

Patient Details

UR D.O.B Age Sex

Surname First Name

Address

Suburb State Post Code

H M

Email

Study Details

Exam ID Date

Operator

Institution

Indication

Height Weight BSA BMI

BP HR Rhythm

Lungscan

ANT	PU	PL		ANT	PU	PL
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consolidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APO/Int.Syindr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Effusion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.7 cm 1 cm

1340 mL 200 mL

cm Diaph Excursion cm

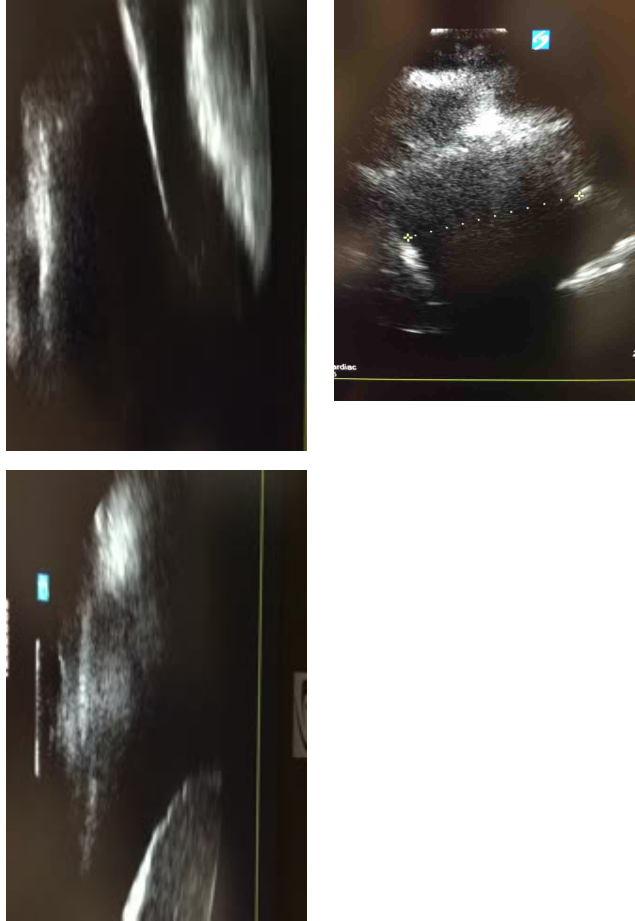
Comments

Left basal lung collapse and moderate sized effusion
Right side trivial pleural effusion

Signature

Additional Information

Left



Right

