# Patient ID: 743, Performed Date: 04/7/2016 3:32

## Raw Radiology Report Extracted

Visit Number: f735d98ef90895f3d22f19ac63c6569e97e5bf3e7707df3621faf0ba25ec6efa

Masked\_PatientID: 743

Order ID: f3e5bc5fc37a9202ac72123b687a417e646e4ad1ba7b0c1f75cfa8f37e755f8d

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 04/7/2016 3:32

Line Num: 1

Text: HISTORY TRO patch/ PMTX REPORT The prior chest radiograph performed on 18 January 2016 was reviewed. Midline sternotomy wires and coronary arterial bypass clips are seen. Bilateral lower zone opacities are seen with prominent pulmonary vasculature and kerley B lines suggestive of fluid overload. Blunting of bilateral costophrenic anlges could be due to small pleural effusions. Co-existing infective changes cannot be excluded. No pneumothorax is seen. The heart size cannot be accurately assessed in this AP projection. May need further action Finalised by: <DOCTOR>

Accession Number: 6674dbef7653f80071b0b9a091b23ea011c01dce22f68e4272da7c8869841964

Updated Date Time: 05/7/2016 1:37

## Layman Explanation

The previous chest X-ray from January 18, 2016 shows signs of past heart surgery. The images also show signs of fluid in the lungs, possibly due to fluid overload. There might also be small amounts of fluid around the lungs. The heart size cannot be determined clearly from these images.

## Summary

The text is extracted from a \*\*chest radiograph\*\*.  
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases mentioned:\*\*   
  
\* \*\*Fluid overload:\*\* The report mentions "suggestive of fluid overload" which indicates a possible excess of fluid in the body.   
\* \*\*Possible pleural effusions:\*\* The report mentions "blunting of bilateral costophrenic angles could be due to small pleural effusions." This refers to a possible build-up of fluid in the space between the lung and the chest wall (pleural space).   
\* \*\*Co-existing infective changes:\*\* The report states that "co-existing infective changes cannot be excluded," suggesting a potential presence of infection.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* The report mentions "bilateral lower zone opacities," "prominent pulmonary vasculature," and "Kerley B lines," all referring to findings within the lungs.  
\* \*\*Heart:\*\* The report mentions "heart size cannot be accurately assessed" due to the type of image (AP projection).  
\* \*\*Pleural space:\*\* The report mentions "pleural effusions," referring to fluid in the pleural space.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*   
  
\* \*\*Bilateral lower zone opacities:\*\* These are areas of increased density in the lower parts of both lungs, potentially indicating fluid accumulation or inflammation.  
\* \*\*Prominent pulmonary vasculature:\*\* This refers to an increased prominence of blood vessels in the lungs, potentially related to fluid overload or other circulatory issues.   
\* \*\*Kerley B lines:\*\* These are specific lines seen on chest X-rays that suggest interstitial fluid accumulation in the lungs.   
\* \*\*Blunting of bilateral costophrenic angles:\*\* This refers to a blurring of the angles between the ribs and the diaphragm, suggesting potential pleural effusions.  
\* \*\*Co-existing infective changes cannot be excluded:\*\* This raises concerns about the possibility of infection contributing to the observed findings.   
  
\*\*It is important to note that this is a summary based on the provided text and does not constitute a medical diagnosis.\*\* It is recommended to discuss the findings with a qualified medical professional for proper interpretation and further evaluation.