

Disclaimer: This report neither constitutes, nor replaces a radiological analysis. The medical and legal responsibility with respect to the diagnosis and choice of therapy remains solely with the responsible physician. Analysis by Imbio.

**VOLUME** 



PATIENT NAME:

PATIENT ID:

SCAN ID:

STUDY DATE:

ORDER DATE:

**Patient Name** 

82345

Unknown

October 1, 2000

June 21, 2023

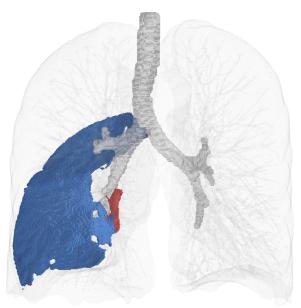
## LUNG FISSURE VISUALIZATION

KERNEL: **✓ STANDARD** 

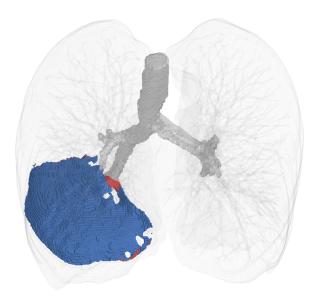
Complete



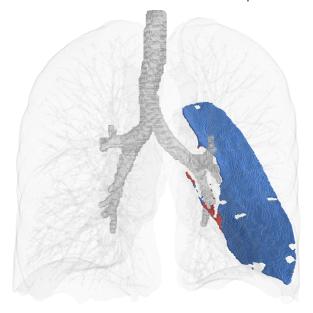
Incomplete



Right Oblique Fissure 98% Complete



Right Horizontal Fissure 97% Complete



Left Oblique Fissure 99% Complete

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