# Patient ID: 193, Performed Date: 30/9/2016 0:03

## Raw Radiology Report Extracted

Visit Number: d794457764ba6e166eab95502504dadd618c5f47cdc3a94ae44c6cce312e486f

Masked\_PatientID: 193

Order ID: 1c781f3e2910fb087645a5313c9d107fdd0a42b2ae1d70ee197dc9ea0376ccdf

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 30/9/2016 0:03

Line Num: 1

Text: HISTORY acute desat ?HAP REPORT Comparison made with CXR of 23/9/2016. New patchy consolidation and pleural effusion is noted in the right lower zone. There is also progression of a 40 mm thick wall cavitating lesion in the lateral aspect of the left mid upper zone, given its relative rapidity of development, not seen on CXR of 10/9/2016, is suggestive of an infective etiology. Heart size is enlarged. The aortic arch is unfolded. The tip of the feeding tube is located in the gastric fundus. Bowel loops in the upper abdomen is mildly prominent. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ec84385745173503757b1e2b780a9b65144b26bf0882cdbc3ebff5288bcd04e3

Updated Date Time: 30/9/2016 17:39

## Layman Explanation

The recent chest X-ray shows new areas of fluid buildup in the lower right lung and a larger area of infection in the upper left lung. This infection seems to have gotten worse quickly. The heart appears larger than normal. The feeding tube is in the correct position. The intestines in the upper belly are slightly swollen. Further medical attention or intervention is needed.

## Summary

The text was extracted from a \*\*Chest X-ray (CXR)\*\* report.   
  
Here's a summary based on your questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Infective etiology:\*\* The report mentions a "cavitating lesion" that developed rapidly, suggesting an infectious cause. This could be related to an infection like pneumonia or tuberculosis. However, the specific disease is not explicitly stated.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* The report describes "patchy consolidation" and "pleural effusion" in the right lower zone, suggesting lung inflammation and fluid accumulation.   
\* \*\*Left Lung:\*\* A 40 mm thick wall cavitating lesion is noted in the lateral aspect of the left mid-upper zone.  
\* \*\*Heart:\*\* The heart size is described as "enlarged".  
\* \*\*Aorta:\*\* The aortic arch is described as "unfolded".  
\* \*\*Stomach:\*\* The tip of the feeding tube is located in the gastric fundus.  
\* \*\*Bowel:\*\* Bowel loops in the upper abdomen are "mildly prominent."   
  
\*\*3. Symptoms/Phenomena:\*\*  
  
\* \*\*Acute desaturation:\*\* The report mentions "acute desat," which likely refers to a sudden decrease in blood oxygen saturation. This could be a significant concern, suggesting respiratory distress.  
\* \*\*HAP:\*\* The report mentions "HAP," which could be a shorthand for "Hospital-acquired pneumonia". This would be concerning as it indicates an infection acquired during hospitalization.  
\* \*\*Progression of lesion:\*\* The rapid development of the cavitating lesion is concerning and suggests the need for further investigation.  
\* \*\*Heart enlargement:\*\* Heart enlargement can indicate various conditions like heart failure or valvular disease and requires further evaluation.  
  
\*\*Overall:\*\* This radiology report suggests possible lung infections and potentially concerning findings related to the heart and the rapid development of the lesion. It emphasizes the need for further action and early intervention.