

國立臺灣大學醫學院附設醫院
National Taiwan University Hospital

病理部 病理組織檢查報告

MALIGNANCY

病歷號: 5096948

姓名: 柯翠蓮

出生日期: 1950/9/25

第 1/2 頁

外科病理號碼: S2329328 v.2 身分證字號: B200561753 收件日期: 2023/07/17 00:00

檢體: b 科別: MED 13B-19-01(總院) 報告日期: 2023/07/18 15:37

性別: 女 年齡: 072/10

組織由來:

Pancreatic body-tail tumor

臨床診斷:

Adenocarcinoma

病理組織學診斷:

Pancreas, body to tail, endoscopic ultrasound fine needle biopsy, adenocarcinoma

MACROSCOPIC :

*Quantity: Three tissue fragments, up to 0.2 x 0.2 x 0.2 cm in size; yellowish white and soft

All for section: A1

Jar 0

MICROSCOPIC :

* Histological diagnosis: Adenocarcinoma

* High grade dysplasia (including severe dysplasia and carcinoma in situ): Absent

* Invasive carcinoma: Present

* Surgical margin: Cannot be assessed

* Comment: Primary is more favored. Further immunostains are pending.

Ref: nil



收件者: 孫家棟主治醫師

覆閱者: 蔡佳惠主治醫師(病解專醫字第0476號) 覆核此報告為惡性


確認者(報告醫師): 孫家棟主治醫師(病解專醫字第0126號) 2023/07/18 15:37

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性別: 女	年齡: 072/10
組織由來: Pancreatic body-tail tumor	
臨床診斷: Adenocarcinoma	
病理組織學診斷: 補發報告: Addendum(20230718) The tumor cells are positive for CK7 and S-100P. The TTF-1 is negative.	
	
收件者:孫家棟主治醫師 覆閱者:蔡佳惠主治醫師(病解專醫字第0476號) 覆核此報告為惡性 確認者(報告醫師):孫家棟主治醫師(病解專醫字第0126號) 2023/07/18 15:37	

國立臺灣大學醫學院附設醫院
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住院中病歷摘要

非正式病摘
僅供參考用

病歷號:5096948

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醫院代號:0401180014

帳號:23T01145741 性別:女 身分證號:B2005*****

主治醫師簽章



台大醫師PGY
陳逸涵
教120906

地址:台中市北區404錦平里20鄰錦平街29號

電話:

入院日期:2023/07/12 轉入日期:2023/07/12 內科部 T0-13B-13-01 病床

轉出日期:2023/07/22 住院天數計 10 日

入院診斷(Admission Diagnosis)

[Main diagnosis]

#. Hypovascular lesion at pancreatic body to tail, suspetced pancreatic adenocarcinoma, with suspected bone metastases and vascular invasion

[Underlying disease]

- #. Hypertension
- #. Dyslipidemia
- #. Pre-diabetes mellitus, HbA1C 6.9%, under lifestyle modification
- #. Thyroid cancer, status post thyroidectomy, under Eltroxin
- #. Autosomal dominant polycystic kidney disease with polycystic liver disease

出院診斷(Discharge Diagnosis)

[Main diagnosis]

- #. Pancreatic body adenocarcinoma, cT4N0M1, with celiac trunk encasement and bone metastases at T12 spine and left lower sacrum, status post port-A insertion on 2023/7/21
- #. Resolved B hepatitis

[Underlying disease]

- #. Hypertension
- #. Dyslipidemia
- #. Pre-diabetes mellitus, HbA1C 6.9%, under lifestyle modification
- #. Thyroid cancer, status post thyroidectomy, under Eltroxin
- #. Autosomal dominant polycystic kidney disease with polycystic liver disease

轉出加護病房診斷(Diagnosis for ICU)

Nil

主訴(Chief Complaint)

Informant:the patient and the EMR

Intermittent dull abdominal pain over left upper quadrant for a month

病史(Patient History)

[Present illness]

This is a 72-year-old woman with a medical history of

1. Hypertension
2. Dyslipidemia
3. Pre-diabetes mellitus, HbA1C 6.9%, under lifestyle modification
4. Thyroid cancer, status post thyroidectomy, under Eltroxin
5. Autosomal dominant polycystic kidney disease with polycystic liver disease

The patient is ADL/iADL totally independent and lived with her husband in Taichung city.

