# Patient ID: 456, Performed Date: 09/3/2017 4:01

## Raw Radiology Report Extracted

Visit Number: 4df2921adc17d0703e1004bbc801194f4a6d15ae565fe3b8506c2c1fe3b87c0e

Masked\_PatientID: 456

Order ID: 2d5c51e1ca963ff2ab22d0183a017d1ac0d894f2e63b4ef6f4caf8dfbe87c2a4

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 09/3/2017 4:01

Line Num: 1

Text: HISTORY abdo pain REPORT Linked report for chest and abdominal radiographs CHEST The chest radiograph of 2 December 2016 and CT scan of 3 December 2016 were reviewed. The heart appears enlarged despite the AP projection. A single lead AICD is in situ. The left chest drain has been removed. There is interval reduction in the size of the left pleural effusion. The air space opacities in both lungs have improved. The mass lesion in the left lung apex seen on the prior CT is not evident on this radiograph. Scarring is noted in the upper zones bilaterally with calcific granulomas detected in the right upper and mid zones. Emphysematous changes are seen in both upper zones. There is no subdiaphragmaticfree gas. Dilated small bowel loops are seen in the right upper abdomen. ABDOMEN Dilated small bowel loops are present, compatible with obstruction. There is no overt pneumoperitoneum. Surgical sutures are projected over the central pelvis. The renal outlines are obscured. No abnormal calcification is present. Degenerative changes are seen in the spine and hip joints. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: b1596e6a372310ee952a010f07a212d7336ab8c922c5c0b0fe7ca92ab5a9cdac

Updated Date Time: 09/3/2017 14:38

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.