			CASE 1		CASE 2				
			CASE I						
	(Prior	r Image)	(Cı	urrent Image)	(Prio	or Image)	(Currer	nt Image)	
Question			ogression in the rig	ht-sided pleural ght lung condition?	(Improved) How has the pneumothorax in the left apical zone changed between the two chest CXR images?				
Options	B: Develop abnormaliti C: Complet	es. te resolution of p	ing pneumonia. nant process withou revious abnormalit g atelectasis or poss	ies.	 A: It has worsened significantly. B: It has resolved completely. C: It has not changed. D: It has mildly improved but still remains substantial. (√) 				
Historical Record	ent of right e. In view o is region ca	pleural effusion of the clinical his nnot be excluded	with compressive a tory, the possibility	been the developm atelectasis at the bas of pneumonia in tha ular congestion. Of i e eighth and	In comparison to prior radiograph of 1 day earlier, a left pneumothorax is minimally decreased, with apical pleural line now overlying the superior aspect of the for left posterior rib.				
	Qwen2-VL	GPT-40	InternVL2	InternVL2 (lora)	Qwen2-VL	GPT-40	InternVL2	InternVL2 (lora)	
	A(X)	A(X)	A(X)	C (X)	B(X)	B(X)	D (v)	D (v)	
+ G-MRec	B (X)	B (X)	A(X)	D (v)	D (√)	D (v)	D (v)	D (v)	
+ R-MRec	B (X)	D (v)	B(X)	D (v)	D (v)	D (v)	D (v)	D (√)	

			CASE 3		CASE 4				
	TOTALE		POSTURE Reviews		POTRALE AD 1	•			
	(Prio	r Image)	(Cı	ırrent Image)	(Prio	or Image)	(Currer	nt Image)	
Question	(Worsen) How have the conditions in the right mid lung zone changed between the two chest CXR images?				(Improved) How has the right lung changed in the current chest x-ray image compared to the original?				
Options	B: No chang C: New wor	ment noted in op ge in condition. esening opacities cumulation detec	. (√)		A: Increased pulmonary edema B: Worsened atelectasis C. Development of pleural effusion D: Improved condition with less edema. (√)				
Historical Record	No pneumothorax has developed. A new parenchymal density exists now in the right upper lobe area with typical concave contours indicating atelectasis. The minor fissure is mildly elevated, but as it leaves a triangular-shaped free segment, it is noted that the atelectasis appears to be limited to the apical segment of the right upper lobe				There are increased interstitial markings, and pulmonary vascular congestion, compatible with pulmonary edema. The heart is normal in size. No pleural effusion or pneumothorax. There are pulmonary edema with no pleural effusions. No evidence of pneumonia.				
	Qwen2-VL	GPT-40	InternVL2	InternVL2 (lora)	Qwen2-VL	GPT-40	InternVL2	InternVL2 (lora)	
	D(X)	B (X)	C (v)	C (v)	D (v)	D (v)	D (v)	D (√)	
+ G-MRec	D(X)	C (v)	B (X)	C (v)	D (v)	D (v)	C(X)	D (√)	
+ R-MRec	C (√)	C (√)	C (√)	C (√)	B (X)	D (v)	D (√)	D (v)	