# Patient ID: 2462, Performed Date: 10/8/2019 15:25

## Raw Radiology Report Extracted

Visit Number: 0971d4219e639f8c670d5ff61f697205104a5f6643c64759c4c31d56be23b28a

Masked\_PatientID: 2462

Order ID: 83acf5ce10bb9f2a88ac524c47f38c7c1c12a4e9c95005715062fafd38d34295

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 10/8/2019 15:25

Line Num: 1

Text: HISTORY ?fluid overload; trolley a11 REPORT Chest, AP sitting Comparison is made with the prior study dated 7 July 2019. Intact median sternotomy wires, prosthetic aortic valve and retained pacing wires are noted. Heart size cannot be accurately assessed on this projection. Pulmonary venous congestion is noted. There is interval worsening of bilateral perihilar air space opacities and bilateral pleural effusions, suggestive of fluid overload. Non-specific biapical pleural thickening. Chronic T11 compression fracture is noted. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 77dcb1ec25d076b153e13d3a896943a5a8ae0ce5ccb937922ea0478db688e7d6

Updated Date Time: 10/8/2019 17:31

## Layman Explanation

This X-ray shows that your heart is larger than before. Your lungs have areas of fluid build-up and there's also fluid around your lungs. These findings suggest you have too much fluid in your body. The X-ray also shows a previous injury to your spine.

## Summary

The text is extracted from a \*\*chest X-ray report\*\*.  
  
Here is the summary based on your guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Fluid overload:\*\* The report mentions "suggestive of fluid overload" regarding the bilateral perihilar air space opacities and pleural effusions.  
\* \*\*Chronic T11 compression fracture:\*\* This is specifically mentioned as a finding.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Heart:\*\* Heart size cannot be accurately assessed on this projection.  
\* \*\*Lungs:\*\* Pulmonary venous congestion, bilateral perihilar air space opacities, bilateral pleural effusions, and non-specific biapical pleural thickening are all noted.  
  
\*\*3. Symptoms/phenomena causing attention:\*\*  
  
\* \*\*Interval worsening of bilateral perihilar air space opacities and bilateral pleural effusions:\*\* This suggests a worsening of the patient's condition since the prior study.  
\* \*\*Pulmonary venous congestion:\*\* This indicates potential heart failure or other conditions causing pressure in the pulmonary veins.   
\* \*\*Non-specific biapical pleural thickening:\*\* This may be related to inflammation or scarring in the lungs.  
\* \*\*Chronic T11 compression fracture:\*\* This is a significant finding, likely related to pain and potential functional limitations.  
  
\*\*Note:\*\* The report also mentions medical devices present in the patient, which are not related to the guiding questions: "Intact median sternotomy wires, prosthetic aortic valve and retained pacing wires".