She reported intermittent dull epigastralgia over left upper quadrant for a month.

There was no nausea, vomiting, diarrhea, fever, night sweating, fatigue, or hot flushing

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noticed. Body weight loss of 5 kilograms in half year was noticed, but notably under regular weight bearing training and diet control. Arrupted onset of epigastralgia over left upper quadrant, scored 5 out of 10, developed on 2023/7/7 night before sleep. The pain persisted and could not relieve in any position. She could not even sleep without pankillers. She then sought help at emergency department at 中國 medical hospital on 2023/7/8. Abdominal+pelvis CT with and without contrast showed 1. Status of thyroid cancer post op. 2. A 2.8x2.5cm pancreatic cancer in pancreatic body is suspected, suggest clinical correlation. Peripancreatic invasion is suspected. Encasement of splenic artery and splenic vein. 3. An osteoblastic lesion over T12, metastasis is suspected. 4. Polycystic kidney disease and polycystic liver disease is suspected. 5. Fatty liver. 6. An uterine myoma.
7. Right pleural effusion with dependent lung atelectasis. Under the impression of suspect pancreas cancer, she was initally adviced to admit to 中國 medical hospital for proceeding survey as soon as possible. However, she sought second opinion at our hospital and was admitted on 2023/7/12 for further management.

[Past history]

1. Hospitalization: nil
2. Surgery: throidectomy

[Family history]

Family history with first-degree relatives (+)

- Father: HCC
- Mother: polycystic kidney disease
- Uncle(mother side): polycystic kidney disease
- Sister: polycystic kidney disease
- Brother: polycystic kidney disease

[Allergic History]

1. Medication Allergy: denied reported by the patient on 2023/7/12
2. Allergy to Medical Device and Materials: denied reported by the patient on 2023/7/12

[Current Medication]

1. from National Taiwan University Hospital: nil
2. from the others:
 - Levothyroxine Sodium (Eltroxin 100 mcg/tab) 1 tab TIW
 - Levothyroxine Sodium (Eltroxin 100 mcg/tab) 0.5 tab TIW
 - Acetaminophen (Acetal 500 mg/tab) Q6H PO
 - Bisoprolol 5 mg/tab 0.5 tab QN
 - Caudet 5/20 mg 1 tab QN
3. Chinese medicine or herbal medicine: denied
4. Dietary supplements: denied

[Social and Personal history]

1. Substance abuse:
 - Tobacco: denied
 - Alcohol: denied
 - Betel nuts: denied
 - Prohibited drugs: denied
2. TOCC:

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- Recent Traveling history: None in recent three months
- Occupation: house keeper
- Contact: denied
- Cluster: no fever or other infection signs of cluster

身體診查(Physical Examination)

入院時之身體檢查(Physical Examination at admission)

[Vital signs]

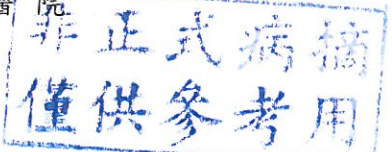
BH: 161.5 cm, BW: 53.35 kg,
T: 36.5 °C, P: 71 bpm, R: 18 /min,
BP: 103 / 67 mmHg,
Pain score: 2

[Neurological Examination]

1. Consciousness: clear and oriented, E4V5M6
2. Muscle power: RUE/LUE: 5/5; RLE/LLE: 5/5
3. Gait: steady
4. Cranial nerves: CN II-XII grossly intact
5. Normal Finger to nose test: pass

[Physical examination]

1. HEENT:
 - pale conjunctiva(-)
 - icteric sclera(-)
 - injected throat(-)
2. Neck:
 - LAP(-)
 - JVE(-)
 - Carotid bruit(-)
3. Chest:
 - symmetric expansion,
 - breath sound: bilateral clear /crackle(-), wheezing(-), rales(-), rhonchi(-)
4. Heart:
 - systolic or diastolic murmur(-)
 - audible S3, S4 gallop(-), click(-), murmur(-), or rub(-)
 - heave or thrill(-)
5. Abdomen:
 - liver span: normal
 - soft, no distention
 - bowel sound: normal-active
 - palpable mass(-), tenderness(-), rebound pain(-) over epigastric area
 - surgical scar(-)
6. Back:
 - costovertebral angle knocking pain(-)
7. Extremity:
 - freely movable
 - pitting edema(-)
 - cyanosis(-)
 - Pulsation(R' t/L' t): Radial artery(++/+), Common femoral artery(++/+), Popliteal artery(++/+), Dorsalis pedis artery(++/+), Posterior tibial artery(++/+)
 - Allen's Test: (+/+)



