



**Labels:** Atelectasis (U), Lung Opacity (P) and Pneumonia (U)

**GT:** There is new opacity at the right cardiophrenic angle, which may be atelectasis but could also represent pneumonia in the appropriate clinical setting.

**RATCHET:** Subtle opacity in the left lower lobe is concerning for pneumonia.

**DPT:** New right lower lobe opacity concerning for pneumonia.

**Base AE:** There is a new opacity in the right lung base which may represent atelectasis, but cannot exclude pneumonia or aspiration in the right clinical setting.

**LoRA:** New patchy opacities in the right upper lobe are concerning for pneumonia.

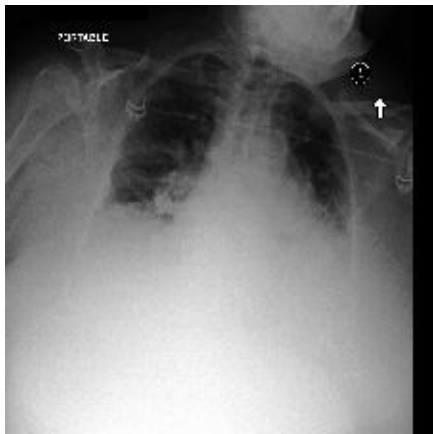
**Prompt:** Patchy opacity in the left lower lobe is likely due to atelectasis, but infection cannot be excluded in the appropriate clinical setting.

**Prefix:** There is a new focal opacity in the right upper lobe, concerning for pneumonia or aspiration in the appropriate clinical setting.

**LLaMA Uni:** Subtle opacity in the left lower lobe is likely atelectasis versus scarring in the appropriate clinical setting, a possible right middle lobe pneumonia cannot be excluded.

**LLaMA Mult:** Subtle opacity at the right lung base likely represents atelectasis or pneumonia.

**LLaMA Mult MSE:** There is patchy left basilar opacity likely reflecting atelectasis, but appear free air.



**Labels:** Atelectasis (U), **Edema** (U), Lung Opacity (P), Pleural Effusion (U) and Pneumonia (U)

**GT:** Retrocardiac opacity which may be due in part to pulmonary edema and atelectasis limits evaluation of the left lower lung, and superimposed pneumonia cannot be excluded.

**RATCHET:** There is prominence of the pulmonary vasculature consistent with mild pulmonary edema.

**DPT:** There is likely due to pulmonary edema.

**Base AE:** There is a new opacity in the right lung base which may represent atelectasis, but cannot exclude pneumonia or aspiration in the right clinical setting.

**LoRA:** There is mild interstitial prominence, which could reflect mild pulmonary edema, but not entirely excluded.

**Prompt:** There is mild interstitial prominence of the hila bilaterally, consistent with pulmonary edema.

**Prefix:** There is persistent bilateral perihilar opacities, likely representing asymmetric edema.

**LLaMA Uni:** There is persistent mild interstitial edema.

**LLaMA Mult:** There is increased interstitial markings in the left lower lobe, which may represent a component of pulmonary edema and atelectasis, less likely pneumonia.

**LLaMA Mult MSE:** There is hazy associated opacity in the left base likely representing atelectasis.



**Labels:** Lung Opacity (P) and **Pneumonia** (P)

**GT:** A new right lower lobe airspace opacity is likely due to aspiration pneumonia.

**RATCHET:** Right lower lobe consolidation is worrisome for pneumonia.

**DPT:** New right upper lobe opacity concerning for pneumonia.

**Base AE:** There is a new opacity in the right lung base which may represent atelectasis, but cannot exclude pneumonia or aspiration in the right clinical setting.

**LoRA:** There is persistent consolidation in the right upper lobe, which may represent aspiration or pneumonia in the appropriate clinical setting, worsening of the right lung base, and could be due to aspiration or pneumonia

**Prompt:** New opacification at the right lung base is compatible with pneumonia.

**Prefix:** There is a new focal opacity in the right upper lobe, concerning for pneumonia or aspiration.

**LLaMA Uni:** The opacity in the right upper lobe is concerning for pneumonia or aspiration, and less likely atelectasis.

**LLaMA Mult:** There is a new heterogeneous opacification in the right mid and lower lung zones concerning for pneumonia.

**LLaMA Mult MSE:** Given that the right basilar opacity is concerning for pneumonia, less likely atelectasis given the clinical setting.