# Patient ID: 203, Performed Date: 16/5/2018 20:01

## Raw Radiology Report Extracted

Visit Number: a255257c11b7ef92aa98504b1898e9809641241dba40d5138fb1fa5bc9244382

Masked\_PatientID: 203

Order ID: 6dde574333acd146860f0c00fee1b04ef3551e969a91e06831b80b7c50431d75

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 16/5/2018 20:01

Line Num: 1

Text: HISTORY metastatic tongue SCC with vertebral mets and foraminal infiltration s/p CT guided biopsy REPORT Comparison is made with the previous chest x-ray dated 02/03/2018 NG tube seen in situ, the tip is projected beyond the radiograph. The cardiomediastinal contours are within normal limits. No focal consolidation or collapse. No sizeable pleural effusions. No pneumothorax. The bones appear osteopenic. Known / Minor Finalised by: <DOCTOR>

Accession Number: 5b5ffa867517235856251025a5efe0dfb4e5d1fccdd626c086ce2715df0c3cfc

Updated Date Time: 14/11/2018 17:56

## Layman Explanation

The images show that the bones appear thin. There is no sign of pneumonia, fluid buildup in the lungs, or collapsed lung.

## Summary

The text is extracted from a \*\*chest x-ray report\*\*.  
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Metastatic tongue SCC:\*\* This is mentioned in the history section, indicating the patient has a history of squamous cell carcinoma (SCC) originating in the tongue that has spread (metastasized) to other areas of the body, including the vertebrae.   
\* \*\*Vertebral mets:\*\* This refers to metastases in the vertebrae, likely due to the tongue SCC.   
\* \*\*Foraminal infiltration:\*\* This describes the spread of cancer into the openings (foramina) in the vertebrae where nerves exit the spinal cord.   
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Bones:\*\* The report mentions the bones appearing osteopenic, which means they are thinner than normal. This could be due to the cancer or other factors.   
\* \*\*Lungs:\*\* The report assesses the lungs, mentioning no focal consolidation (areas of pneumonia or other fluid build-up), collapse, or pleural effusions (fluid in the space between the lung and the chest wall).  
\* \*\*Cardiomediastinal contours:\*\* These are the outlines of the heart and the mediastinum (the space in the chest containing the heart, trachea, esophagus, and major blood vessels). They are noted to be within normal limits.  
  
\*\*3. Symptoms or Phenomena Causing Attention:\*\*  
  
\* \*\*NG tube seen in situ:\*\* This indicates the presence of a nasogastric tube (a tube inserted through the nose into the stomach), which is likely in place for feeding or suctioning. The tip of the tube extends beyond the image, indicating the tube is properly placed.  
\* \*\*Osteopenia:\*\* This finding could be related to the cancer or other conditions. It may be a cause for concern and require further investigation.   
  
\*\*Note:\*\* The report mentions a previous chest x-ray from 02/03/2018 but does not provide information about any findings from that image. It focuses on the current x-ray and reports findings in relation to the patient's known history of metastatic tongue SCC.