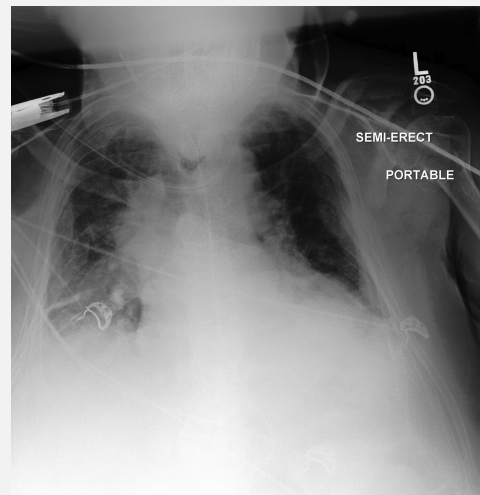


**Original** In comparison with the earlier study of this date, the patient has taken a somewhat better inspiration. Nevertheless, lines are still low. There is enlargement of the cardiac silhouette with vascular congestion and bilateral effusions with compressive atelectasis. Nasogastric tube extends to the distal stomach.

**CXformer(B)** In comparison with the study of \_\_\_\_, there is little overall change. Again there is enlargement of the cardiac silhouette with pulmonary edema and bilateral pleural effusions with compressive atelectasis at the bases. Nasogastric tube again extends well into the stomach.

**CXformer(S)** As compared to the previous radiograph, the patient has received a nasogastric tube. The course of the tube is unremarkable, the tip of the tube projects over the middle parts of the stomach. There is no evidence of complications, notably no pneumothorax. Otherwise, the radiograph is unchanged.

**BiomedCLIP** As compared to the previous radiograph, the patient has received a nasogastric tube. The course of the tube is unremarkable, the tip of the tube projects over the middle parts of the stomach. No evidence of complications, notably no pneumothorax. Otherwise, the radiograph is unchanged.



**CheXzero** As compared to the previous radiograph, the patient has been extubated and the nasogastric tube has been removed. The right internal jugular vein catheter is in unchanged position. Lung volumes have slightly decreased. There is unchanged evidence of moderate cardiomegaly and mild pulmonary edema. In addition, a right pleural effusion has newly appeared. The left lung base is unremarkable. No evidence of pneumonia.

**RAD-DINO** As compared to the previous radiograph, the patient has received a nasogastric tube. The course of the tube is unremarkable, the tip of the tube projects over the middle parts of the stomach. There is no evidence of complication, notably no pneumothorax. The lung volumes remain low. Moderate cardiomegaly with bilateral areas of atelectasis and mild fluid overload.