# Patient ID: 4713, Performed Date: 06/7/2019 21:48

## Raw Radiology Report Extracted

Visit Number: 0daefd2f0541b3d589eba2ad142a432331820534c3096562e93e5b0b1bba0aa0

Masked\_PatientID: 4713

Order ID: d95179bdbba9a372c8d93897ca385890b7da9776b5d0224ca7777bfa6f1f9648

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 06/7/2019 21:48

Line Num: 1

Text: HISTORY cough x 2 weeks, low grade fever abdo distension; cough x 2 weeks, low grade fever REPORT Chest X-ray: AP sitting Radiograph of 7 June 2019 was reviewed. There is suboptimal inspiration. Heart size cannot be accurately assessed inthis projection but appears enlarged. Midline sternotomy wires and mediastinal clips are noted. Aorta is unfolded with intimal calcification. There is faint, patchy airspace opacification in the right lower zone, which may be secondary to poorinspiratory effort or early infective change. Clinical correlation suggested. No pleural effusion. Degenerative changes are seen in the imaged spine. There is again suggestion of resorption involving the distal clavicles bilaterally. Abdomen x-ray supine Prior radiograph of 5 June 2019 and CT study of 16 January 2018 were reviewed. There is hazy opacification of the abdominal cavity with centralisation of the gas-filled bowel loops and loss of the properitoneal fat stripes bilaterally, raising possibility of ascites. Appearances are not significantly changed compared to prior radiograph. No overtly dilated bowel loop is seen. No definitive evidence of pneumoperitoneum on this supine radiograph. No discrete radiodense calculus is identified. Surgical clips are seen in the right upper quadrant and right iliac fossa. Vascular calcifications are present. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f7127bbca2e73ada92072a35344c7386e839990f6b0eb603223536c1ecf28cba

Updated Date Time: 07/7/2019 9:31

## Layman Explanation

The x-ray images of your chest and abdomen were reviewed.   
  
\*\*Chest x-ray:\*\* There is a small amount of cloudiness in the lower right part of your lung, which could be due to your cough or an early sign of infection. Your heart appears larger than normal. There are some changes in your spine due to wear and tear.   
  
\*\*Abdomen x-ray:\*\* The images show signs that may suggest fluid build-up in your abdomen. This has not significantly changed since your previous x-ray. There are no signs of air leakage in your abdomen.   
  
Overall, the x-ray findings suggest a possible infection in your lung and possible fluid build-up in your abdomen. Your doctor will need to review this information with you and may recommend further tests or treatment.

## Summary

The text is extracted from a \*\*chest x-ray\*\* and an \*\*abdominal x-ray\*\*.   
  
\*\*1. Diseases mentioned in the report:\*\*  
  
\* \*\*Infective change:\*\* The report mentions "faint, patchy airspace opacification in the right lower zone, which may be secondary to poor inspiratory effort or early infective change."  
\* \*\*Ascites:\*\* The report mentions "hazy opacification of the abdominal cavity with centralisation of the gas-filled bowel loops and loss of the properitoneal fat stripes bilaterally, raising possibility of ascites."   
\* \*\*Degenerative changes:\*\* The report mentions "degenerative changes are seen in the imaged spine."  
\* \*\*Resorption:\*\* The report mentions "suggestion of resorption involving the distal clavicles bilaterally."  
  
\*\*2. Organs mentioned in the report:\*\*  
  
\* \*\*Heart:\*\* The report mentions "Heart size cannot be accurately assessed in this projection but appears enlarged."  
\* \*\*Lungs:\*\* The report mentions "faint, patchy airspace opacification in the right lower zone."  
\* \*\*Aorta:\*\* The report mentions "Aorta is unfolded with intimal calcification."  
\* \*\*Spine:\*\* The report mentions "degenerative changes are seen in the imaged spine."  
\* \*\*Clavicles:\*\* The report mentions "suggestion of resorption involving the distal clavicles bilaterally."  
\* \*\*Abdomen:\*\* The report mentions "hazy opacification of the abdominal cavity."  
\* \*\*Bowel loops:\*\* The report mentions "centralisation of the gas-filled bowel loops."  
\* \*\*Properitoneal fat stripes:\*\* The report mentions "loss of the properitoneal fat stripes bilaterally."  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Cough for 2 weeks:\*\* This symptom is mentioned in the history section and may be related to the "faint, patchy airspace opacification in the right lower zone."  
\* \*\*Low grade fever:\*\* This symptom is mentioned in the history section and may be related to the "early infective change."  
\* \*\*Abdominal distension:\*\* This symptom is mentioned in the history section and may be related to the "ascites."  
\* \*\*Suboptimal inspiration:\*\* The report mentions "suboptimal inspiration" which may affect the accuracy of the x-ray findings.   
\* \*\*Enlarged heart:\*\* The report mentions "Heart size cannot be accurately assessed in this projection but appears enlarged." This may be a cause for concern.  
\* \*\*Ascites:\*\* The report mentions "hazy opacification of the abdominal cavity with centralisation of the gas-filled bowel loops and loss of the properitoneal fat stripes bilaterally, raising possibility of ascites." This may be a cause for concern.  
\* \*\*"May need further action":\*\* This report indicator suggests that further investigation may be required.