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8. Skin:

- rash(-)
- petechiae(-)
- bruise(-)

轉出/出院時明顯的身體檢查改變(Evident Transfer/Discharge Change of Physical Findings)
port-A placement

手術(Operation)

2023/7/21 port-A insertion

住院治療經過(Course and Treatment)

Upon admission, abdominal MRI+MRCP was performed on 2023/7/13 afternoon and showed pancreatic body cancer, 3.9cm, with T12 and celiac trunk invasion, tentative staging cT4N0M1. Abdominal echo on 2023/7/14 showed pancreatic tumor, body and tail, with celiac trunk encasement, polycystic liver and kidney disease, splenic lesion, r/o angiomyolipoma. We had consulted surgeon on 2023/7/14 and he suggested neoadjuvant chemotherapy first. CA-199 was 3086.47 U/mL, which may indicating pancreatic adenocarcinoma. Autoimmune profiles including IgG and IgG4 were within normal level. Hepatitis profile showed resolved B hepatitis and no HCV infection. Brain+chest CT on 2023/07/16 showed no metastases. EUS-FNB was conducted on 2023/7/17 and showed histological adenocarcinoma, favored pancreatic cancer (Immunostains: CK7 +, S-100P +, TTF-1 -). Bone scan on 2023/7/18 showed T12 spine and left lower sacrum metastases. Port-A insertion was done on 2023/7/21. We had consulted our Oncologist Dr. 楊士弘 and the patient decided returning to Taichung for further treatment after shared-decision-making.

住院用藥摘要:

Cefazolin Sodium, Gentamicin Sulfate, Bisoprolol Fumarate, Dextrose and Electrolyte Solution, Sodium Chloride, Acetaminophen, Tramadol HCl 37.5 mg, Acetaminophen 325 mg, Tramadol HCl, Fentanyl Citrate, Hyoscine Butylbromide, Sennoside A+B, Magnesium Oxide, Metoclopramide (as HCl salt), Levothyroxine Sodium, Acetylcysteine, (自備)Bisoprolol 5 mg/tab, (自備)Caudet 5/20 mg

併發症(Complication)

nil

檢驗紀錄(Laboratory Report)

【CBC+PLT BLOOD】

time/item	WBC (k/ μ L)	RBC (M/ μ L)	HB (g/dL)	HCT (%)	MCV (fL)
2023/07/12 [1052]	8.77	4.18	12.9	39.4	94.3

time/item	MCH (pg)	MCHC (g/dL)	PLT (k/ μ L)	RDW-CV (%)	PS (%)
2023/07/12 [1052]	30.9	32.7	260	12.3	-

【WBC D/C BLOOD】

time/item	Blast (%)	Promyl. (%)	Myelo. (%)	Meta (%)	Band (%)
2023/07/12 [1052]	0.0	0.0	0.0	0.0	0.0

Seg	Eos.	Baso.	Mono.	Lym.

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time/item	(%)	(%)	(%)	(%)	(%)
2023/07/12 [1052]	77.8	1.6	0.2	3.6	16.8

	Aty. Lym.	PlasmaCell	Normobl.	PS	
time/item	(%)	(%)	()	()	
2023/07/12 [1052]	0.0	0.0	0	Auto DC	

【General BioChemistry BLOOD】

	Alb	T-BIL	AST	ALT	ALP
time/item	(g/dL)	(mg/dL)	(U/L)	(U/L)	(U/L)
2023/07/12 [1052]	4.4	1.50	31	23	165

	GGT	UN	CRE	eGFR	AMY
time/item	(U/L)	(mg/dL)	(mg/dL)	(mL/min/1.73 m	(U/L)
2023/07/12 [1052]	190	19.1	1.1		29

