# Patient ID: 1499, Performed Date: 16/11/2015 18:53

## Raw Radiology Report Extracted

Visit Number: fff24cac0ade847cc8efdd5fde1c465d5837f6fba17a4a265227ac8b25bec7a4

Masked\_PatientID: 1499

Order ID: 5200c0a27412ea8f1a568514b0d852cb04959acebfb63163585c03596bb2618b

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 16/11/2015 18:53

Line Num: 1

Text: HISTORY fluid overload B/G CKD, CCF, cough x 3 days, bibasal creps REPORT Comparison radiograph 11/11/2015. Cardiomegaly with unfolded aortic arch demonstrating atherosclerotic mural calcification. Persistent right pleural effusion with areas of perihilar congestion. May need further action Finalised by: <DOCTOR>

Accession Number: f620d3344a6a41df3ab7c2175663b200627aca1d518355e959c3d895fa1d5f5a

Updated Date Time: 19/11/2015 0:35

## Layman Explanation

The images show an enlarged heart with signs of hardening of the arteries. There is also fluid build-up in the right lung.

## Summary

The text is extracted from a \*\*chest x-ray report\*\*.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Chronic kidney disease (CKD):\*\* Mentioned in the history as fluid overload B/G CKD (background of CKD).  
\* \*\*Congestive heart failure (CCF):\*\* Mentioned in the history as fluid overload B/G CKD, CCF.  
\* \*\*Atherosclerosis:\*\* Mentioned as atherosclerotic mural calcification in the aortic arch.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* Cardiomegaly (enlarged heart) is noted.  
\* \*\*Aorta:\*\* Unfolded aortic arch with atherosclerotic mural calcification is described.  
\* \*\*Lungs:\*\* Persistent right pleural effusion (fluid in the right lung cavity) and areas of perihilar congestion (fluid build-up around the hilum of the lungs) are observed.  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Cough x 3 days:\*\* This symptom is mentioned in the history, potentially related to the fluid overload and lung congestion.  
\* \*\*Bibasal creps:\*\* This refers to crackling sounds heard on auscultation of the lungs, usually indicating fluid in the alveoli (tiny air sacs in the lungs). This is consistent with the findings of pleural effusion and perihilar congestion.   
\* \*\*May need further action:\*\* This statement suggests the radiologist has identified concerns that require further investigation or treatment.