# Patient ID: 4216, Performed Date: 24/9/2017 9:26

## Raw Radiology Report Extracted

Visit Number: 9db946513dc27933cc67b95239b62264d73abdfb41db6ebda7354877bc1806fb

Masked\_PatientID: 4216

Order ID: 350082b3f6cf76f7d57b64645243939943ee4c0300f58b5093e876763ac24c8f

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 24/9/2017 9:26

Line Num: 1

Text: HISTORY s/p CABG REPORT Reference is made with previous radiograph dated 23/09/2017. Sternotomy wires and mediastinal surgical clips noted. The tip of the nasogastric tube projects beyond the margin of current radiograph but is at least in the stomach. The tip of the right internal jugular venous line projects over the upper superior vena cava. The heart size cannot be assessed accurately due to AP projection. Background pulmonary venous congestion with upper venous diversion and increased interstitial markings. There is also airspace opacification predominantly in the lung bases. The possibility of superimposed infection cannot be entirely excluded. Likely small bilateral pleural effusions. May need further action Finalised by: <DOCTOR>

Accession Number: d618bada623ca82bb6f9ee5653e4de61f816421de77dbc67c0d2de9761e336ca

Updated Date Time: 25/9/2017 18:00

## Layman Explanation

This x-ray shows that you had heart surgery in the past, as we can see clips and wires from the surgery. The tube in your nose is in your stomach. The tube in your neck is in the correct place. The picture doesn't show the size of your heart clearly. The x-ray shows some signs of fluid in your lungs, which may be from a previous problem or a new infection. There may be a small amount of fluid around your lungs. The doctor may need to do more tests.

## Summary

The text is extracted from a \*\*chest X-ray report\*\*.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Pulmonary venous congestion:\*\* Background pulmonary venous congestion with upper venous diversion and increased interstitial markings.  
\* \*\*Possible infection:\*\* The possibility of superimposed infection cannot be entirely excluded.   
\* \*\*Pleural effusion:\*\* Likely small bilateral pleural effusions.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* Heart size cannot be assessed accurately due to AP projection.  
\* \*\*Lungs:\*\* Airspace opacification predominantly in the lung bases.  
\* \*\*Superior vena cava:\*\* The tip of the right internal jugular venous line projects over the upper superior vena cava.  
\* \*\*Stomach:\*\* The tip of the nasogastric tube projects beyond the margin of the current radiograph but is at least in the stomach.   
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Increased interstitial markings:\*\* This suggests fluid buildup in the lung tissue, which can be a sign of pulmonary venous congestion.  
\* \*\*Airspace opacification:\*\* This indicates areas of the lung that are filled with fluid or other material, which can be a sign of infection or inflammation.  
\* \*\*Bilateral pleural effusions:\*\* This refers to fluid buildup in the space between the lungs and the chest wall, which can be caused by various conditions.