# Patient ID: 804, Performed Date: 03/4/2016 11:44

## Raw Radiology Report Extracted

Visit Number: e122f63813f95fe98bd79948d69e4729f9365e8010a6d07d5105e623885eb371

Masked\_PatientID: 804

Order ID: a63c4909073710fe849bc4962de8a9631a4494bb7946729178e129d6f2e8194e

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 03/4/2016 11:44

Line Num: 1

Text: HISTORY fluid overload REPORT CHEST AP SITTING Previous radiograph dated 10 February 2016 was reviewed. Heart size cannot be accurately assessed due to magnification in this projection. There is intimal calcification in the aortic knuckle. Prominence of the hilar markings, upper lobe vascular diversion, increased peripheral interstitial septal markings and small bilateral pleural effusions, compatible with pulmonary venous congestion. Bilateral perihilar airspace densities in keeping with alveolar oedema. Superimposed infection cannot be excluded. Degenerative changes are demonstrated in the acromioclavicular joints. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ec0c098fc9f53d77f3c8cfa0f6282c7d96784a934c0d8e6c1224fad8024c5ef4

Updated Date Time: 03/4/2016 17:56

## Layman Explanation

The x-ray shows signs of fluid buildup in the lungs, which could be due to the heart not pumping blood properly. There are also signs of inflammation in the lungs, which might be due to an infection. The report also mentions changes in the shoulder joints.

## Summary

The text is extracted from a \*\*Chest X-ray (AP sitting)\*\*.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Pulmonary venous congestion:\*\* This is evidenced by prominence of the hilar markings, upper lobe vascular diversion, increased peripheral interstitial septal markings, and small bilateral pleural effusions.  
\* \*\*Alveolar edema:\*\* This is indicated by bilateral perihilar airspace densities.  
\* \*\*Superimposed infection:\*\* This cannot be excluded.  
\* \*\*Degenerative changes:\*\* These are present in the acromioclavicular joints.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* Size cannot be accurately assessed due to magnification in the AP sitting projection. There is intimal calcification in the aortic knuckle.  
\* \*\*Lungs:\*\* Prominence of the hilar markings, upper lobe vascular diversion, increased peripheral interstitial septal markings, small bilateral pleural effusions, and bilateral perihilar airspace densities are noted, compatible with pulmonary venous congestion and alveolar edema.  
\* \*\*Acromioclavicular joints:\*\* Degenerative changes are demonstrated.   
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Fluid overload:\*\* This is mentioned in the history.  
\* \*\*Pulmonary venous congestion:\*\* This is a concerning symptom as it can lead to heart failure.   
\* \*\*Alveolar edema:\*\* This is also a concerning symptom as it indicates fluid buildup in the lungs.  
\* \*\*Superimposed infection:\*\* This is a possibility, which would require further investigation and treatment.