

A 55-year-old female with shock, renal failure, and a new left chest port was evaluated with a chest x-ray. The wet read indicated the placement of the new left internal jugular catheter and slightly increased pulmonary vascular congestion with a small left pleural effusion. The final report showed no significant change in the placement of the ET tube and the nasogastric tube, and lung volumes were lower with mild pulmonary edema, bibasilar atelectasis, and healed left posterior rib fractures noted. The heart size was normal, and there was no pneumothorax.

A 62-year-old female patient was admitted with a moderate right-sided effusion. During thoracentesis, she coughed up blood and had low oxygen saturation, leading to her transfer to the MICU. She was intubated for airway protection and had an endobronchial blocker inserted. Currently, the blocker is wedged in the right lower lobe and locked at the 52 mark. Due to her history of pulmonary hypertension, suctioning is not recommended for tonight.