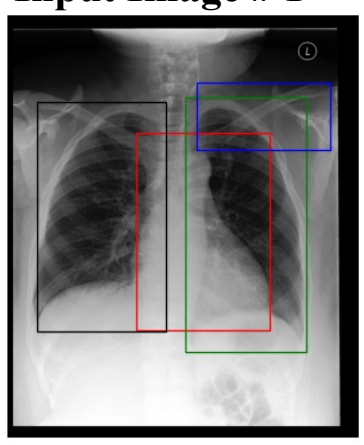
Input Image # 1



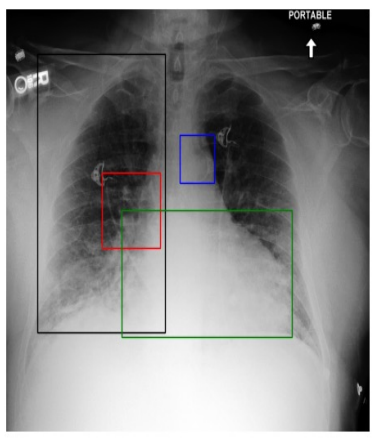
Generated Report # 1

There are no acute osseous abnormalities. No focal consolidation, pleural effusion or pneumothorax is seen. No pleural effusion or pneumothorax is seen. The mediastinal and hilar contours appear within normal limits.

Ground-Truth # 1

The mediastinal and hilar contours are unchanged and within normal limits. Lungs are clear and the pulmonary vascularity is normal. No pleural effusion or pneumothorax is present. There are no acute osseous abnormalities.

Input Image # 2



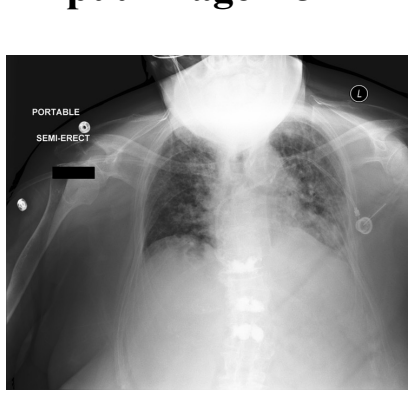
Generated Report # 2

The lung volumes are low, accentuating the bronchovascular markings. The heart size is mildly enlarged with mild pulmonary vascular redistribution and hazy opacity at both lung bases. There is no pleural effusion or pneumothorax. The aortic knob is calcified.

Ground-Truth # 2

Portable upright chest radiograph demonstrates interval decrease in lung volumes, and interval development of moderate alveolar and interstitial pulmonary edema. There are no definite effusions. There is no pneumothorax. The cardiac silhouette remains mildly enlarged. Calcification of the aortic knob is unchanged.

Input Image # 3



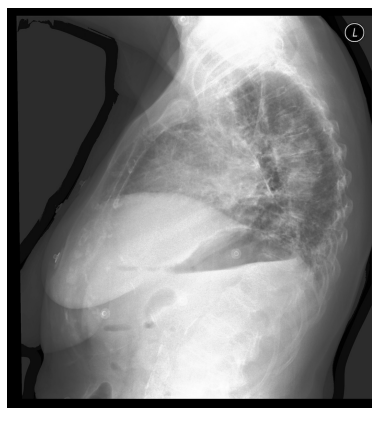
Generated Report # 3

Cardiomediastinal and hilar contours are within normal limits. There is no pneumothorax. The mediastinal and hilar contours are within normal limits. There is increased opacity in the left mid to upper lung. No large effusion is seen. Low lung volumes are again noted with crowding of the bronchovascular structures and mild pulmonary vascular congestion.

Ground-Truth # 3

A left Port-A-Cath terminates in the right atrium, unchanged from prior. Lung volumes are extremely low resulting in bronchovascular crowding and limited evaluation of the lung bases. Diffuse interstitial opacities have increased, and despite the low lung volumes, findings are consistent with superimposed pulmonary edema on a background of pulmonary fibrosis. No large pleural effusion is evident. There is no pneumothorax. Cardiomediastinal and hilar contours are within normal limits. High density material within multiple mid thoracic vertebral bodies is likely related to prior kyphoplasty, unchanged from prior.

Input Image # 4



Generated Report # 4

No pneumothorax is seen in the setting of hyperinflation of the lungs. There is mild leftward convexity of the thoracic spine, which is unchanged. There is no pleural effusion or pneumothorax.

Ground-Truth # 4

Lung volumes are reduced. Diffuse interstitial opacities most pronounced within the periphery and lung bases with architectural distortion are unchanged compared to the previous chest CT and compatible with chronic interstitial lung disease, previously characterized as UIP or fibrosing NSIP. Previously noted hazy opacities in both lungs has resolved. No new areas of focal consolidation are demonstrated. There is no pulmonary vascular congestion, pleural effusion or pneumothorax. Mild degenerative changes are noted in the thoracic spine. The cardiac and mediastinal contours are unchanged.