# Patient ID: 1908, Performed Date: 16/5/2017 10:43

## Raw Radiology Report Extracted

Visit Number: e3d9dabb02ae641db24657f7e498d444e6d59aafbfb34a816f3197d3d75b924f

Masked\_PatientID: 1908

Order ID: c47b957af0322edce34f4043a0d7d712f80cb27eac716056272beed1e7d217d4

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 16/5/2017 10:43

Line Num: 1

Text: HISTORY pcp pneumonia cx by ards on ecmo - to look for interval improvement REPORT Comparison dated 14/05/2017. Endotracheal tube is seen approximately 5.5 cm above the carina. Left internal jugular approach central venous catheter, nasogastric tube, and ECMO cannula appear in unchanged position from prior. The cardiac silhouette cannot be adequately assessed on this projection. Dense air space opacification is noted throughout both lung fields, appearing slightlyworsened when compared to prior study, with a superimposed small left pleural effusion. No pneumothorax is evident. There is persistent subcutaneous soft tissue emphysema seen particularly in the supraclavicular regions, right greater than left, although the degree of soft tissue emphysema is improved from prior. Soft tissues and osseous structures remain unchanged from prior. May need further action Finalised by: <DOCTOR>

Accession Number: 8d227d8c97268c781bef2f661e8499f05a31f27f93d7e06f0ae3c13be7b1fd72

Updated Date Time: 16/5/2017 17:54

## Layman Explanation

The images show that the patient's lungs have more areas of white, which means there's more fluid in the lungs compared to the previous scan. This could mean the pneumonia is getting worse. The fluid also appears to be building up a bit in the space between the lung and the chest wall on the left side. There's also a small amount of air trapped under the skin, mainly on the right side of the neck, but it's better than before. The rest of the body parts look the same as the previous scan.

## Summary

The text is extracted from a \*\*chest x-ray\*\* report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Pneumonia:\*\* The patient's history indicates they were diagnosed with pneumonia.   
\* \*\*ARDS (Acute Respiratory Distress Syndrome):\*\* The patient was also diagnosed with ARDS. The report notes the patient is being treated with ECMO (extracorporeal membrane oxygenation).  
\* \*\*Pleural effusion:\*\* A small left pleural effusion is noted, which is a buildup of fluid in the space between the lung and the chest wall.   
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Dense air space opacification is noted throughout both lung fields, indicating lung inflammation and fluid buildup.  
\* \*\*Heart:\*\* The cardiac silhouette cannot be adequately assessed on this projection.  
\* \*\*Soft tissues:\*\* Subcutaneous soft tissue emphysema is noted, particularly in the supraclavicular regions, right greater than left.  
  
\*\*3. Symptoms/phenomena of concern:\*\*  
  
\* \*\*Worsening air space opacification:\*\* The air space opacification in the lungs has slightly worsened since the prior study. This suggests the pneumonia is not improving and may be worsening.  
\* \*\*Persistent subcutaneous soft tissue emphysema:\*\* This indicates air has leaked into the soft tissues surrounding the lungs, possibly due to barotrauma (lung injury from mechanical ventilation).  
\* \*\*Pleural effusion:\*\* The presence of a pleural effusion suggests further inflammation and fluid buildup in the chest.   
\* \*\*Inability to assess the cardiac silhouette:\*\* This may indicate a significant amount of fluid in the lungs obscuring the heart.