

Ground-truth

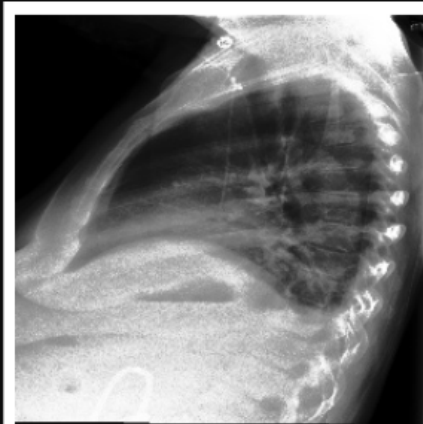
In comparison with study of there is again enlargement of the cardiac silhouette with a pacer device in place. No definite vascular congestion raising the possibility of underlying cardiomyopathy or pleural effusion. No acute focal pneumonia. The right picc line has been removed.

BASE

There is a left pectoral pacemaker with leads terminating in the right atrium and right ventricle. The heart is enlarged. There is no pneumothorax or pleural effusion. The lungs are clear.

BASE+RM+MCLN

In comparison with the study of there is little change in the appearance of the pacer leads which extend to the right atrium and apex of the right ventricle. Continued enlargement of the cardiac silhouette without vascular congestion or pleural effusion. No evidence of pneumothorax.



Ground-truth

There are low lung volumes. Bibasilar atelectasis have minimally improved. Mild vascular congestion has minimally improved. There are no new lung abnormalities or pneumothorax. Bilateral pleural effusions are small. Right picc tip is at the cavoatrial junction.

BASE

In comparison with the study of there is little overall change. Again there is some indistinctness of pulmonary vessels consistent with elevated pulmonary venous pressure. No evidence of acute focal pneumothorax.

BASE+RM+MCLN

The lung volumes are low. There is a small left pleural effusion with associated atelectasis. The right lung is clear. There is no pneumothorax. The heart size is top normal. The hilar and mediastinal contours are normal. A right subclavian catheter terminate in the mid svc.