# Patient ID: 2107, Performed Date: 06/12/2019 12:28

## Raw Radiology Report Extracted

Visit Number: ffe64cbb04a3d23b622f29c57e9b5b3f0fb2e5e661069af79aa94b49121b3ca8

Masked\_PatientID: 2107

Order ID: 2457b496c9a165b1f6332248a921c704350f9b8138786fdf6f59ef6c4e90f267

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 06/12/2019 12:28

Line Num: 1

Text: HISTORY Neutropenic fever REPORT Comparison is made with the prior radiograph of 25/11/2019. The result of the prior PET-CT of 22/11/2019 was noted. The cardiac silhouette remains enlarged; likely due to underlying pleural effusion as noted in the prior CT of 22/11/2019. The thoracic aorta is unfolded and shows atherosclerotic calcification. The previously identified pulmonary mass in the right middle zone shows interval reduction in its size with interval appearance of lucent foci within, suggestive of underlying cavitation. Patchy air space shadowing is noted surrounding the aforementioned mass in the right middle and lower zones. In the clinical scenario, these are probably due to an underlying infective process. Mild blunting of the right costophrenic angle is noted, indicating underlying small right pleural effusion. The right para-tracheal stripe and the hilar shadows appears less bulky in the interim. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 3914ec86c132e4901309b4a305649164281dc0b45b2ade705e7bbf86d1fa2c29

Updated Date Time: 06/12/2019 18:14

## Layman Explanation

This report compares recent scans with previous ones from November 2019. It shows the heart is still bigger than usual, likely due to fluid around the lungs. The aorta (a major blood vessel) shows signs of hardening. A previously seen growth in the right lung has gotten smaller and has some new clear areas, suggesting a cavity may be forming. There are also areas of shadowing around the growth, possibly due to infection. There is a small amount of fluid around the right lung. The area around the windpipe and the lung areas appear less swollen compared to the previous scans.

## Summary

\*\*Image Type:\*\* Chest X-ray  
  
\*\*Summary:\*\*  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Neutropenic fever:\*\* The patient presents with neutropenic fever, a condition characterized by a low white blood cell count and fever.  
\* \*\*Pleural effusion:\*\* The patient has a small right pleural effusion, which is a buildup of fluid in the space between the lung and the chest wall.  
\* \*\*Atherosclerosis:\*\* The patient has atherosclerotic calcification of the thoracic aorta, which is a hardening of the arteries due to plaque buildup.  
\* \*\*Infective process:\*\* The patient likely has an infective process in the right middle and lower zones of the lungs, possibly contributing to the patchy air space shadowing.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The cardiac silhouette remains enlarged, likely due to the pleural effusion.  
\* \*\*Lungs:\*\* A pulmonary mass was previously identified in the right middle zone. This mass has reduced in size and now shows lucent foci within, suggestive of underlying cavitation. Patchy air space shadowing is noted surrounding the mass.  
\* \*\*Thoracic aorta:\*\* The thoracic aorta is unfolded and shows atherosclerotic calcification.  
  
\*\*3. Symptoms/Concerns:\*\*  
  
\* \*\*Enlarged cardiac silhouette:\*\* The heart appears enlarged, likely due to the pleural effusion.  
\* \*\*Pulmonary mass with cavitation:\*\* The previously identified pulmonary mass in the right middle zone has reduced in size and now shows lucent foci within, suggestive of underlying cavitation. This change could indicate an infectious or inflammatory process.  
\* \*\*Patchy air space shadowing:\*\* The patchy air space shadowing surrounding the pulmonary mass is likely due to an underlying infective process.  
\* \*\*Mild blunting of the right costophrenic angle:\*\* This indicates a small right pleural effusion.  
\* \*\*Report Indicator: Further action or early intervention required:\*\* The radiologist has indicated the need for further action or early intervention due to the patient's condition.