# Patient ID: 193, Performed Date: 10/9/2016 3:46

## Raw Radiology Report Extracted

Visit Number: 781e27e857df9ef46baf07059c6c3456be5d8c56d30b4df3835e2449d5645803

Masked\_PatientID: 193

Order ID: 7ee5fa10dab7b59fd5dfe6a0ff8958e12dc5ac20f344ce18b99f26690ccb8aa9

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 10/9/2016 3:46

Line Num: 1

Text: HISTORY ?sepsis REPORT Comparison made to chest radiograph of 8 February 2015 and CT chest of 31 August 2016. Suboptimal inspiration. Interval removal of the right pleural drain is noted. There is a small right pleural effusion with compressive atelectasis remaining. Right lung volume loss is noted. Fibrocalcific lesions are again seen in the right upper and mid zones. The visualised left lung is unremarkable. Heart size cannot be accurately assessed in this APprojection. May need further action Finalised by: <DOCTOR>

Accession Number: 1c66a6c3e5b4738b8b276135d5bdaf884575737dd1f66db427cde40b36b755ba

Updated Date Time: 10/9/2016 14:14

## Layman Explanation

This chest x-ray compares to previous scans from 2015 and 2016. The picture isn't perfectly clear because you didn't breathe in fully. We can see the right side drain is gone. There's still a small amount of fluid on the right side of the chest, which is making the lung on that side collapse slightly. The right lung is a little smaller than it should be. There are some old scars on the right lung. The left lung looks fine. It's hard to tell the size of your heart from this view. The doctor may want to do more tests.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest Radiograph (CXR)  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*NIL\*\* - The report does not explicitly mention any disease names. However, it does describe findings that could be associated with certain conditions.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\*  
 \* \*\*Right Lung:\*\*  
 \* Small right pleural effusion (fluid build-up in the space between the lung and chest wall)  
 \* Compressive atelectasis (collapse of lung tissue due to compression)  
 \* Right lung volume loss  
 \* Fibrocalcific lesions in the upper and mid zones (areas of scarring and calcium deposits)  
 \* \*\*Left Lung:\*\* Visualized left lung is unremarkable (appears normal).  
\* \*\*Pleura:\*\* Right pleural drain removal is noted.  
\* \*\*Heart:\*\* Heart size cannot be accurately assessed due to the AP projection (anteroposterior view of the chest).  
  
\*\*3. Symptoms/Phenomena of Concern:\*\*  
  
\* \*\*Suboptimal Inspiration:\*\* This indicates the patient did not take a deep enough breath during the X-ray, which can affect the quality of the image and interpretation of findings.  
\* \*\*Right Pleural Effusion:\*\* This is a concerning finding that could be caused by various conditions, including infection, inflammation, or cancer.   
\* \*\*Compressive Atelectasis:\*\* This can be a sign of underlying lung disease or a problem with the airways.  
\* \*\*Right Lung Volume Loss:\*\* This suggests a loss of lung function in the right lung.  
\* \*\*Fibrocalcific Lesions:\*\* These can be benign, but they also raise the possibility of past infections or inflammatory conditions.  
\* \*\*Heart Size Assessment Limitations:\*\* Due to the AP projection, the heart size cannot be accurately assessed, which is a limitation for evaluating potential cardiac issues.   
  
\*\*Further Action:\*\* The radiologist suggests that further action may be needed, highlighting the importance of considering these findings and potentially pursuing additional tests or consultations.