

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:

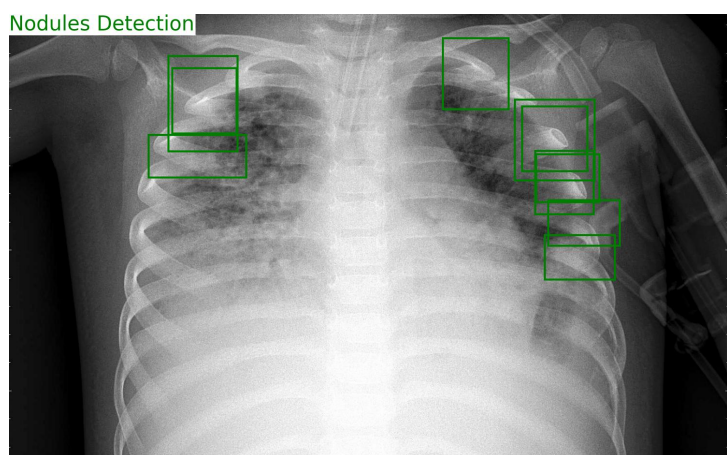
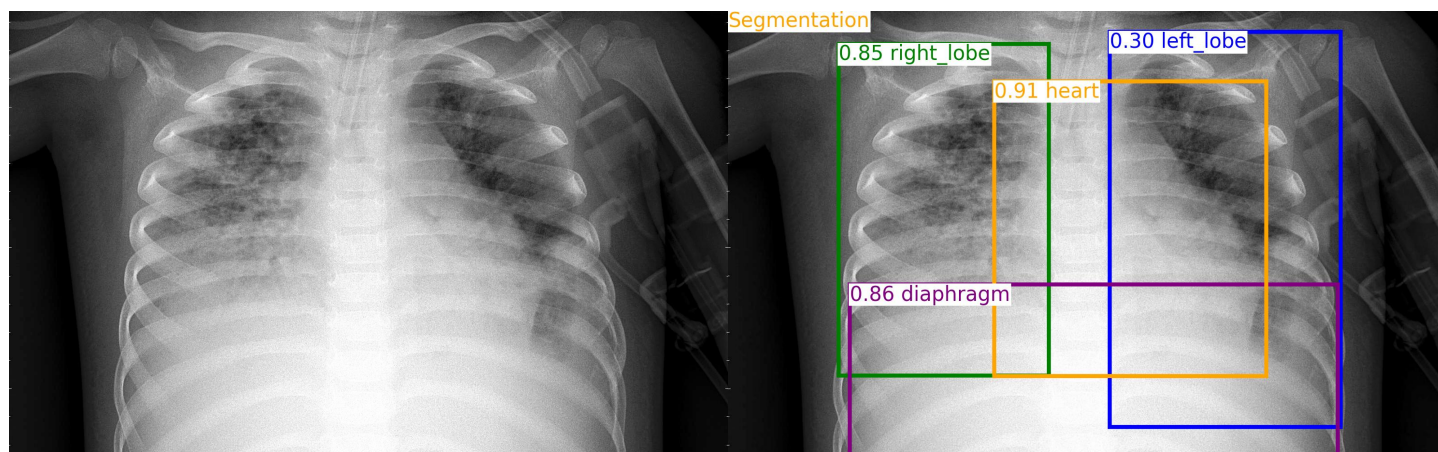
Left Lung : Viral Pneumonia*,

Right Lung : Viral Pneumonia*,

Heart Ratio : 55.709% (Cardiomegaly*)

Nodules(x,y) : (431.0,200.0), (1214.0,277.5), (1236.0,374.5), (434.5,193.5), (1214.0,280.0), (1279.5,464.5),
(1243.0,365.0), (1038.0,133.0), (1270.0,541.0), (418.5,316.5)

Impressions:



*results are not representative of final diagnostic

For more accurate results please see your local accredited radiologist.