# Patient ID: 356, Performed Date: 13/3/2015 14:30

## Raw Radiology Report Extracted

Visit Number: 62965d2c02cfed076d16d748e12fb53b64a404d56c85dcf561a9632c7d90bb38

Masked\_PatientID: 356

Order ID: 8dbe405425c1fc56c96bf1c62b4b2652ab1471186cc855a59c2bea96666c7e27

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 13/3/2015 14:30

Line Num: 1

Text: HISTORY s/p chest tube removal REPORT The previous chest radiograph of 12 March 2015 was reviewed. The right chest drain has been removed. The left intra pleural drain remains. There are bilateral pneumothoraces, measuring up to approximately 9 mm right (lower zone) and 1.4 cm on the left (apically), not seen in the previous radiograph. The cardiac size cannot be accurately assessed. There is a left pleural effusion, effacing the left hemidiaphragm. Further, thereis suboptimal inspiration. Bilateral lower zone atelectasis is noted. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: be713571583f5fd93d1ad3ac43ed3a2b7e9560e599eddc0dae602b3bb33d51ec

Updated Date Time: 14/3/2015 13:17

## Layman Explanation

The x-ray shows that the tube in your right chest has been removed, but the one in your left chest is still there. There is air in both lungs (pneumothorax), which wasn't there in the previous x-ray. The size of your heart can't be determined from this x-ray. There is fluid in your left lung (pleural effusion). You haven't taken a full breath in the x-ray (suboptimal inspiration), and your lower lungs are collapsed (atelectasis). The doctor will decide on the next steps based on this information.

## Summary

## Analysis of Radiology Report:  
  
\*\*Image Type:\*\* Chest radiograph  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Pneumothorax:\*\* Bilateral pneumothoraces are present, measuring up to approximately 9 mm on the right (lower zone) and 1.4 cm on the left (apically). These were not present in the previous radiograph from 12 March 2015.   
\* \*\*Pleural effusion:\*\* There is a left pleural effusion, effacing the left hemidiaphragm.  
\* \*\*Atelectasis:\*\* Bilateral lower zone atelectasis is noted.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* Bilateral pneumothoraces, left pleural effusion, and bilateral lower zone atelectasis are all related to the lungs.  
\* \*\*Heart:\*\* The cardiac size cannot be accurately assessed due to suboptimal inspiration.  
\* \*\*Diaphragm:\*\* The left hemidiaphragm is effaced by the left pleural effusion.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Pneumothorax:\*\* The presence of bilateral pneumothoraces, especially their absence in the previous radiograph, is a significant concern. This suggests a new development and potentially requires immediate attention.  
\* \*\*Pleural effusion:\*\* The left pleural effusion is a concerning finding, especially in the context of the other lung abnormalities. This could be indicative of a serious underlying condition.  
\* \*\*Atelectasis:\*\* Bilateral lower zone atelectasis can be caused by various factors, including airway obstruction or fluid accumulation in the lungs. It is a concerning finding that requires further investigation.  
\* \*\*Suboptimal inspiration:\*\* This makes it difficult to accurately assess the cardiac size and could be a factor contributing to the difficulty in fully evaluating the lung findings.  
  
\*\*Overall:\*\* This report indicates a significant deterioration in the patient's lung condition since the previous radiograph. The presence of pneumothoraces, pleural effusion, and atelectasis suggests a serious condition requiring immediate attention and potentially further investigation and intervention.