# Patient ID: 743, Performed Date: 04/7/2016 3:32

## Raw Radiology Report Extracted

Visit Number: f735d98ef90895f3d22f19ac63c6569e97e5bf3e7707df3621faf0ba25ec6efa

Masked\_PatientID: 743

Order ID: f3e5bc5fc37a9202ac72123b687a417e646e4ad1ba7b0c1f75cfa8f37e755f8d

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 04/7/2016 3:32

Line Num: 1

Text: HISTORY TRO patch/ PMTX REPORT The prior chest radiograph performed on 18 January 2016 was reviewed. Midline sternotomy wires and coronary arterial bypass clips are seen. Bilateral lower zone opacities are seen with prominent pulmonary vasculature and kerley B lines suggestive of fluid overload. Blunting of bilateral costophrenic anlges could be due to small pleural effusions. Co-existing infective changes cannot be excluded. No pneumothorax is seen. The heart size cannot be accurately assessed in this AP projection. May need further action Finalised by: <DOCTOR>

Accession Number: 6674dbef7653f80071b0b9a091b23ea011c01dce22f68e4272da7c8869841964

Updated Date Time: 05/7/2016 1:37

## Layman Explanation

The previous chest x-ray from January 18, 2016, shows signs of previous heart surgery. The x-ray also shows some fluid build-up in the lungs, possibly due to too much fluid in the body. There might also be some inflammation in the lungs, but this cannot be confirmed with the x-ray alone. The x-ray does not show any collapsed lung. The size of the heart cannot be determined from this particular image.

## Summary

The text is extracted from a \*\*chest radiograph report\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Fluid overload:\*\* This is suggested by bilateral lower zone opacities, prominent pulmonary vasculature, and Kerley B lines.  
\* \*\*Pleural effusions:\*\* Blunting of bilateral costophrenic angles could be due to small pleural effusions.  
\* \*\*Infective changes:\*\* Co-existing infective changes cannot be excluded.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Bilateral lower zone opacities, prominent pulmonary vasculature, and Kerley B lines are seen.  
\* \*\*Pleura:\*\* Blunting of bilateral costophrenic angles suggests pleural effusions.  
\* \*\*Heart:\*\* The heart size cannot be accurately assessed in this AP projection.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Bilateral lower zone opacities:\*\* These could be caused by fluid overload, infection, or other factors.  
\* \*\*Prominent pulmonary vasculature:\*\* This could be a sign of fluid overload or other conditions.  
\* \*\*Kerley B lines:\*\* These are linear opacities that are usually seen in the periphery of the lungs and are suggestive of fluid overload.  
\* \*\*Blunting of bilateral costophrenic angles:\*\* This could indicate pleural effusions.  
\* \*\*Co-existing infective changes cannot be excluded:\*\* This means that the possibility of infection cannot be ruled out.