# Patient ID: 4796, Performed Date: 08/8/2016 12:46

## Raw Radiology Report Extracted

Visit Number: 3bb112131dc86193f184c90b39e00f20e38cd1bce53992cf6e75c60e667c9ab9

Masked\_PatientID: 4796

Order ID: 3ec7573633b3b169882d2c00e2ef3bbc33538135a807eb4510545510267d3dd2

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 08/8/2016 12:46

Line Num: 1

Text: HISTORY RHC tenderness for investigation REPORT Comparison dated three 8016. The trachea is midline. There is a nasogastric tube seen crossing into the abdomen with the tip projecting over the expected location of the stomach. The cardiac silhouette is within normal limits for size. Compared to the prior study, lung volumes are mildly reduced, likely secondary to poor inspiratory effort. Patchy linear opacities in both lung bases are noted and may be related tosubsegmental atelectasis due to low lung volumes, although underlying infection cannot be excluded. Kindly correlate clinically. The right costophrenic angle is sharp. The left costophrenic angle is mildly blunted suggesting a small left pleural effusion, new from prior study. There is no pneumothorax. Soft tissues and osseous structures appear unremarkable. May need further action Finalised by: <DOCTOR>

Accession Number: b4a67b09113b828a41e5bd533b7dbae2ca271d3223a8ae8c5c54944a49ce9872

Updated Date Time: 08/8/2016 14:07

## Layman Explanation

The images show that your windpipe is in the correct position. There's a feeding tube going into your stomach. Your heart looks normal. Compared to a previous scan, your lungs are slightly smaller, possibly because you didn't breathe in fully. There are some small areas of cloudiness at the bottom of both lungs, which could be from airless lung tissue, but infection can't be ruled out. Your doctor will need to consider these findings with your other symptoms. There's a small amount of fluid in the space around the left lung, which wasn't there before. The right side of your lung is normal. The bones and other tissues look fine.

## Summary

The text was extracted from a \*\*chest x-ray\*\* report.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Subsegmental atelectasis:\*\* Patchy linear opacities in both lung bases are noted and may be related to subsegmental atelectasis due to low lung volumes.   
\* \*\*Underlying infection:\*\* Cannot be excluded as a cause for the patchy linear opacities.  
\* \*\*Left pleural effusion:\*\* The left costophrenic angle is mildly blunted suggesting a small left pleural effusion, new from the prior study.   
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Trachea:\*\* The trachea is midline.  
\* \*\*Lungs:\*\* Lung volumes are mildly reduced, likely secondary to poor inspiratory effort. Patchy linear opacities in both lung bases are noted.   
\* \*\*Heart:\*\* The cardiac silhouette is within normal limits for size.  
\* \*\*Stomach:\*\* A nasogastric tube is seen crossing into the abdomen with the tip projecting over the expected location of the stomach.  
\* \*\*Pleura:\*\* The right costophrenic angle is sharp. The left costophrenic angle is mildly blunted.   
  
\*\*3. Symptoms or phenomena that would cause attention:\*\*  
  
\* \*\*Mildly reduced lung volumes:\*\* Likely secondary to poor inspiratory effort.   
\* \*\*Patchy linear opacities in both lung bases:\*\* May be related to subsegmental atelectasis due to low lung volumes, although underlying infection cannot be excluded.  
\* \*\*Small left pleural effusion:\*\* New from the prior study.