	Lipase	Na	K	
time/item	(U/L)	(mmol/L)	(mmol/L)	
2023/07/12 [1052]	33	134	4.0	

【Yes BLOOD】

	IgG
time/item	(mg/dL)
2023/07/13 [0901]	924.47

【PT BLOOD】

	PT	PT INR
time/item	(sec)	()
2023/07/12 [1052]	10.7	0.98

【aPTT BLOOD】

	aPTT
time/item	(sec)
2023/07/12 [1052]	26.2

【Yes BLOOD】

	IgG-4
time/item	(mg/dL)
2023/07/13 [0901]	74.00

【CBC+PLT BLOOD】

	WBC	RBC	HB	HCT	MCV
time/item	(K/ μ L)	(M/ μ L)	(g/dL)	(%)	(fL)
2023/07/18 [0941]	5.90	4.12	12.3	38.2	92.7
2023/07/20 [0858]	6.12	3.84	11.9	35.6	92.7

	MCH	MCHC	PLT	RDW-CV	PS
time/item	(pg)	(g/dL)	(K/ μ L)	(%)	()
2023/07/18 [0941]	29.9	32.2	217	12.6	-

非正式病摘
僅供參考用

住院中病歷摘要

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2023/07/20 [0858] 31.0 33.4 188 12.9 -

【Biochemistry BLOOD】

time/item	BUN (mg/dL)	CRE (mg/dL)	eGFR (mL/min/1.73 m)	Na (mmol/L)	K (mmol/L)
2023/07/17 [0852]		0.8			
2023/07/18 [0941]					
2023/07/20 [0858]	11.0	0.7		135	3.5

time/item	T-BIL (mg/dL)	AMY (U/L)	Lipase (U/L)
2023/07/17 [0852]	1.37		
2023/07/18 [0941]		30	18
2023/07/20 [0858]	0.86		

【General BioChemistry BLOOD】

time/item	GGT (U/L)	ALT (U/L)	ALP (U/L)
2023/07/17 [0852]		31	
2023/07/18 [0941]		27	
2023/07/20 [0858]	212	24	130

【PT BLOOD】

time/item	PT (sec)	PT INR ()
2023/07/17 [0852]	10.6	0.97
2023/07/20 [0858]	10.3	0.95

【aPTT BLOOD】

time/item	aPTT (sec)
2023/07/17 [0852]	25.1
2023/07/20 [0858]	24.1

【Yes BLOOD】

time/item	Anti-HBc (*)	Anti-HBs (mIU/mL)	Anti-HCV Ab (*)	CA-199 (U/mL)	CEA (ng/mL)
2023/07/12 [1052]	Positive	Positive(306 .31)	Negative	3086.47	5.38

【BLOOD】

time/item	HBsAg ()
2023/07/12 [1052]	Negative

【Yes Pancreas aspiration】

Pancreas Asp Specimen Ade
iration Cyto quacy
logy

住院中病歷摘要

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僅供參考用

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time/item	(*)	(*)
2023/07/17 [1240]	Positive for malignant cells	Satisfactory for evaluation

檢查紀錄(Examination Report)

急診腹部超音波檢查報告

醫令: 急診腹部超音波檢查報告 報告醫師: 影像時間: 2023/07/14 00:00

腹部超音波檢查報告(急診部)

病患姓名 :柯翠蓮 病歷號碼 :5096948 病床號碼 :13B 1301

年齡 :73 性別 :F

檢查日期 :20230714 檢查項目 :19001CZR

Chief Complaint :

P body and tail tumor with bone mets, for evaluation before FNB

SONAR FINDINGS :

Liver :

Fine echotexture. Multiple anechoic lesions up to 57 mm in bilateral lobes of liver.

Intra-hepatic duct :

No dilatation.

Common bile duct :

No dilatation.

Gall bladder :

Negative.

Portal vein system :

Patent.

Pancreas :

One 40.0 x 21.4 mm (at least) hypoechoic lesion at the body and extending toward the tail,

encasing the celiac trunk. No P duct dilatation.

Spleen :

Splenic index 33.7 x 40.2 mm. One 17.3 mm hyperechoic lesion without PAS within.

Kidney :

Multiple anechoic lesions up to 40.9 mm at bilateral kidneys.

Ascites :

Nil

Diagnosis :

Pancreatic tumor, body and tail, with celiac trunk encasement.

Polycystic liver and kidney disease.

Splenic lesion, r/o angiomyolipoma.

