# Patient ID: 440, Performed Date: 22/12/2019 0:11

## Raw Radiology Report Extracted

Visit Number: 1e198cb1ef8e7262059f167eb2a8ce722cd170dd62c727b748b242fb7342f61b

Masked\_PatientID: 440

Order ID: 4769f24d2db2e6f3f3fd59e8a12b9415447ca458d52cd5f50cb1d94611efb3ae

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 22/12/2019 0:11

Line Num: 1

Text: HISTORY exertional dyspnea likely due to fluid overload REPORT Chest PA radiograph Comparison is made with previous radiograph dated 14 January 2019. The heart is enlarged. Pulmonary venous congestion is seen. Bilateral parahilar and lower zone air space opacities are noted. No sizeable pleural effusion is seen. Findings are in keeping with fluid overload. Superimposed infection cannot be excluded. Follow-up radiograph after treatment is suggested. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 21d73697a09d57688e1865444a1685961ac33645efabd50ac94af27addc3fc90

Updated Date Time: 22/12/2019 13:50

## Layman Explanation

Error generating summary.

## Summary

\*\*Image Type:\*\* Chest PA radiograph  
  
\*\*Summary:\*\*  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Fluid overload:\*\* The report mentions "fluid overload" as a likely cause for the patient's exertional dyspnea. This is supported by the findings of an enlarged heart, pulmonary venous congestion, and bilateral parahilar and lower zone air space opacities.  
\* \*\*Superimposed infection:\*\* While not confirmed, the report suggests that superimposed infection cannot be excluded. This means that the patient's symptoms could also be caused or worsened by an infection.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The report states the heart is enlarged.  
\* \*\*Lungs:\*\* The report mentions pulmonary venous congestion and bilateral parahilar and lower zone air space opacities. These findings are related to the lungs.  
  
\*\*3. Symptoms/Concerns:\*\*  
  
\* \*\*Exertional dyspnea:\*\* This is the patient's primary symptom, likely caused by fluid overload.  
\* \*\*Enlarged heart, pulmonary venous congestion, and bilateral parahilar and lower zone air space opacities:\*\* These findings are concerning and suggest the presence of fluid overload.   
\* \*\*Superimposed infection:\*\* While not confirmed, the potential for superimposed infection raises concern and requires further investigation.   
  
\*\*Additional Information:\*\*  
  
\* The report compares the current radiograph with a previous one from January 14, 2019.  
\* The report suggests a follow-up radiograph after treatment.  
\* The report is flagged as requiring further action or early intervention.