# Patient ID: 1, Performed Date: 15/2/2015 9:23

## Raw Radiology Report Extracted

Visit Number: 3930f4bbc4f8ceaf060222ec14cec3d8cf99bdab7293240b00d973d2c13cf571

Masked\_PatientID: 1

Order ID: b0e8fcf04e13e3eb413b22d1035ce7ecb14797902f8aafcae040347304350ec0

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 15/2/2015 9:23

Line Num: 1

Text: HISTORY TRO sepsis REPORT Sternotomy wires are present. There is suboptimal inspiratory effort. It is difficult to assess the heart size and lung bases. The heart appears enlarged. There are bilateral pleural effusions with airspace shadowing in the lower zones. Pulmonary venous congestion is present. Minimal right pneumothorax is observed (improved since last study) Known / Minor Finalised by: <DOCTOR>

Accession Number: 8dfdeb9a68c63d5b1eecedce49a2964d7e4e455767cf4d311ae504e5a00dd084

Updated Date Time: 16/2/2015 18:06

## Layman Explanation

The images show that the heart appears larger than normal. There is fluid buildup around the lungs (pleural effusions) and some areas of the lungs appear cloudy. The lungs are not expanding fully when you breathe in. There is also a small amount of air trapped outside the right lung (pneumothorax), but this has gotten better since the last time the chest was checked.

## Summary

The text is extracted from a \*\*chest X-ray report\*\*.   
  
Here is a summary based on the guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Sepsis:\*\* This is mentioned in the history section but no further elaboration is provided in the report.  
\* \*\*Pleural Effusions:\*\* Bilateral pleural effusions are present, suggesting fluid buildup in the space between the lungs and the chest wall.  
\* \*\*Pulmonary Venous Congestion:\*\* This indicates an increase in pressure in the veins that carry blood from the lungs to the heart, likely due to heart failure.  
\* \*\*Pneumothorax:\*\* A small pneumothorax (collapsed lung) is present on the right side, but it has improved since the last study.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Heart:\*\* Appears enlarged.  
\* \*\*Lungs:\*\* Bilateral pleural effusions and airspace shadowing in the lower zones are present. Pulmonary venous congestion is also noted. Minimal right pneumothorax is observed.  
  
\*\*3. Symptoms/Phenomenon causing attention:\*\*  
  
\* \*\*Suboptimal inspiratory effort:\*\* This means the patient is not taking deep breaths, which could be due to pain or difficulty breathing.  
\* \*\*Difficulty assessing heart size and lung bases:\*\* This indicates that the chest X-ray image quality may be suboptimal, making it difficult to accurately assess these structures.  
\* \*\*Bilateral pleural effusions:\*\* This suggests fluid buildup in the chest cavity, which could be a sign of infection, inflammation, or heart failure.  
\* \*\*Airspace shadowing:\*\* This refers to areas of increased density in the lungs, which could be due to fluid, infection, or other abnormalities.  
\* \*\*Pulmonary venous congestion:\*\* This suggests the heart is not effectively pumping blood from the lungs, which can lead to fluid buildup.  
\* \*\*Minimal right pneumothorax:\*\* This indicates a collapsed lung on the right side, although it has improved since the last study.