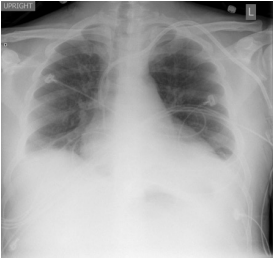


Input X-ray	Ground Truth Report	RaDialog Prediction	XrayGPT Prediction	GPT4-Vision Prediction
	<p>Report: Cardiac silhouette is enlarged but unchanged. There is left-sided XXXX central line with a XXXX lumen. Poly vasculature is within normal limits. Mediastinum is normal. Bibasilar opacity, left greater than right is appreciated. Left pleural effusion with adjacent atelectasis, right effusion is also present. No pneumothorax.</p>	<p>A: AP upright and lateral views of the chest provided. Left chest wall Port-A-Cath is again seen with its tip extending into the region of the right atrium. Midline sternotomy wires and mediastinal clips are again noted. There is a small left pleural effusion with left basal atelectasis. The heart is mildly enlarged. The mediastinal contour is stable. No pneumothorax. Bony structures are intact.</p>	<p>A: Based on the chest x-ray, there is an elevation of the left hemidiaphragm, with an associated opacity of the left lower lobe that is concerning for left lower lobe pneumonia. There is no pleural effusion, pneumothorax or pulmonary edema. The left-sided dual-lumen central venous catheter has been positioned into the right atrium, with the catheter tip visible within the left atrium. The heart size is normal, and the mediastinal silhouette is within normal limits.</p>	<p>A: The chest X-ray demonstrates clear lung fields without evidence of focal consolidation, pneumothorax, or pleural effusion. The cardiac silhouette is normal in size and contour. There is no evidence of mediastinal widening. The diaphragmatic surfaces are smooth, and costophrenic angles are sharp. The bony structures of the thorax show no acute abnormality. Overall, there are no radiographic features suggestive of acute cardiopulmonary disease.</p>