

Radiology Report

Identity:

Patient Name : _____

Date of Birth : _____

Gender : _____

Contact Information : _____

Address : _____

Clinical History:

Technique:

Imaging Modality : X-Ray

Study Area : Thoratic Cavity

Contrast : _____

Radiation Dose : _____

Findings:

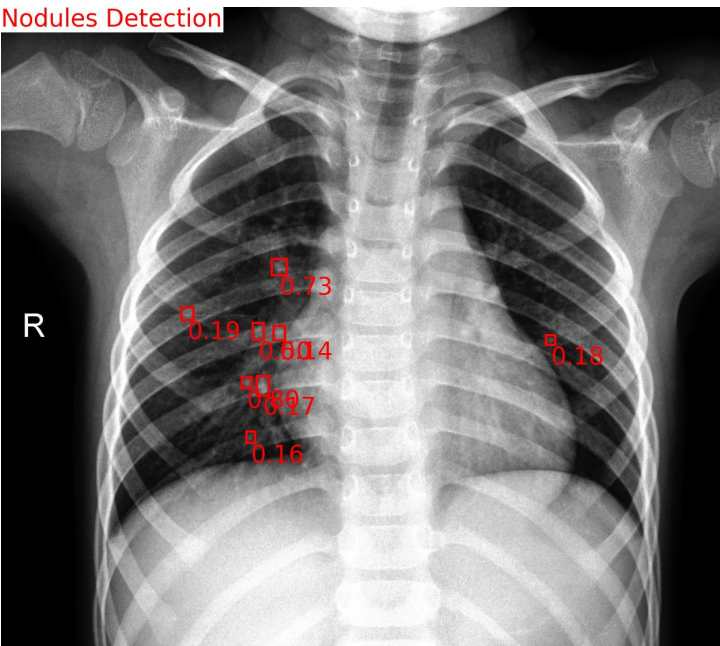
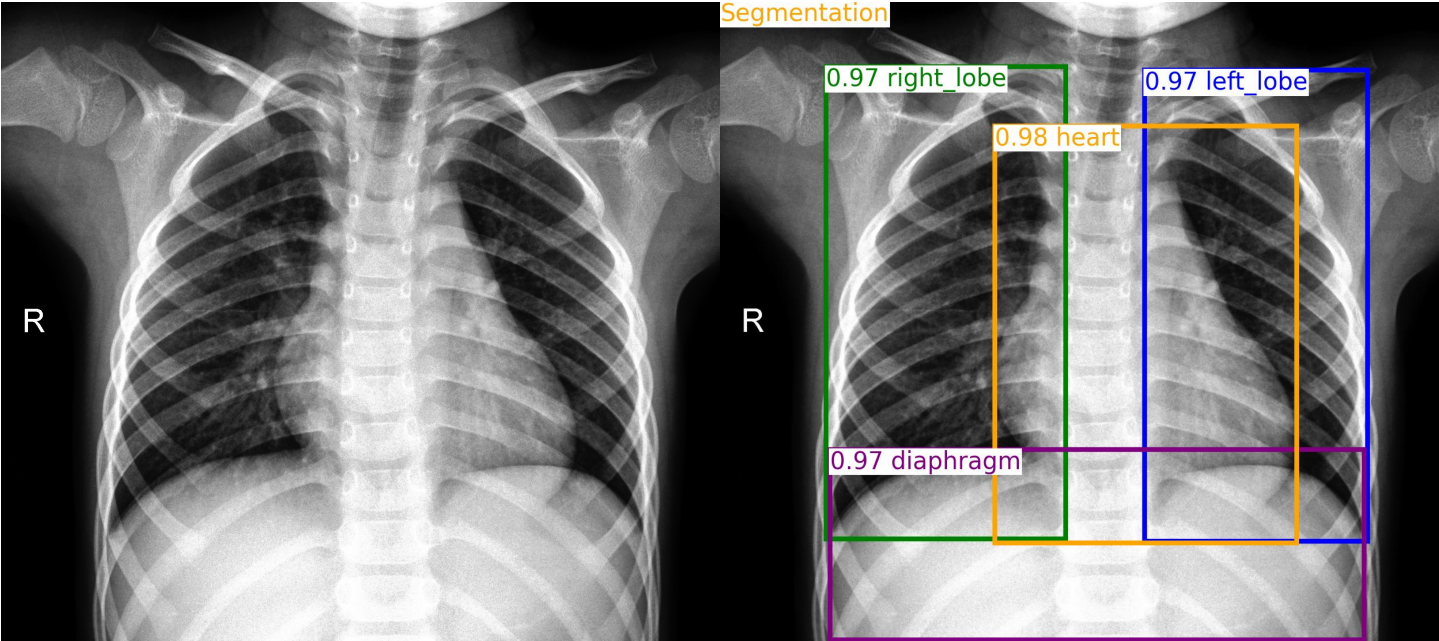
Left Lung : Normal*,

Right Lung : Normal*,

Heart Ratio : 56.528% (Cardiomegaly*)

Nodules(x,y)-Certainty : (609.5,932.5)-79.540%, (690.0,645.5)-73.486%, (638.0,805.0)-49.917%,
(462.0,761.0)-19.216%, (1363.5,826.5)-18.498%, (649.0,939.5)-17.448%, (619.5,1067.5)-15.712%,
(690.0,809.0)-13.718%

Impressions:



*results are not representative of final diagnostic

For more accurate results please see your local accredited radiologist.