glass opacities in both lungs; differential diagnosis includes inflammation or infection or

neoplastic. clinic and imaging follow up.

2.Bilateral pleural effusions with right lower lobe atelectasis.

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

suspicious with intramural hematoma or chronic thrombi.need clinic check.

4.Bilateral renal cysts suggest chronic renal disease

5.Multiple small cystic lesions in liver.

6.Left thyroid lesion.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121111415

Clinic information:

biopsy of the sacrum has confirmed the presence of plasma cell myeloma.

Contrast-Enhanced CT of the Chest

Findings:

The contrast-enhanced CT of the chest demonstrates significant osteolytic changes involving the sternum, with an associated soft tissue mass measuring approximately 8 cm, indicative of plasma cell myeloma. There are similar osteolytic lesions noted in the left 9th rib and the left scapula.

A wedge deformity is observed at the T8 vertebral level, consistent with compression fracture, likely secondary to the underlying myeloma. There is evidence of linear infiltration in both lower lungs, which may represent infection, inflammatory changes, or early malignant infiltration.

No significant pleural effusion or pneumothorax is identified. The heart and great vessels are within normal limits.

Cardiomegaly is noted.

Impression:

1.Findings consistent with plasma cell myeloma, including an 8 cm osteolytic mass in the sternum, osteolytic changes in the left 9th rib and left scapula, and wedge deformity of T8.

2.Linear infiltrates in both lower lungs likely represent infection, inflammatory changes, or early malignant infiltration.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121091674

Clinic information:

colon cancer s/p ,admitted for salvage chemotherapy

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.2024/05/14

2. No definite lung metastasis.

3. Atherosclerotic plaues in coronary artery.need clinic check.

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:U121090953

Contrast CT Chest

Clinical Indication: Follow-up scan to assess treatment response (planned for partial response evaluation).

CT of the chest demonstrates stable mediastinal lymph nodes compared to the previous scan on 2024/05/23. The largest mediastinal lymph node measures 14.5 mm, with no interval enlargement or significant new findings. Multiple subcentimeter lymph nodes are present throughout the mediastinum, all of which remain stable and are likely reactive or related to prior treatment response.

Atherosclerotic plaques are noted in the coronary arteries.

The lungs are clear, with no evidence of nodules, masses, or pleural effusions.

The heart and great vessels appear unremarkable, and no significant new abnormalities are observed in the visible upper abdomen.

Impression:

1.Stable mediastinal lymphadenopathy, with the largest node measuring 14.5 mm, consistent with partial response (PR). No new findings.

2. Coronary artery atherosclerosis noted.

Continued follow-up recommended for treatment monitoring

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121113213

Contrast CT of the Chest

Patient History: Known non-small cell lung cancer , pleomorphic carcinoma, in the right main bronchus/subcarinal region (cT4N3M0), currently on empiric targeted therapy with Afatinib.

Findings:

There is a large opacity in the LLL measuring 57 mm, consistent with known malignancy. Ground-glass opacities ( and additional opacities are noted in both upper lobes, the RML, and the RLL, which may represent inflammatory changes, infection, or tumor spread. The subcarinal region demonstrate persistent disease with mass effect.

Impression:

PD of Significant opacity in the LLL consistent with known NSCLC and Ground-glass opacities and additional opacities in multiple lung lobes suggest ongoing or new pathology.

Continued monitoring and correlation with clinical findings are recommended.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121107918

Contrast-Enhanced CT Chest

Findings:

An old, healed fracture is noted in the left clavicle with no signs of recent trauma.

Ground-glass opacity measuring 13.7 mm is present in the LUL.

Juxtapleural nodules are identified in the right lower lobe measuring 12.2 mm and in the left lower lobe measuring 8.5 mm.

There are linear infiltrates in both lower lobes, suggestive of atelectasis or fibrosis.

A band-like opacity is seen in the RLL,likely infection or inflammatory or neoplastic process.

