# Patient ID: 1157, Performed Date: 27/5/2018 0:33

## Raw Radiology Report Extracted

Visit Number: 649257eeeca36e04e8bbd7ea4df8e8d60420a5d758fd1249ebb6a797f154b863

Masked\_PatientID: 1157

Order ID: e1f6e3d02565ac42cc55b6b683680c0d54be2228fa1dbb972d36769d8355c5e4

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 27/5/2018 0:33

Line Num: 1

Text: HISTORY cough septic work up, s/p recent tevar REPORT CHEST, AP SITTING Prior chest radiograph (25 May 2018) and CT aortogram (28 Feb 2018, National Heart Centre) reviewed. The patient is rotated. Cardiac monitoring leads are applied. Tip of the right jugular central venous catheter (CVC) is stable in position, projected at the expected site of the SVC. Interval collapse-consolidations in both lower zones. The bilateral costophrenic angles are not well visualisedand pleural effusions cannot be excluded. Stable pleural density in the periphery of the right lower zone is correlated with the previous CTs to be extra-pleural fat. Cardiac size cannot be accurately assessed on this AP projection. The ectatic thoracic aorta is grossly stable in appearance. Stents and wire are projected in the central upper abdomen. Degenerative changes in the visualised spine and right acromioclavicular joint. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 0ea0a0a5e52cf0f9c4ef8a28f21f2ef341214f826364a19678c3363207fedfa1

Updated Date Time: 28/5/2018 15:22

## Layman Explanation

This chest x-ray shows some changes in the lungs, mainly in the lower areas. It's hard to tell exactly what's going on with the fluid around the lungs due to the position of the x-ray, but it hasn't gotten worse. The tube in your neck is in the correct position. The aorta, a major blood vessel in your chest, looks stable. The x-ray also shows some signs of age-related changes in your spine and shoulder. Your doctor will need to look at this x-ray with your other medical information to decide on further steps.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray (AP sitting)  
  
\*\*1. Disease(s):\*\* NIL   
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* Cardiac size cannot be accurately assessed on the AP projection.   
\* \*\*Lungs:\*\*  
 \* Interval collapse-consolidations in both lower zones.  
 \* Bilateral costophrenic angles are not well visualised and pleural effusions cannot be excluded.  
 \* Stable pleural density in the periphery of the right lower zone, correlated with previous CTs to be extra-pleural fat.  
\* \*\*Thoracic Aorta:\*\* Ectatic thoracic aorta is grossly stable in appearance.  
\* \*\*Spine:\*\* Degenerative changes in the visualised spine.  
\* \*\*Right Acromioclavicular Joint:\*\* Degenerative changes.  
\* \*\*Jugular Vein:\*\* Tip of the right jugular central venous catheter (CVC) is stable in position, projected at the expected site of the SVC.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Collapse-consolidations in both lower lung zones:\*\* This suggests possible pneumonia or other lung infection.  
\* \*\*Poorly visualised costophrenic angles and inability to exclude pleural effusions:\*\* These findings raise concern for potential fluid build-up in the pleural space, which could indicate pneumonia, congestive heart failure, or other conditions.  
\* \*\*Degenerative changes in the spine and right acromioclavicular joint:\*\* These findings are common with age but could indicate underlying issues.  
  
\*\*Additional Information:\*\*  
  
\* The patient is rotated, affecting the image quality.  
\* Cardiac monitoring leads are applied.  
\* Previous chest radiograph (25 May 2018) and CT aortogram (28 Feb 2018) were reviewed for comparison.  
\* Stents and wire are projected in the central upper abdomen.  
\* The report mentions "Further action or early intervention required", suggesting the findings are of clinical significance.  
  
\*\*Note:\*\* This summary provides a general overview of the report. It's crucial to consult with a qualified medical professional for a definitive interpretation of the findings and appropriate medical advice.