# Patient ID: 1574, Performed Date: 17/3/2017 18:33

## Raw Radiology Report Extracted

Visit Number: edebc56972ce82e2e51e4c119c9d7444cd652131be68dfef00439812811ec979

Masked\_PatientID: 1574

Order ID: dd26e6d82b8c2b70dccd46dbcc233fa6fb9228838264cff1b9857ae1e87b1b1e

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 17/3/2017 18:33

Line Num: 1

Text: HISTORY For rpt CXR post chest drain removal to ensure no worsening pneumothorax REPORT Chest PA Previous radiograph of 17/3/2017 at 0540hrs was reviewed. Findings: The heart appears enlarged. The thoracic aorta is mildly unfolded. There is interval removal of the left-sided chest drain. Mildly increased left apical pneumothorax is noted, with a maximal interpleural distance of 6mm. The above pertinent finding was conveyed to Dr Irene Yii by Dr Tan Tai Long Evan on17/3/2017 at 2125hrs. Readback was performed. Air space opacities are again noted in the right lower zone, unchanged since the prior radiograph. Linear opacities in the left lower zone may represent atelectasis. Bilateral small pleural effusions are noted again. No gross subphrenic free air is seen. Degenerative changes of the spine are noted. May need further action Finalised by: <DOCTOR>

Accession Number: f2c0b49bc61308804e8df296cfd39eabffa8fe04d79b37b9cbf5df68e3dbe928

Updated Date Time: 17/3/2017 21:38

## Layman Explanation

This chest x-ray was taken after a chest tube was removed to check if the collapsed lung had gotten worse. The x-ray shows that there is a small amount of air in the space around the left lung, but this is not as bad as it was before. The air in the space around the right lung is the same as it was before. There are also some signs of fluid build-up in the lungs.

## Summary

## Radiology Report Summary:  
  
\*\*Image Type:\*\* Chest X-ray (CXR)  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Pneumothorax:\*\* Mildly increased left apical pneumothorax is noted, with a maximal interpleural distance of 6mm.   
\* \*\*Atelectasis:\*\* Linear opacities in the left lower zone may represent atelectasis.   
\* \*\*Pleural Effusions:\*\* Bilateral small pleural effusions are noted.   
\* \*\*Degenerative changes of the spine:\*\* Mentioned, but no further elaboration is provided.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Heart:\*\* Appears enlarged.  
\* \*\*Thoracic aorta:\*\* Mildly unfolded.  
\* \*\*Lungs:\*\* Mildly increased left apical pneumothorax, air space opacities in the right lower zone, linear opacities in the left lower zone, bilateral small pleural effusions.  
\* \*\*Spine:\*\* Degenerative changes noted.  
  
\*\*3. Symptoms or Phenomena Causing Attention:\*\*  
  
\* \*\*Increased pneumothorax:\*\* The report notes a mildly increased left apical pneumothorax, which may be a cause for concern. This finding was conveyed to Dr. Irene Yii.  
\* \*\*Air space opacities in the right lower zone:\*\* These opacities are unchanged since the prior radiograph.  
\* \*\*Linear opacities in the left lower zone:\*\* May represent atelectasis, which requires further investigation.  
\* \*\*Bilateral small pleural effusions:\*\* These are noted again, indicating potential ongoing fluid accumulation.  
\* \*\*Enlarged heart:\*\* Requires further evaluation to determine the cause.  
\* \*\*Mildly unfolded thoracic aorta:\*\* Might suggest an anomaly or a potential risk factor.  
  
\*\*Overall:\*\* The report suggests the patient has several concerning findings that require further attention and investigation. The patient's history of chest drain removal and the presence of pneumothorax, atelectasis, and pleural effusions highlight the need for close monitoring and potential further intervention.