# Patient ID: 589, Performed Date: 15/7/2019 14:08

## Raw Radiology Report Extracted

Visit Number: d3e4b91ca5ae6384b5c8a677144c879c093a5335e8f582535791159b208fefe3

Masked\_PatientID: 589

Order ID: be6e930f2adba649a2ee55327e5f9b4e8abaead8da662f101810741f5ee7fe6f

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 15/7/2019 14:08

Line Num: 1

Text: HISTORY Chest pain A19 REPORT Comparison was made with the previous chest radiograph dated 4/6/2019 and CT chest dated 18/6/2019. A coronary stent is noted in situ. Heart size appears normal. Unfolding of the aorta with mural calcifications is noted. Diffuse reticular opacities are again seen in both lungs, more prominent at the peripheries and in keeping with known history of interstitial lung disease. There is stable lung volume loss bilaterally. At the left mid to lower zone, there is a small area of new airspace changes/consolidation. No significant pleural effusion is seen. An old left clavicular fracture is noted. . Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 31b8ab71837bdac7852f5fbc26f5738633f3917b983c742d7da8138e75f8b9cf

Updated Date Time: 16/7/2019 12:12

## Layman Explanation

The images show that the stent in your heart is in the correct place. Your heart appears to be a normal size. There are some changes in your lungs that are consistent with your existing lung disease. There is a small new area of change in your left lung. You also have an old fracture in your left collarbone.

## Summary

The text is extracted from a \*\*Chest X-ray report\*\*.  
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Interstitial lung disease:\*\* The report mentions "diffuse reticular opacities" and "known history of interstitial lung disease". This suggests a pre-existing condition.  
\* \*\*Airspace changes/consolidation:\*\* The report describes "a small area of new airspace changes/consolidation" at the left mid to lower zone. This finding may indicate a new development or progression of the interstitial lung disease or a separate process altogether. Further investigation may be needed.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The heart size "appears normal".   
\* \*\*Aorta:\*\* "Unfolding of the aorta with mural calcifications is noted". This may indicate a potential problem with the aorta, such as an aneurysm or atherosclerotic changes.   
\* \*\*Lungs:\*\* The report mentions "diffuse reticular opacities", "stable lung volume loss bilaterally", and "a small area of new airspace changes/consolidation". These findings are related to the interstitial lung disease and the new development requiring further investigation.  
\* \*\*Left Clavicle:\*\* The report mentions an "old left clavicular fracture" which is an unrelated finding.  
  
\*\*3. Symptoms/Phenomena:\*\*  
  
\* \*\*Chest pain:\*\* This is the presenting symptom mentioned in the history section of the report. The reason for the chest pain is not directly stated, but the report's mention of "airspace changes/consolidation" and the patient's history of interstitial lung disease raises concerns for a potential lung-related cause.  
\* \*\*Coronary stent:\*\* The report mentions "a coronary stent is noted in situ", indicating that the patient had a previous cardiac procedure to address coronary artery disease. This could be a contributing factor to the chest pain, even though it is not directly linked in the report.   
\* \*\*New airspace changes/consolidation:\*\* This is the most concerning phenomenon in the report. It suggests a new development that warrants further investigation. The "Report Indicator: May need further action" indicates the radiologist's recommendation for further evaluation.  
  
\*\*Overall:\*\*  
  
The report shows evidence of pre-existing interstitial lung disease and possibly new developments in the lungs requiring further investigation. The chest pain mentioned in the history and the new airspace changes/consolidation warrant attention. Further investigation may involve additional imaging studies, such as a CT scan, or consultation with a pulmonologist or cardiologist.