# Patient ID: 1967, Performed Date: 11/2/2017 4:15

## Raw Radiology Report Extracted

Visit Number: 901a2815cdfc333ca7587d77642a78ae9c4ba35e7c012d531a5207a69ca30812

Masked\_PatientID: 1967

Order ID: 5cf2a7ed408ea629aef1c0c31d11ab75c44d8203acf38d926524bd578573caee

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 11/2/2017 4:15

Line Num: 1

Text: HISTORY FEVER ?SOURCE REPORT The feeding tube is seen projected below the left diaphragm beyond the inferior confines of this radiograph. The heart size cannot be accurately assessed on this projection. The thoracic aorta is unfolded. There is no focal consolidation or pneumothorax. There is a small left pleural effusion. Mild bi-basal atelectasis is seen. Spinal instrumentation and vertebroplasty of the thoracolumbar spine is noted. There is inferior dislocation of the left humeral head. Suggest dedicated shoulder radiograph for assessment. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 8269e053323f00f70d0d70d92e004dc39b5b1f10731c09cd6699db7d68e98d8f

Updated Date Time: 12/2/2017 5:19

## Layman Explanation

The images show that the feeding tube is in the correct position. The size of the heart can't be clearly seen from these images. The aorta, a major blood vessel, looks normal. There is no sign of pneumonia or collapsed lung. There is a small amount of fluid in the left lung. There are some areas in the lower lungs that aren't fully expanded. The spine shows signs of surgery. The left shoulder bone is out of place. More images of the shoulder are recommended to evaluate this further.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* This report is likely extracted from a \*\*chest x-ray\*\*.  
  
\*\*1. Diseases:\*\*   
  
\* \*\*Left pleural effusion:\*\* The report mentions a small effusion in the left pleural space, which is the space between the lung and the chest wall.   
\* \*\*Mild bi-basal atelectasis:\*\* This indicates a partial collapse of the lower lobes of the lungs (bi-basal).   
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The report mentions the heart but states that its size cannot be accurately assessed due to the projection of the x-ray.  
\* \*\*Lungs:\*\* The report specifically refers to the left pleural space and the lower lobes of the lungs (bi-basal).   
\* \*\*Thoracic aorta:\*\* The report notes that the aorta in the chest (thoracic aorta) is unfolded, which may be a normal finding depending on the patient's position during the x-ray.  
\* \*\*Spine:\*\* The report mentions spinal instrumentation and vertebroplasty of the thoracolumbar spine.   
\* \*\*Shoulder:\*\* The report highlights an inferior dislocation of the left humeral head.   
  
\*\*3. Symptoms or Concerns:\*\*  
  
\* \*\*Feeding tube placement:\*\* The report notes that the feeding tube is projected below the left diaphragm, which may be a concern as it could indicate improper placement.  
\* \*\*Left humeral head dislocation:\*\* The report suggests a dedicated shoulder radiograph to assess this dislocation further, implying a potential concern for the patient's shoulder.  
\* \*\*Pleural effusion:\*\* The presence of a pleural effusion, though small, may indicate an underlying infection, inflammation, or fluid buildup in the chest.  
\* \*\*Atelectasis:\*\* The mild bi-basal atelectasis could suggest a potential issue with the patient's lung function.  
  
\*\*Additional Notes:\*\*  
  
\* The report mentions "FEVER ?SOURCE REPORT" which indicates that fever is a possible symptom in the patient's case, and further investigation may be needed.   
\* The report does not elaborate on the spinal instrumentation and vertebroplasty, suggesting they may be pre-existing conditions not directly related to the patient's current concerns.