Chest X-Ray Report

Date: 2025-02-28

Patient Name: [Patient Name]

Patient MRN: [Patient MRN]

Date of Study: 2023-10-27

Study Type: Chest Radiograph (PA and Lateral)

Referring Physician: [Referring Physician Name]

Clinical Indication:

[Clinical Indication details here]

Findings:

AP chest compared to ___: Lung volumes are lower, exaggerating the mediastinal caliber and pulmonary vascular engorgement and mild pulmonary edema in the right lung. There is no pulmonary edema or pleural effusion. Heart size normal.

Impression:

Chest X-Ray Report

Patient: [Insert Patient Name]

Patient MRN: [Insert Patient MRN]

Date of Study: [Insert Date of Study]

Ordering Physician: [Insert Ordering Physician Name]

Study: Chest, AP (Anteroposterior)

Comparison: [Insert Date of Prior Chest X-Ray, if applicable. If no prior, state: "None available for comparison."]

Technique: An anteroposterior (AP) projection of the chest was obtained.

Findings:

1. Lung Fields and Pleura:

* Lung Volumes: Lung volumes appear lower than [compared to prior study dated: DD/MM/YYYY] [normal]. This may be due to suboptimal inspiratory effort.
* Lung Parenchyma: There is increased interstitial marking observed, particularly within the right lung. This is consistent with mild pulmonary edema. No focal consolidation, mass, or nodule is identified. No pneumothorax is evident.
* Pleura: No pleural effusion or pneumothorax is noted bilaterally. The pleura appear intact and without thickening. Costophrenic angles are sharp.

2. Mediastinum and Hila:

* Mediastinal Caliber: The mediastinal caliber appears exaggerated, likely secondary to the lower lung volumes. Trachea is midline.
* Hila: The pulmonary hila are prominent, suggesting pulmonary vascular engorgement. No hilar masses are identified.

3. Cardiovascular:

* Heart Size: The cardiac silhouette is within normal limits. The cardiothoracic ratio is approximately [Insert approximate ratio - e.g., 0.48]. No significant pericardial effusion is suspected.
* Great Vessels: The aorta appears of normal caliber. No aneurysmal dilation is evident.

4. Bones and Soft Tissues:

* The bony structures of the chest wall, including the ribs and clavicles, are unremarkable. No acute fractures are identified.
* The soft tissues of the chest wall appear normal.

5. Other Findings:

* [Document any other incidental findings here. Examples: "Right subclavian central venous catheter is in appropriate position.", "Pacemaker wires are visualized with appropriate placement.", "Mild degenerative changes are noted within the thoracic spine."]

Impression:

1. Lower lung volumes, likely due to suboptimal inspiratory effort, exaggerating the mediastinal caliber and pulmonary vascular engorgement.
2. Mild pulmonary edema within the right lung. No pleural effusion or pneumothorax is identified.
3. Normal heart size.

Recommendations:

* Clinical correlation is recommended to assess the etiology of the pulmonary edema and assess the need for further investigation or treatment.
* [If prior X-ray was used for comparison] Correlation with prior chest X-ray findings. Consider serial chest radiographs to monitor the pulmonary edema if clinically indicated.
* [Specific recommendation based on incidental findings if any]

Radiologist: [Insert Radiologist Name], MD

Date and Time of Dictation: [Insert Date and Time of Dictation]

Note: This report is based solely on the interpretation of the provided X-ray images. It should be correlated with the patient's clinical history, physical examination, and other relevant diagnostic information for optimal patient management. This is a sample report and should be modified based on the actual findings and clinical context.

Attached X-Ray Image: