# Patient ID: 589, Performed Date: 18/11/2019 20:23

## Raw Radiology Report Extracted

Visit Number: 45a836ae58482e526a209a6e2c13143b1c43236ef4add3bd40669fde65a4c218

Masked\_PatientID: 589

Order ID: b398b2381e68e1271c723c49e4032607432005e458f3483fd4c33170ec047c18

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 18/11/2019 20:23

Line Num: 1

Text: HISTORY SOB REPORT AP SITTING The previous chest radiograph of 16/11/2019 is reviewed. Suboptimal inspiration is noted. The heart size cannot be accurately assessed as the left heart border is obscured. There is mural calcification of the unfolded thoracic aorta. Bilateral diffuse reticulonodular opacities are again seen, consistent with known interstitial pulmonary disease, largely stable since October 2019. Increased airspace opacities are noted in the left mid-lower zone,possibly early infective change. Lung volumes are reduced. There is no pneumothorax or pleural effusion. An old non-united left mid-clavicular fracture is noted. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 579f2927ba561e1f925c34bcc07b2a765d0d921b6987a205f3c6b3c5cc938e19

Updated Date Time: 19/11/2019 10:22

## Layman Explanation

The images show that your lungs have some scarring and inflammation. This is similar to what was seen in your previous X-ray from October 2019. There is a new area of possible infection in your left lung. The doctor also sees some calcifications in your chest aorta, which is a blood vessel. The doctor recommends that you get further evaluation or treatment soon.

## Summary

The text is extracted from a \*\*chest radiograph report\*\*.  
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Interstitial pulmonary disease:\*\* The report mentions "bilateral diffuse reticulonodular opacities," which are consistent with known interstitial pulmonary disease. This disease is considered largely stable since October 2019.  
\* \*\*Possible infective change:\*\* The report mentions "increased airspace opacities in the left mid-lower zone, possibly early infective change." This suggests a possible infection in the left lung, but it is not definitively diagnosed.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The report mentions the heart, but its size cannot be accurately assessed due to the obscured left heart border.   
\* \*\*Lungs:\*\* The report describes lung volumes as reduced. It also mentions "bilateral diffuse reticulonodular opacities," "increased airspace opacities," and "interstitial pulmonary disease."  
\* \*\*Thoracic aorta:\*\* The report mentions mural calcification of the unfolded thoracic aorta.  
\* \*\*Clavicle:\*\* An old non-united left mid-clavicular fracture is noted.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Shortness of breath (SOB):\*\* This is the reason for the imaging study, mentioned in the history section.  
\* \*\*Suboptimal inspiration:\*\* This indicates that the patient did not take a deep enough breath during the x-ray, which can affect the interpretation of the images.  
\* \*\*Increased airspace opacities:\*\* This suggests potential inflammation or fluid buildup in the lungs, possibly indicative of an infection.   
\* \*\*Reduced lung volumes:\*\* This could be a result of the underlying interstitial lung disease.  
\* \*\*Report Indicator:\*\* The report states "Further action or early intervention required." This is a significant concern, suggesting the radiologist believes the patient needs immediate medical attention.  
  
\*\*Note:\*\* While the report suggests a possible infection, it is important to remember that this is just a possibility based on the radiographic findings. Further investigations and clinical evaluation are necessary for a definitive diagnosis.