# Patient ID: 1440, Performed Date: 07/12/2016 9:29

## Raw Radiology Report Extracted

Visit Number: eeadd9fe07aa6e8f678d7eb6fd979a86652136856e8cbd7fc846fd3bdc2ee5e7

Masked\_PatientID: 1440

Order ID: d9cb8f5759fb2ee7833abb3e38ea3fdedc842fc5a8fdb0ac2de61753d3a79f91

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 07/12/2016 9:29

Line Num: 1

Text: HISTORY SOB REPORT Comparison dated 06/12/2016. Trachea is midline. The cardiac silhouette is enlarged with atherosclerotic calcifications noted at the aortic arch. Patchy nodular and air space opacities are again seen in both lung fields, not significantly changed from prior, which may reflect underlying interstitial oedema and/or infections. A small to moderate left-sided pleural effusion is present, similar to prior. There is no pneumothorax detected. Bones and soft tissues remain unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: c904cc2d2479998a01d412df4026429b101ab46944c0a460c8cf9cbc4f88a9d0

Updated Date Time: 07/12/2016 16:35

## Layman Explanation

The images show that your heart is larger than normal and has some calcium deposits in the main blood vessel leading to the body. There are also some areas of abnormal shadowing in both lungs that look similar to the previous images, suggesting fluid build-up and/or infection. There is a small to moderate amount of fluid in the space between the left lung and the chest wall, similar to the previous images. There is no collapsed lung. The bones and other tissues look normal. You may need further testing or treatment.

## Summary

The text is extracted from a \*\*chest X-ray\*\* report.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Atherosclerosis:\*\* Calcifications noted at the aortic arch suggest atherosclerosis.   
\* \*\*Interstitial edema and/or infections:\*\* Patchy nodular and air space opacities in both lung fields may reflect these conditions.  
\* \*\*Pleural effusion:\*\* A small to moderate left-sided pleural effusion is present.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Trachea:\*\* The trachea is midline.  
\* \*\*Heart:\*\* The cardiac silhouette is enlarged.  
\* \*\*Aorta:\*\* Atherosclerotic calcifications are noted at the aortic arch.  
\* \*\*Lungs:\*\* Patchy nodular and air space opacities are seen in both lung fields.  
\* \*\*Pleura:\*\* A small to moderate left-sided pleural effusion is present.  
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*SOB (Shortness of Breath):\*\* This is the presenting symptom mentioned in the history.  
\* \*\*Enlarged cardiac silhouette:\*\* This suggests potential cardiac enlargement.   
\* \*\*Pleural effusion:\*\* The presence of a pleural effusion could be a cause of the SOB.  
\* \*\*Patchy nodular and air space opacities:\*\* These opacities could indicate underlying interstitial edema and/or infections, which may contribute to the SOB.