Atherosclerotic plaques are noted within the coronary arteries.

Impression:

1.Old left clavicle fracture.

2.GGO in LUL,

3.juxtapleural nodules in RLL and LLL,follow up.

4.linear infiltrates in both lower lobes,suggestive of atelectasis or fibrosis.

5.Band-like opacity in RLL.likely infection or inflammatory or neoplastic process.

6.Atherosclerosis of the coronary arteries. Further

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121107597

Contrast-Enhanced CT Chest

Indication: Evaluation for respiratory symptoms and pleural abnormalities

Findings:

Band-like opacities are present in the LLL and left lingular lobe, suggesting areas of infection or fibrosis or other etiology.

There are opacities measuring 6.7 mm in the RLL and 16 mm in the LLL, possibly representing infection

or other etiology.

Bilateral pleural effusions are noted, more prominent on the left side, with a chest tube inserted in the LLL.

Additionally, there is a left chest wall effusion with the presence of air, raising concern for a potential empyema .

Impression:

1.Band-like opacities in LLL and left lingular lobe.

2.opacities in RLL and LLL suggesting infection or other etiology.

3.Prominent left-sided pleural effusion with chest tube placement.

4.Left chest wall effusion with air,likely empyema.

Further clinical evaluation is recommended.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121027875

Contrast CT of the Chest

Indication: Known lung adenocarcinoma in the left lower lobe , staged as cT4N3M1c.

Follow-up imaging to evaluate the disease status and response to treatment.

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

Findings:

Left lower 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 response of decreasing of left pleura effusion, Comparison with prior imaging.

Lung Parenchyma: No new or concerning abnormalities are identified in either lung.

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

Impression:

1.Response of post-operative and treatment changes in the LLL with decreasing pleura effusion

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:U121112076

Contrast-Enhanced CT Chest

Indication: Known history of breast cancer with metastatic disease

Findings:

There are multiple osteolytic lesions in the spine, consistent with known metastatic disease from breast cancer.

The liver shows multiple hypodense lesions, indicative of metastatic involvement.

In the LUL of the lung, a linear fibrotic area with calcification is observed, suggesting a post-inflammatory or post-radiation change.

The mediastinum is within normal limits, and no pleural effusion is seen.

Impression:

1.Findings consistent with metastatic breast cancer, showing multiple osteolytic lesions in the spine and liver metastases.

2.Linear fibrotic calcified area in the LUL, likely post-inflammatory or post-radiation

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121110653

Procedure:

Contrast-enhanced CT of the chest

Clinical Information:

Evaluation for possible metastatic spread from known sigmoid colon tumor.

Findings:

Lymph Nodes: Enlarged lymph nodes are noted in the left lower neck and left axillary region.

The nodes are suspicious for metastatic involvement given the known history of sigmoid colon carcinoma.

Right Pleural Effusion: A massive right pleural effusion is present.

Mediastinal Lymph Nodes: Enlarged lymph nodes are identified in the paratracheal region within the mediastinum.These nodes are concerning for metastatic disease, or reactive changes.

Bone Structures: The visualized bony structures,including the ribs and thoracic spine are unremarkable.

Both Thyroid lesions noted,suggest sono check.

There is fatty strand in LUQ of fat,sus inflammatory change or other etiology.

Impression:

1.Left lower neck and left axillary lymphadenopathy, concerning for metastatic disease in the context of known sigmoid colon cancer.

2.Massive right pleural effusion,

3.Enlarged paratracheal lymph nodes in the mediastinum, suggestive of metastatic involvement or other pathologic processes.

4.Both Thyroid lesions noted,suggest sono check.

5.Fatty strand in LUQ of fat,sus inflammatory change or other etiology.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121098617

Contrast-Enhanced CT Chest

Indication: intermittent dry cough for one month

Findings:

A solid mass measuring 30.8 mm is identified in the RML, highly suspicious for a primary malignancy. Multiple small nodules are scattered throughout both lower lobes, suggestive of metastatic spread.

