# Patient ID: 1002, Performed Date: 01/11/2018 10:28

## Raw Radiology Report Extracted

Visit Number: d15657e52c51d4ac7cd0aa65488e28385d0058199362576c9e87624126ca0193

Masked\_PatientID: 1002

Order ID: 86d175600440abc5594f33ebcfef48b224e9140712ab78db12615cd5f046858c

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 01/11/2018 10:28

Line Num: 1

Text: HISTORY abdo distension; post op REPORT Comparison was made with a previous radiograph of 31 October 2018. A right chest drain is in situ. A pneumothorax is now present, measuring 4.6 cm in craniocaudal axis. No mediastinal shift is seen. There is atelectasis in bilateral lung bases. The heart appears enlarged. Right chest wall surgical emphysema is noted. Partially visualised dilated bowel loops. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: c1a52b99f5fbb3a3baf8bb740127d355e00a53cc75cb385054851710285fb6f6

Updated Date Time: 02/11/2018 7:21

## Layman Explanation

The images show that there is now air in the space between your lung and the chest wall on the right side (pneumothorax), which is about 4.6 cm in size. The heart appears larger than normal. There is some collapse of the lung tissue at the bottom of both lungs (atelectasis). Some air is trapped in the tissue under the skin on the right side of the chest (surgical emphysema) and some of the loops of your intestines are swollen and can be seen. The doctor has recommended that you have further treatment or a quick procedure done.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Pneumothorax:\*\* A pneumothorax is present, measuring 4.6 cm in craniocaudal axis.  
\* \*\*Atelectasis:\*\* Atelectasis is seen in bilateral lung bases.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* Pneumothorax is present, measuring 4.6 cm in craniocaudal axis. Atelectasis is seen in bilateral lung bases.  
\* \*\*Heart:\*\* The heart appears enlarged.  
\* \*\*Chest wall:\*\* Right chest wall surgical emphysema is noted.  
\* \*\*Bowel:\*\* Partially visualised dilated bowel loops.  
  
\*\*3. Symptoms/Concerns:\*\*  
  
\* \*\*Abdominal distension:\*\* This symptom is mentioned in the patient's history.  
\* \*\*Right chest drain:\*\* This is in situ, suggesting a previous procedure or ongoing treatment related to the right chest.  
\* \*\*Pneumothorax:\*\* The presence of a pneumothorax, measuring 4.6 cm, indicates a collapsed lung and requires further action or early intervention.  
\* \*\*Atelectasis:\*\* Atelectasis in the bilateral lung bases may be related to the pneumothorax or other factors.  
\* \*\*Enlarged heart:\*\* This finding may indicate various issues and needs further evaluation.  
\* \*\*Surgical emphysema:\*\* The presence of surgical emphysema in the right chest wall may be a complication of the previous procedure.  
\* \*\*Dilated bowel loops:\*\* Partially visualised dilated bowel loops may suggest bowel obstruction or other complications.  
  
\*\*Note:\*\* The report highlights the need for "further action or early intervention". The specific nature of these interventions depends on the patient's overall condition, the severity of the findings, and the physician's judgment.