Comment :

檢查者: 陳知澈住院醫師 / 王秀伯主治醫師

急診腹部超音波檢查報告

醫令: 急診腹部超音波檢查報告 報告醫師: 影像時間: 2023/07/18 00:00

腹部超音波檢查報告(急診部)

病患姓名 :柯翠蓮 病歷號碼 :5096948 病床號碼 :13B-19 FU

年齡 :73 性別 :F

檢查日期 :20230718 檢查項目 :19001CZR

Chief Complaint :

P body and tail tumor with bone mets, s/p FNB FU D1

SONAR FINDINGS :

住院中病歷摘要

非正式病摘
僅供參考用

病歷號:5096948

姓名:柯翠蓮

出生日期:1950/09/25

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Liver :

Fine echotexture. Multiple anechoic lesions up to 57 mm in bilateral lobes of liver.

Intra-hepatic duct :

Not checked

Common bile duct :

Not checked

Gall bladder :

Not checked

Portal vein system :

Not checked

Pancreas :

One 34.9mm x 23.2mm (at least) hypoechoic lesion at the body and extending toward the tail, encasing the celiac trunk. No P duct dilatation was noted. No peri-pancreatic fluid was noted.

Spleen :

Not checked

Kidney :

Not checked

Ascites :

Nil

Diagnosis :

Pancreatic tumor, body and tail, with celiac trunk encasement.

Polycystic liver and kidney disease.

Splenic lesion, r/o angiomyolipoma.

Comment :

檢查者: 林弘堯住院醫師 / 王秀伯主治醫師

影像報告(Imaging Report)

2023/07/12 Chest : PA View (Standing) Bilateral apical pleural thickening with calcified plaques. Normal heart size. Tortuous aorta with wall calcification(s). Prominent hilar lung marking(s). Degenerative spondylopathy or spondylosis with marginal osteophyte or spur formation.

=====
2023/07/13 MRI With/Without Contrast--Abdomen MRI of the abdomen without/with contrast enhancement shows:

> Numerous cysts in both lobes of the liver and bilateral kidneys, polycystic liver and kidney diseases are considered.

> A 3.9cm lobulated tumor with hypoenhancement at pancreatic body with encasement of celiac trunk, malignancy is highly suspected.

> No definite abnormality of gallbladder, spleen, bilateral adrenals.

> No definite paraaortic lymphadenopathy.

> No ascites.

> An enhancing lesion at T12 vertebral body, susp. metastasis; recommend bone scan correlation.

> Mild right pleural effusion. Subsegmental atelectasis at right lower lobe.

Imaging Report Form for Pancreatic Cancer

1. Imaging Date

2023/07/13

Imaging Modality

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Imaging by CT scan MRI
Imaging Protocol

MRI of the abdomen without/with contrast enhancement

2. Tumor Location

Pancreatic head and neck Pancreatic body Pancreatic tail
Other:

Tumor Size:

Measurable: 3.9 cm in greatest dimension
Non-measurable

3. Tumor Invasion or Encasement

Tumor limited to the pancreas

Yes:

Celiac trunk Superior mesenteric artery Superior mesenteric vein Common hepatic artery

Adjacent organs:

Other:

4. Regional Nodal Metastasis

No or equivocal

Yes, location:

5. Distant Metastasis (in this study)

No or Equivocal:

Yes, location: bone

6. Other findings: please see the above text for detail.

=====
2023/07/16 CT With/Without Contrast-Chest Chest CT without and with IV contrast shows:

> no definite lung abnormality. right pleural effusion.

> no lymphadenopathy in mediastinum.

> normal heart size.

> bone metastasis at T12. the alignment of the bony structure is intact.

> no evidence of solid lesion in visible spleen, pancreas, gallbladder, liver, bilateral kidneys and bilateral adrenal glands.

=====
2023/07/16 CT With/Without Contrast-Brain History: Pancreatic body cancer, polycystic liver and kidney disease.

CT scan of the brain without/with contrast enhancement shows:

1. prominent sulci, fissures and ventricles.

2. there is no definite abnormal attenuation in brain parenchyma.

3. atherosclerotic change of intracranial arteries.

4. no definite abnormal enhancing lesion in brain parenchyma.

5. intact cranial vault.

=====
2023/07/18 Whole body bone NUCLEAR MEDICINE STUDY: Whole body bone scintigraphy.

RADIOPHARMACEUTICAL: Intravenous 25 mCi Tc-99m MDP (methylene diphosphonate).

SCINTIGRAPHIC FINDINGS:

Whole body scanning of the entire skeleton shows the followings:

* Hot areas at T12 spine and left lower sacrum.

