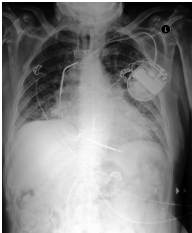



Input X-ray	Ground Truth	Prediction
	<p><b>CP Findings:</b> Lung Opacity, Cardiomegaly, Edema</p> <p><b>Report:</b> Patient is status post median sternotomy, CABG, and mitral valve replacement. A left-sided AICD device is noted with leads terminating in the right atrium, right ventricle, and coronary sinus. Mild enlargement of the cardiac silhouette is redemonstrated, with unchanged tortuosity of the thoracic aorta. There is perihilar haziness with vascular indistinctness and diffuse alveolar opacities compatible with moderate pulmonary edema. No large pleural effusion or pneumothorax is seen. There are no acute osseous abnormalities.</p>	<p><b>CP Findings:</b> Lung Opacity, Cardiomegaly, Edema</p> <p><b>Report:</b> The patient is status post median sternotomy and CABG. Left-sided AICD/pacemaker device is noted with leads terminating in the right atrium, right ventricle, and coronary sinus. Moderate cardiomegaly is re-demonstrated. Mediastinal contours are unchanged. There is mild pulmonary edema, slightly improved compared to the previous exam. Ill-defined opacities in the lung bases may reflect areas of atelectasis. No pleural effusion or pneumothorax is identified. There are no acute osseous abnormalities.</p>
	<p><b>CP Findings:</b> Pneumonia</p> <p><b>Report:</b> PA and lateral views of the chest. There are new bibasilar opacities compatible with right middle lobe and lingular pneumonia. Elsewhere, the lungs are clear and there is no effusion. Cardiomeastinal silhouette is within normal limits. No acute osseous abnormality.</p>	<p><b>CP Findings:</b> Lung Opacity, Lung Lesion, Pneumonia</p> <p><b>Report:</b> There is a new right lower lobe opacity, concerning for pneumonia. There is also a new nodular opacity in the right upper lobe. The left lung is clear. The cardiomeastinal silhouette is unremarkable. There is no pleural effusion or pneumothorax.</p>