# Patient ID: 1002, Performed Date: 23/11/2018 16:17

## Raw Radiology Report Extracted

Visit Number: ad4df659327903c2d7c28c84645f34d61b918979e5d2acd7608a689579dc3670

Masked\_PatientID: 1002

Order ID: 1fdba388ab3307cf932d1a28e022054d196a7ae0d7c705f21dab013a4dd35621

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 23/11/2018 16:17

Line Num: 1

Text: HISTORY post right VATS upper lobectomy REPORT CHEST Comparison was made with the prior study dated 3 Nov 2018. Interval removal of feeding tube. Appearance of the right hemithorax is grossly stable, with volume loss and elevation of the right hemidiaphragm. Interface projected in the right hemithorax is again suspicious for pneumothorax. This demonstrates interval decrease in size with increased density. Subcutaneous emphysema again noted in the right chest wall. No focal consolidation or large pleural effusion detected. Ovoid density projected in the right 5th rib likely represents a bony island. The heart size cannot be accurately assessed. The thoracic aorta is unfolded with mural calcification seen. There is no free gas under the diaphragm. ABDOMEN Comparison was made with the prior study dated 2 Nov 2018. Interval improvement in degree of bowel distension. No abnormal bowel dilatation to suggest intestinal obstruction. Previously noted clips in the upper abdomen no longer visualized (likely corresponding with clips within the stomach on PET/CT of Oct 2018). May need further action Finalised by: <DOCTOR>

Accession Number: c5805e7889a69313d6f591ff882918adba48d12fd9c93f67926e5abbed405a57

Updated Date Time: 26/11/2018 9:14

## Layman Explanation

The images show the area where the right upper lung lobe was removed is stable, but there is still some air trapped in the space between the lung and the chest wall. The air pocket is smaller than it was before. There is also some air trapped under the skin in the right chest wall. The heart size cannot be clearly seen, but the aorta (a major blood vessel) is normal with some calcium deposits. The images also show the intestines are less bloated than before and there is no blockage.

## Summary

The text is extracted from a \*\*chest x-ray\*\* report.   
  
Here is a summary based on your questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Pneumothorax:\*\* The report mentions a "suspicious interface projected in the right hemithorax" and "interval decrease in size with increased density", suggesting a pneumothorax. It also notes "subcutaneous emphysema in the right chest wall".   
\* \*\*Emphysema:\*\* Subcutaneous emphysema is noted in the right chest wall. This can be a sign of a pneumothorax.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Right lung:\*\* The report describes volume loss and elevation of the right hemidiaphragm, likely due to the previous surgery (right VATS upper lobectomy).  
\* \*\*Right chest wall:\*\* Subcutaneous emphysema is noted in the right chest wall.  
\* \*\*Right rib:\*\* An ovoid density is seen in the right 5th rib, likely a bony island.  
\* \*\*Heart:\*\* The heart size cannot be accurately assessed due to the post-surgical changes.  
\* \*\*Thoracic aorta:\*\* The aorta is unfolded with mural calcification seen.  
\* \*\*Bowel:\*\* There is interval improvement in degree of bowel distension. No abnormal bowel dilatation suggests intestinal obstruction.  
  
\*\*3. Symptoms or phenomena causing attention:\*\*  
  
\* \*\*Pneumothorax:\*\* The report highlights a potential pneumothorax in the right hemithorax, suggesting the need for further monitoring or intervention.  
\* \*\*Subcutaneous emphysema:\*\* This finding is typically associated with a pneumothorax and requires attention.  
\* \*\*Bony island:\*\* The presence of an ovoid density in the right 5th rib, described as a "bony island", may require further investigation.   
\* \*\*Thoracic aorta calcification:\*\* The presence of mural calcification in the thoracic aorta is worth noting and may indicate atherosclerotic disease.