Band-like opacities are noted in the RLL and LLL, likely representing infection or inflammatory

or other etiology.

Bilateral moderate pleural effusions are present.

Atherosclerotic plaques are noted in the coronary arteries.

Impression:

1.Solid mass in RML consistent with a primary lung malignancy, with multiple small nodules

in both lower lobes suggesting metastasis.

2.Bilateral moderate pleural effusions.

3.Band-like opacities in RLL and LLL likely due to infection or inflammatory

or other etiology.

4.Atherosclerosis of coronary arteries.

Further evaluation and management for suspected malignancy are recommended.

Imaging Date: 2024/09/03

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

■with □without intravenous contrast.

A. Primary Tumor (T)

# Location: RML

# Size

□Non-measurable

□Measurable: \_\_\_\_ (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 T4N3M0 (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:U121082895

Contrast-Enhanced CT of the Chest

Clinical Indication: Evaluation for chest pain and suspected cardiovascular pathology.

Findings:

There is evidence of aortic dissection involving the aortic arch and extending into the descending aorta. The dissection flap is visible.

The heart is enlarged with atherosclerotic plaques noted in the coronary arteries and within the aortic arch and stent suggesting significant atherosclerotic disease.

A lesion is present in the right thyroid lobe, which may represent a thyroid nodule. Further characterization with ultrasound or follow-up imaging is recommended to assess its nature.

Bilateral pleural effusions are observed.

Impression:

1.Aortic dissection involving the aortic arch and descending aorta.

2.Cardiomegaly with significant atherosclerotic disease in the coronary arteries and aortic arch with stent.

3.Right thyroid lesion, suggestive of a nodule, further evaluation recommended.

4.Bilateral pleural effusions.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U121107256

Study Type: Non-Contrast CT of the Chest

Findings:

Right Lower Lobe:

Subpleural reticulation is noted in the right lower lobe,suggestive of interstitial changes, which may

be consistent with early interstitial lung disease or or post inflammatory change.

Mediastinum and Hila:

No significant lymphadenopathy is observed in the mediastinum or hila.

The heart size is within normal limits.

Pleura,

No pleural effusion or pneumothorax is observed.

Bones and Soft Tissues:

No acute osseous abnormalities or significant soft tissue findings.

Impression:

Subpleural reticulation in the right,left lower lobe, indicative of interstitial changes,

or 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:U121093793

Clinic information: Known case of lung cancer, status post-surgery, and ongoing chemotherapy.

Follow-up for treatment response.

Examination: Non-contrast CT of the chest.

Comparison: Prior study dated 2024/04/22.

Findings:

Compared to the previous CT from 2024/04/22, there is an overall improvement noted. In the right upper lobe , there is mild thickening of the pleura with a chest wall nodule measuring 11.3 mm. Two calcified nodules are also present in the RUL, measuring 5 mm and 7 mm, respectively.

In the right middle lobe , a nodule measuring 14.3 mm is observed, accompanied by linear infiltration, which may represent post-treatment changes. The RLL contains a nodule measuring 16 mm,which stable.

Rhe left lower lobe shows a new smaller nodule measuring 4.9 mm.

Focal interlobular septal thickening is noted in both the RUL and RLL. Surgical sutures are visualized, consistent with prior operative intervention. The previously noted mediastinal mass is no longer visible, indicating a favorable response to treatment.

Impression:

1.Partial response in chest findings compared to the previous study.

2.Pleural thickening and chest wall nodule in RUL; calcified nodules in RUL.Stable.

3.Nodules in RML, RLL,stable with associated linear infiltration in RML.

4. A new nodue in LLL,size 4.9cm.

5.Focal interlobular septal thickening in RUL and RLL,consistent with post-operative changes.

6.No visible mediastinal mass.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====