# Patient ID: 1870, Performed Date: 31/12/2018 13:00

## Raw Radiology Report Extracted

Visit Number: e94e96b50e8fba1e19cf0afbe77b4e11ced8530103fd23db83ed3f77095ee568

Masked\_PatientID: 1870

Order ID: 7719f10587f9bee1d99b90efd5c59ad90993372f4bee0b566a05377dbe2c5129

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 31/12/2018 13:00

Line Num: 1

Text: HISTORY Severe abdominal pain and BNO. ?IO REPORT CHEST AP SITTING CT dated 26 Dec 2018 was reviewed. The cardiac size cannot be accurately assessed on this projection. Small right pleural effusion with compressive atelectasis in the right lower zone is noted. No evidence of subdiaphragmatic free air is seen. KUB There are distended small bowel loops in the central abdomen measuring up to 3.0 cm in maximal diameter. Rectal gas is seen. This may suggest subacute / incomplete intestinal obstruction in the appropriate clinical context. Mild faecal loading is seen in the right sided colon. May need further action Finalised by: <DOCTOR>

Accession Number: a185d22b4e5cc11bc1fc4b36973c926c2c574259132c471f4e7bc347b0f42d2b

Updated Date Time: 31/12/2018 16:32

## Layman Explanation

The images show that there is some fluid build-up in the right side of your chest, which is causing the lung tissue to collapse slightly. There's no sign of air in the area under your diaphragm.  
  
The images also show that some of the loops of your small intestine are wider than normal in the middle of your abdomen. This, along with the presence of gas in your rectum, suggests that you may have a partial or recent blockage in your intestines. There is also some stool buildup in the right side of your colon.   
  
The doctor may recommend further tests or treatment.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* The text is extracted from a radiology report likely based on a chest X-ray (CXR) and a KUB (Kidney, Ureter, Bladder) X-ray.   
  
\*\*1. Diseases:\*\*  
  
\* \*\*NIL\*\* - No specific disease names are mentioned in the report. However, the report suggests "subacute/incomplete intestinal obstruction" as a possibility based on the findings.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Chest:\*\*   
 \* \*\*Right Pleural Effusion:\*\* Small amount of fluid is noted in the right side of the chest cavity.  
 \* \*\*Right Lower Zone Atelectasis:\*\* Collapse of lung tissue in the right lower lung region due to the compression from the effusion.  
 \* \*\*Cardiac Size:\*\* The size of the heart cannot be determined accurately from this particular view (AP sitting).   
\* \*\*Abdomen:\*\*  
 \* \*\*Small Bowel:\*\* Distended (enlarged) loops of the small intestine are seen in the central abdomen, measuring up to 3.0 cm in diameter.   
 \* \*\*Rectal Gas:\*\* Presence of gas in the rectum.   
 \* \*\*Colon:\*\* Mild fecal loading (presence of stool) is observed in the right side of the colon.  
  
\*\*3. Symptoms/Concerns:\*\*  
  
\* \*\*Severe Abdominal Pain:\*\* This is a concerning symptom that prompted the imaging studies.   
\* \*\*BNO:\*\* This likely stands for "Bowel Noises" and refers to the sounds made by the intestines, which might be abnormal in this case.  
\* \*\*Subacute/Incomplete Intestinal Obstruction:\*\* This is a possible explanation for the findings based on the distended small bowel loops and the patient's symptoms. However, the report states that this should be considered "in the appropriate clinical context." This implies further evaluation and potentially additional tests may be needed to confirm or rule out this diagnosis.  
\* \*\*Mild Faecal Loading:\*\* This finding may be related to the patient's symptoms or the presence of a potential obstruction.   
  
\*\*Overall:\*\* The report indicates potential signs of bowel obstruction, but further investigation is likely needed to confirm or rule out this diagnosis. The presence of abdominal pain and bowel noise further emphasizes the need for prompt medical attention and further evaluation.