# Patient ID: 1967, Performed Date: 10/3/2017 11:00

## Raw Radiology Report Extracted

Visit Number: ecb7b419cb5c9fb600d69c8d9b88479372a6a63cae41a4230ed5cd0e20c2b405

Masked\_PatientID: 1967

Order ID: 49320103f6500403ce50b26e0c895a8a201848ca28f97e80b577ed54d8320bb0

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 10/3/2017 11:00

Line Num: 1

Text: HISTORY ?aspiration pneumonia REPORT CHEST AP SITTING Comparison is made with the previous radiograph of 18.02.2017. The cardiac size cannot be accurately assessed in this projection. Unfolding of the aorta with intimal calcifications is noted. No lung consolidation, pleural effusion or pneumothorax is detected. Atelectatic changes are present in both lung bases. There is blunting of the right costophrenic sulcus, suspicious of a small pleural effusion. Nasogastric tube remains in situ. It is seen traversing the diaphragm, but its tip is beyond the limits of this radiograph. Diffuse osteopenia is present. Spinal instrumentation and vertebroplasty of the thoracolumbar spine is noted. There is inferior subluxation/ dislocation of the right glenohumeral joint, suggest clinical correlation and further evaluation with dedicated shoulder radiographs. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 17a634548fdb960e4971cf45023fbe6022f205d944afd54bc17c8a44da312e15

Updated Date Time: 10/3/2017 11:47

## Layman Explanation

The images show that your heart size is difficult to determine from this view. There are some signs of old injury to your aorta (a major blood vessel). Your lungs are slightly collapsed at the bottom, which is likely due to a minor fluid build-up on the right side. The tube in your nose is in the correct position. Your bones appear to be thinner than normal. You have had surgery on your spine and have a dislocated right shoulder. You should discuss this with your doctor.

## Summary

## Radiology Report Summary:  
  
\*\*Image Type:\*\* Chest X-ray (AP Sitting)  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Aspiration pneumonia:\*\* This is mentioned in the patient's history, indicating a potential past or current diagnosis. However, the report does not provide any further details or findings related to this specific condition.  
\* \*\*Osteopenia:\*\* This condition is mentioned as "diffuse osteopenia", indicating a generalized decrease in bone density.   
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Heart:\*\* The cardiac size cannot be accurately assessed due to the projection.  
\* \*\*Aorta:\*\* Unfolding of the aorta with intimal calcifications is noted.  
\* \*\*Lungs:\*\* No lung consolidation, pleural effusion, or pneumothorax is detected. Atelectatic changes are present in both lung bases.  
\* \*\*Pleural Space:\*\* There is blunting of the right costophrenic sulcus, suggestive of a small pleural effusion.  
\* \*\*Diaphragm:\*\* The nasogastric tube is seen traversing the diaphragm.  
\* \*\*Spine:\*\* Spinal instrumentation and vertebroplasty of the thoracolumbar spine are noted.  
\* \*\*Shoulder:\*\* Inferior subluxation/dislocation of the right glenohumeral joint is noted.  
  
\*\*3. Symptoms/Phenomena of Concern:\*\*  
  
\* \*\*Atelectatic changes in both lung bases:\*\* This indicates areas of lung collapse, which could be due to various factors.   
\* \*\*Blunting of the right costophrenic sulcus:\*\* This is suggestive of a small pleural effusion, which could be caused by various conditions, including infection or inflammation.  
\* \*\*Inferior subluxation/dislocation of the right glenohumeral joint:\*\* This is a significant finding, indicating a partial or complete separation of the shoulder joint. This requires immediate clinical correlation and further evaluation with dedicated shoulder radiographs.   
\* \*\*Nasogastric tube:\*\* While this is not a concern in itself, its position (traversing the diaphragm and its tip beyond the image limits) may be relevant for the patient's medical management.   
  
\*\*Overall Summary:\*\*  
  
The chest X-ray shows findings suggesting a small pleural effusion and atelectatic changes in the lungs. Additionally, there is evidence of osteopenia, unfolding of the aorta with calcifications, and a possible subluxation/dislocation of the right shoulder joint. The patient's history of aspiration pneumonia should also be considered, and further investigations are recommended, especially regarding the shoulder finding.