# Patient ID: 110, Performed Date: 29/4/2017 11:14

## Raw Radiology Report Extracted

Visit Number: 08bb6ab2857ab4815471abc8eeeb1e6981e98f55dafbc44317d68ec812275401

Masked\_PatientID: 110

Order ID: a55f1372c996826bbfb73f7a76b7e7954ff79f2c1a2186120ead6730fd489b21

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 29/4/2017 11:14

Line Num: 1

Text: HISTORY pedal oedema dyspnoea 1 month REPORT The heart is enlarged. The aorta is unfolded and calcified. Patchy air space opacities are seen in the perihilar lower zone distribution. Prominence of the pulmonary vasculature is noted. Minimal blunting of the costophrenic angles may be due to small pleural effusions or pleural thickening. The findings are compatible with a fluid overload state (pulmonary edema) although a superimposed infection cannot be excluded. Degenerative changes are noted in the spine. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 6aca394ac0cc4ea4850a545362a1306f02d892c11399f7f2c84c65b32204aba7

Updated Date Time: 29/4/2017 12:07

## Layman Explanation

Error generating summary.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Pulmonary edema:\*\* The report states "findings are compatible with a fluid overload state (pulmonary edema)". This suggests the presence of fluid in the lungs, likely due to heart failure.  
\* \*\*Superimposed infection:\*\* Although not confirmed, the report mentions that a superimposed infection cannot be excluded, implying a possible concurrent infection in addition to the pulmonary edema.  
\* \*\*Degenerative changes:\*\* The report notes degenerative changes in the spine, indicating age-related wear and tear on the spinal structures.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Heart:\*\* The report mentions the heart being enlarged, suggesting potential heart enlargement or cardiomegaly.  
\* \*\*Aorta:\*\* The report describes the aorta as unfolded and calcified, indicating potential aortic dilation and calcium deposits along the aortic wall.  
\* \*\*Lungs:\*\* The report describes patchy air space opacities in the lungs, indicating areas of fluid or inflammation in the lung tissue. The report also notes prominence of the pulmonary vasculature, potentially indicating increased pressure in the blood vessels of the lungs.  
\* \*\*Pleura:\*\* The report describes minimal blunting of the costophrenic angles, potentially due to small pleural effusions (fluid accumulation in the pleural space) or pleural thickening.  
\* \*\*Spine:\*\* The report notes degenerative changes in the spine.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Pedal edema:\*\* The patient's history mentions pedal edema, which is swelling in the feet and ankles, often associated with fluid retention.  
\* \*\*Dyspnea:\*\* The patient's history mentions dyspnea, which refers to shortness of breath, another potential symptom related to fluid overload or heart failure.  
\* \*\*Enlarged heart:\*\* The report states that the heart is enlarged, which could indicate heart failure or other cardiac abnormalities.  
\* \*\*Pulmonary edema:\*\* The report suggests the presence of pulmonary edema, indicating fluid accumulation in the lungs, a serious condition that can compromise breathing.  
\* \*\*Possible superimposed infection:\*\* The report mentions that a superimposed infection cannot be excluded, which implies a possible complication that could worsen the patient's condition.  
\* \*\*Degenerative changes in the spine:\*\* While not directly related to the other findings, the degenerative changes in the spine could contribute to the patient's overall health and well-being.   
  
\*\*Overall, the report suggests the patient is experiencing fluid overload, possibly related to heart failure, potentially with a superimposed infection. Further evaluation and intervention are recommended.\*\*