# Patient ID: 440, Performed Date: 22/12/2019 0:11

## Raw Radiology Report Extracted

Visit Number: 1e198cb1ef8e7262059f167eb2a8ce722cd170dd62c727b748b242fb7342f61b

Masked\_PatientID: 440

Order ID: 4769f24d2db2e6f3f3fd59e8a12b9415447ca458d52cd5f50cb1d94611efb3ae

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 22/12/2019 0:11

Line Num: 1

Text: HISTORY exertional dyspnea likely due to fluid overload REPORT Chest PA radiograph Comparison is made with previous radiograph dated 14 January 2019. The heart is enlarged. Pulmonary venous congestion is seen. Bilateral parahilar and lower zone air space opacities are noted. No sizeable pleural effusion is seen. Findings are in keeping with fluid overload. Superimposed infection cannot be excluded. Follow-up radiograph after treatment is suggested. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 21d73697a09d57688e1865444a1685961ac33645efabd50ac94af27addc3fc90

Updated Date Time: 22/12/2019 13:50

## Layman Explanation

The x-ray shows that your heart is bigger than usual. There is fluid buildup in your lungs, which is making it difficult to breathe, especially when you exert yourself. The x-ray also shows some areas of cloudiness in your lungs, which may be related to the fluid buildup or possibly an infection. Your doctor wants to see another x-ray after you receive treatment to see if the fluid has cleared and to check for infection.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest PA radiograph (Posterior-anterior chest X-ray)  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Fluid overload:\*\* The report mentions "fluid overload" as a likely cause for the patient's exertional dyspnea (difficulty breathing with exertion).   
\* \*\*Superimposed infection:\*\* The report states that "superimposed infection cannot be excluded". This suggests a possibility of an infection that could be contributing to the patient's condition, but it is not definitively diagnosed.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Heart:\*\* The report states that the heart is enlarged.   
\* \*\*Lungs:\*\* The report describes "pulmonary venous congestion" and "bilateral parahilar and lower zone air space opacities". These findings likely indicate fluid buildup in the lungs, potentially related to the fluid overload.  
\* \*\*Pleura:\*\* The report mentions "no sizeable pleural effusion". This means that there is no significant accumulation of fluid in the space between the lung and the chest wall.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Exertional dyspnea:\*\* This symptom is mentioned in the patient history and is a significant concern, potentially related to the fluid overload.  
\* \*\*Enlarged heart:\*\* This finding suggests a possible underlying heart condition or a consequence of the fluid overload.  
\* \*\*Pulmonary venous congestion:\*\* This indicates fluid buildup in the veins of the lungs, potentially contributing to the dyspnea.  
\* \*\*Bilateral parahilar and lower zone air space opacities:\*\* These findings point to areas of fluid or inflammation in the lungs, potentially related to fluid overload or superimposed infection.  
\* \*\*Superimposed infection:\*\* The possibility of a superimposed infection raises concerns as it could worsen the patient's condition and require further investigation and treatment.   
  
\*\*Overall, the report indicates that the patient likely has fluid overload, which is causing their exertional dyspnea and affecting their lungs and heart. There is also a possibility of superimposed infection, which needs to be investigated further.\*\*