

CLINICAL DIAGNOSTIC REPORT

Patient: Ana Escajadillo

ID: 987654321

Age: 26 years

Date: 02/24/2026

TRIAGE REPORT (SOAP)

Automated Clinical Triage Report (SOAP)

[S] Subjective

Reason for consultation and history:*

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> **"really high fever, offul chills, whole body shaking, completely exhausted, barely able to get out of bed, super deep and chesty cough, bringing up thick yellowish phlegm"**

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[O] Objective

Image Observations:*

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The image is a chest X-ray showing the lungs, heart, and surrounding structures. The right lung appears to be significantly affected, with a large opacity or consolidation in the upper lobe. The left lung appears relatively clear. The heart size is within normal limits. The mediastinum (the space between the lungs) appears normal. The bony structures of the rib cage and clavicles are visible.

Specific Irregularities:*

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There is a large opacity in the right upper lobe of the lung, which could represent consolidation due to pneumonia, a mass, or other pathology. The opacity is irregular in shape and has a hazy appearance. The left lung appears relatively clear.

[A] Assessment

* **Ranked Pre-diagnosis:**

1. Pneumonia - [Symptoms (fever, chills, cough, phlegm, SOB, chest pain) and imaging (right upper lobe opacity) are highly consistent. Risk factors (smoking, lung disease) increase likelihood.]

2. Lung Mass - [Acute onset of systemic symptoms (fever, chills, shaking) is less typical for a mass.]

3. Tuberculosis - [No history of TB, acute onset.]

* **Clinical summary (Symptoms + Imaging):** [Acute onset (1-3 days) of high fever, chills, shaking, exhaustion, shortness of breath, and a chesty cough producing thick yellow phlegm. Chest X-ray shows a large opacity in the right upper lobe.]

* **Suggested urgency level:** High

* **Note:** This is an AI-generated pre-diagnosis that requires mandatory validation by a human doctor.

[P] Plan

* Action Required:*

* Immediate referral for in-person clinical validation by a specialist.

* **Note:***

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FINAL MEDICAL CONCLUSION

Pendiente de revisión médica.

Recommendations: Se recomienda correlación clínica con el reporte de triaje.