轉出/出院情況(Transfer/Discharge Status)

轉出至其他院所(含台大體系醫院、PAC)

轉至院所:中國醫藥大學附設醫院

國立臺灣大學醫學院附設醫院
National Taiwan University Hospital

住院中病歷摘要

非正式病摘
僅供參考用

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病歷號:5096948

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出生日期:1950/09/25

病理報告(Pathology Report)

112/07/18 1228 S2329328

Pancreas, body to tail, endoscopic ultrasound fine needle biopsy, adenocarcinoma

病理號 S2329328 收件日期 2023/07/17 00:00 報告日期 2023/07/18 15:37

檢體 b 科別 MED 病床 13B1901

組織由來 Pancreatic body-tail tumor

臨床診斷 Adenocarcinoma

檢查報告 MALIGNANCY

Pancreas, body to tail, endoscopic ultrasound fine needle biopsy, adenocarcinoma

MACROSCOPIC :

*Quantity: Three tissue fragments, up to 0.2 x 0.2 x 0.2 cm in size; yellowish white and soft

All for section: A1

Jar 0

MICROSCOPIC :

* Histological diagnosis: Adenocarcinoma

* High grade dysplasia (including severe dysplasia and carcinoma in situ): Absent

* Invasive carcinoma: Present

* Surgical margin: Cannot be assessed

* Comment: Primary is more favored. Further immunostains are pending.

Ref: nil

Pancreas, body to tail, endoscopic ultrasound fine needle biopsy, adenocarcinoma

MACROSCOPIC :

*Quantity: Three tissue fragments, up to 0.2 x 0.2 x 0.2 cm in size; yellowish white and soft

All for section: A1

Jar 0

MICROSCOPIC :

* Histological diagnosis: Adenocarcinoma

* High grade dysplasia (including severe dysplasia and carcinoma in situ): Absent

* Invasive carcinoma: Present

* Surgical margin: Cannot be assessed

* Comment: Primary is more favored. Further immunostains are pending.

Ref: nil

補發報告 Addendum(20230718) The tumor cells are positive for CK7 and S-100P. The TTF-1 is negative.

確認者(報告醫師) 孫家棟(病解專醫字第0126號) 收件者 孫家棟 覆閱者 蔡佳惠

轉出/出院指示(Follow-up Instructions & Medications)

國立臺灣大學醫學院附設醫院

National Taiwan University Hospital

住院中病歷摘要

非正式病摘
僅供參考用

病歷號:5096948

姓名:柯翠蓮

出生日期:1950/09/25

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特定疾病控制：其他：

病人活動限制：無特殊限制，可依個人日常生活進行

飲食注意事項：無特別飲食限制，請依個人日常飲食進行

其他指示：請依預約日期返院門診

Tramadol HCl 37.5 mg, Acetaminophen 325 mg 【(管4) Utraphen FC /tab】 1 tab PO QID 出院藥天數7天

Levothyroxine Sodium 【Eltroxin 100 mcg/tab】 1 tab PO TIW 出院藥天數7天

Sennoside A+B 【Sennapur 12.5 mg/tab】 2 tab PO HS 出院藥天數7天

Levothyroxine Sodium 【Eltroxin 100 mcg/tab】 0.5 tab PO TIW 出院藥天數7天

Magnesium Oxide 【MgO 250 mg/tab 限住院藥局用】 2 tab PO TID 出院藥天數7天

自備藥 【5康肯 Concor 5 mg/tab】 0.5 tab PO QD 出院藥天數 天

自備藥 【Caudet 5/20 mg】 1 tab PO QD 出院藥天數 天

自備藥 【5康肯 Concor 5 mg/tab】 0.5 tab PO QD 出院藥天數 天

自備藥 【Caudet 5/20 mg】 1 tab PO QD 出院藥天數 天

其他(Others)

照會日期:2023/07/19 照會科別:腫瘤醫學部

照會日期:2023/07/14 照會科別:外科部(一般外科(胰臟外科病房照會))

照會日期:2023/07/12 照會科別:影像醫學部(影醫部外院片第二意見諮詢會診申請)

隔離醫囑:Nil

--以下空白--

台大醫師PGY
陳逸涵
教120906

住院醫師:陳逸涵
(Resident)

醫師

主治醫師:洪俊銘 醫師
(Attending Physician)

註明:僅係病歷摘要，並非完整紀錄，缺漏或不全之處，在所難免，故僅供參考，詳細內容依病歷紀錄為準。