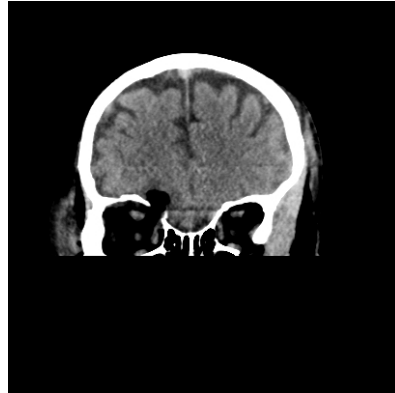
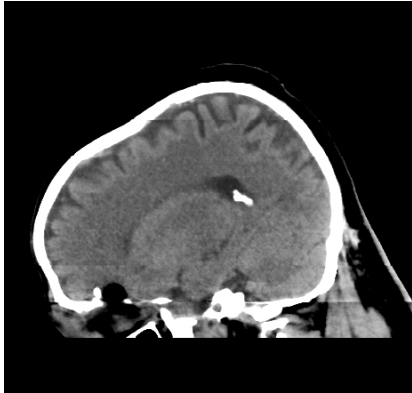
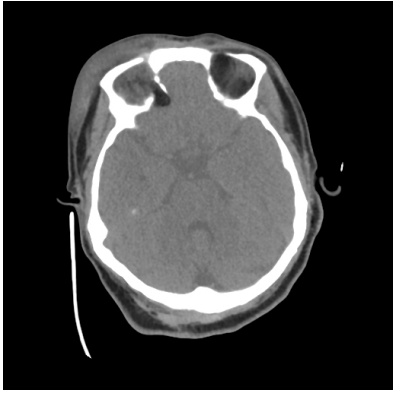


Prompt

Can you write a report for the patient?



GPT-4V

Radiological Report:

Patient: [Patient Name - Not Provided]

Date of Study: [Study Date - Not Provided]

Modality: Computed Tomography (CT)

Region: Head and Neck

Findings:

Brain CT:

The axial brain CT images demonstrate no evidence of acute intracranial hemorrhage, masses, or significant midline shift.

The ventricular system appears normal in size and configuration.

The grey-white differentiation appears preserved.

Neck CT:

The sagittal view of the neck shows normal alignment of cervical vertebrae.

No evidence of cervical vertebral fractures or dislocations.

Soft tissues of the neck appear unremarkable.

Impression:

No acute intracranial abnormality detected on the provided brain CT images.

Normal cervical spine alignment with no fractures or dislocations seen on the neck CT images.

Reference answer

Modality: CT

Diagnosis: Superior orbital blowout fracture

Description:

- There is a fracture of the right orbital roof superomedially with intracranial displacement of the fracture fragment. This fracture fragment demonstrates a trapdoor configuration with superomedial displacement. There is also herniation of orbital fat intracranially into the right anterior cranial fossa. The right superior rectus and levator palpebra are displaced toward the fracture site, consistent with tethering. There is associated hemorrhage within the superior extraconal right orbit.
- There are comminuted bilateral nasal bone fractures with some fracture is of the adjacent frontal processes of the maxilla. These result in slight leftward displacement of the nasal arch. There is overlying nasal soft tissue swelling.
- There is an obliquely oriented fracture involving the anterior medial aspect of the left maxillary sinus wall involving the anterior superior alveolar nerve. The fracture line extends through the left nasal lacrimal duct and extends into the frontal process of the maxilla. A nondisplaced fracture component posterior superiorly extends into the left lamina papyracea.