# Patient ID: 1967, Performed Date: 10/4/2017 10:33

## Raw Radiology Report Extracted

Visit Number: 0b88be474ccc62485001915b4c014743ff46541abe784796f76ed208bfc80cf9

Masked\_PatientID: 1967

Order ID: 9a81d2d5e998fe6216df88c9264231eebb3503b3cfc93a89bd1dd95313597d69

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 10/4/2017 10:33

Line Num: 1

Text: HISTORY sepsis cough fever REPORT Chest X-ray: AP sitting view Comparison is made with the prior chest radiograph dated 10 March 2017. The CT PA study performed on 10th March was also reviewed. There is collapse -consolidation of the left lower lobe with leftward mediastinal shift and consolidation in the left upper and mid zone, not seen on prior chest radiograph of 10/03/2017- this was however subequently seen on the CTPA performed on the same day. 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 again inferior subluxation/ dislocation of the right glenohumeral joint as per previous radiograph. Suggest dedicated right shoulder radiograph for further evaluation. May need further action Finalised by: <DOCTOR>

Accession Number: 1b703c792fba11d1e69b11dc5c60de3ba31b79e62aea2c9b47924e35e8068575

Updated Date Time: 10/4/2017 19:28

## Layman Explanation

The X-ray shows changes in the left lung that weren't there before. These changes suggest an infection in the lower part of the left lung. The left side of the chest has also shifted slightly to the left. The X-ray also shows signs of weak bones and a previous surgery on the spine. There is also a problem with the right shoulder joint that needs further evaluation.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray (AP sitting view)  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*NIL\*\* - The report does not explicitly mention any disease names. However, it describes findings suggestive of a potential infection or inflammatory process.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report notes collapse-consolidation of the left lower lobe with leftward mediastinal shift and consolidation in the left upper and mid zone. This suggests an abnormality in the lung tissue.  
\* \*\*Diaphragm:\*\* The report mentions a nasogastric tube traversing the diaphragm.  
\* \*\*Bones:\*\* The report indicates diffuse osteopenia, which is a condition characterized by low bone density.   
\* \*\*Spine:\*\* Spinal instrumentation and vertebroplasty of the thoracolumbar spine are mentioned.  
\* \*\*Right Shoulder:\*\* The report describes inferior subluxation/dislocation of the right glenohumeral joint.  
  
\*\*3. Symptoms or Phenomena Causing Attention:\*\*  
  
\* \*\*Collapse-consolidation of the left lower lobe with leftward mediastinal shift and consolidation in the left upper and mid zone:\*\* This finding, along with the patient's history of sepsis, cough, and fever, suggests a possible infectious or inflammatory process in the lungs.   
\* \*\*Diffuse osteopenia:\*\* This could indicate a metabolic bone disease or osteoporosis, increasing the risk of fractures.  
\* \*\*Inferior subluxation/dislocation of the right glenohumeral joint:\*\* This indicates instability or displacement of the shoulder joint, which may require further evaluation and potential treatment.  
  
\*\*Additional Notes:\*\*  
  
\* The report suggests a dedicated right shoulder radiograph for further evaluation of the shoulder joint.  
\* The report also indicates the nasogastric tube is beyond the limits of the radiograph, potentially requiring further imaging.   
  
\*\*Conclusion:\*\*  
  
The chest X-ray findings raise concerns about a possible respiratory infection or inflammation in the left lung, diffuse osteopenia, and a dislocated right shoulder joint. Further investigation and evaluation are recommended based on the patient's symptoms and the findings reported.