



Correction to: MSDNet: a deep neural ensemble model for abnormality detection and classification of plain radiographs

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The original article has been corrected.

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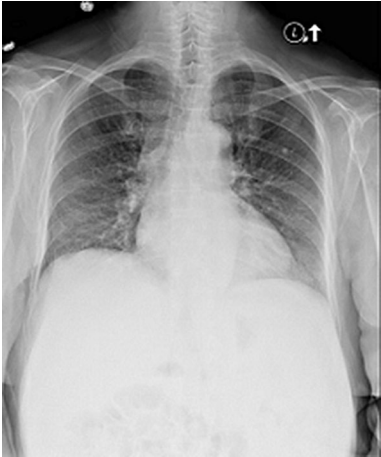

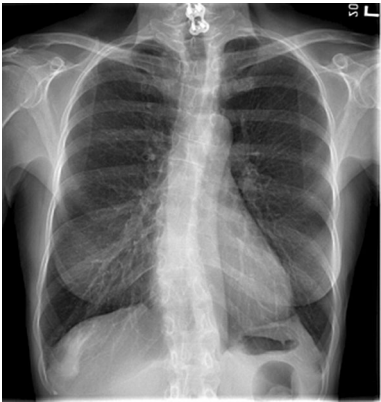
Figures in Table 2 was missing from this article; the figure should have appeared as shown below.

The original article can be found online at <https://doi.org/10.1007/s12652-022-03835-8>.

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Table 2 A sample of Indiana dataset chest X-ray images and its description

Image	Indication	Findings	Impression
	Preoperative renal transplant	The lungs and pleural spaces show no acute abnormality. Stable left upper lobe calcified granuloma. Heart size is mildly enlarged, pulmonary vascularity within normal limits. Mild tortuosity of the descending thoracic aorta	No acute pulmonary findings. Mild cardiomegaly
	Chest and midback pain	Stable cardiomeastinal silhouette with tortuous thoracic aorta. No pneumothorax, pleural effusion or suspicious focal air space opacity. Stable right lung base scarring	Stable exam with no acute abnormality seen
	Shortness of breath	The cardiac contours are normal. The lungs are hyperinflated with flattening of the diaphragms and tapering of the distal pulmonary vasculature. There is no focal consolidation. Thoracic spondylosis. Mild dextroscoliosis of the spine. Prior anterior cervical fusion	Emphysema without superimposed pneumonia