# Patient ID: 2425, Performed Date: 02/8/2017 23:40

## Raw Radiology Report Extracted

Visit Number: ed9cfeae4b327a60d1e358e4d85e32506915f94a787af78ad59a477b88d45639

Masked\_PatientID: 2425

Order ID: 0e75ef66656b84c1014c5ab2bc4c40261220c723ed919ad55bf9b803fb9a9e48

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 02/8/2017 23:40

Line Num: 1

Text: HISTORY b/g CLL uptrending TW and LDH, TRO tumor lysis REPORT The heart size and mediastinal configuration are normal. No active lung lesion is seen. Normal Finalised by: <DOCTOR>

Accession Number: c0a4ce9c2e31a6808b49d52dc66352b38b3a148fbfc969d8f158cf0b2253d155

Updated Date Time: 03/8/2017 17:56

## Layman Explanation

The heart and chest area look normal. There are no signs of any active lung problems.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray   
  
\*\*1. Diseases:\*\*  
\* CLL (Chronic Lymphocytic Leukemia) - This is mentioned in the patient's history, indicating a pre-existing condition.   
\* Uptrending TW - Likely refers to "uptrending white blood cell count", a common feature of CLL.  
\* LDH (Lactate Dehydrogenase) - An elevated LDH can be a sign of CLL and other conditions, including tumor lysis syndrome.  
\* TRO Tumor lysis - This refers to tumor lysis syndrome, a potentially life-threatening condition that can occur in patients with certain cancers, including CLL.  
  
\*\*2. Organs:\*\*  
\* \*\*Heart:\*\* Size and mediastinal configuration (the space in the chest between the lungs) are normal.  
\* \*\*Lungs:\*\* No active lung lesions are seen.  
  
\*\*3. Symptoms/Phenomena:\*\*  
\* \*\*CLL uptrending TW and LDH, TRO tumor lysis:\*\* These are all related to the patient's existing CLL and potentially indicate a worsening of the condition. The uptrending TW and LDH, along with the mention of TRO tumor lysis, suggest potential complications associated with CLL and a need for careful monitoring.   
  
\*\*Overall:\*\* The report describes a normal heart and lungs. However, the patient's history of CLL and the mention of uptrending TW, LDH, and tumor lysis syndrome suggest potential complications associated with the disease.