# Patient ID: 4809, Performed Date: 01/11/2016 5:57

## Raw Radiology Report Extracted

Visit Number: 01d350865e47bfaaee69d81aef3fd27580e3bcb30c4ee639abb1b3d2f99588df

Masked\_PatientID: 4809

Order ID: b280fb21140178ff3a4947122d459d0c4e5ba7bfcadb9224fff0d8ea6b12928b

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 01/11/2016 5:57

Line Num: 1

Text: HISTORY Dizzness, vomiting, tachycardic, abdomen distended and tender. Hx of ESRF on HD, Child A cryptogenic cirrhosis, IHD REPORT CHEST AP SITTING Even accounting for the AP projection, there is gross cardiomegaly with pulmonary venous congestion. No significant change is seen compared with the image dated 26/10/2016. There is no consolidation or collapse of the lungs. Both the costophrenic angles are sharp. ABDOMEN SUPINE AND LEFT LATERAL DECUBITUS The bowel shadows are normal in distribution. No dilated bowel loops are seen. A few short air fluid levels are seen on the decubitus view. Faecal loading and dense impacted rectal shadows are noted. May need further action Finalised by: <DOCTOR>

Accession Number: 0c95a63b1bf0af93eb55f967978d77b2439de51418f07b7ac634be16d35e257b

Updated Date Time: 02/11/2016 10:40

## Layman Explanation

Error generating summary.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray (AP sitting) and Abdomen X-ray (Supine and Left Lateral Decubitus)  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Cryptogenic Cirrhosis:\*\* This is a chronic liver disease of unknown cause, mentioned in the patient history (Hx of Child A cryptogenic cirrhosis).  
\* \*\*End-Stage Renal Failure (ESRF):\*\* The patient is on hemodialysis (Hx of ESRF on HD), indicating ESRF.  
\* \*\*Ischemic Heart Disease (IHD):\*\* This is mentioned in the report.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Heart:\*\* Gross cardiomegaly (enlarged heart) is noted, suggesting potential heart failure. Pulmonary venous congestion is also present, indicating fluid buildup in the lungs.  
\* \*\*Lungs:\*\* No consolidation (areas of fluid or inflammation) or collapse is seen. Both costophrenic angles are sharp, which is normal.  
\* \*\*Bowel:\*\* Bowel shadows are normal in distribution, with no dilated loops.   
\* \*\*Rectum:\*\* Faecal loading and dense impacted rectal shadows are noted.  
  
\*\*3. Symptoms or Phenomenon of Concern:\*\*  
  
\* \*\*Cardiomegaly and Pulmonary Venous Congestion:\*\* These findings suggest potential heart failure.  
\* \*\*Faecal Loading and Dense Impacted Rectal Shadows:\*\* This could indicate constipation or fecal impaction, which may require further action.  
\* \*\*Short Air-Fluid Levels:\*\* Seen on the decubitus view, this can indicate small amounts of fluid in the bowel.   
\* \*\*Abdomen Distended and Tender:\*\* This symptom from the patient's history may be related to the bowel findings or other causes.   
\* \*\*Dizziness, Vomiting, Tachycardia:\*\* These symptoms, also from the patient's history, may be related to the heart condition or other factors.