# Row 11069

Visit Number: 55ec7a4e1ab37dbb51ffbd8c562c53c51ea07f417bea550dbe05ad4c3fffe556

Masked\_PatientID: 11066

Order ID: 6062d9a6340b3509a07d49993a5b2096f8539b15de4958a493c5d23bead60fd8

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 08/5/2018 7:39

Line Num: 1

Text: HISTORY Repeat CXR to monitor; ? aspiration from BGIT; ? fluid overload REPORT Comparison dated 07/05/2018. Lung volumes are reduced, likely secondary to poor inspiratory effort. Endotracheal tube is slightly high-riding, located approximately 6.8 cm above the carina. Right internal jugular approach central venous catheter is seen with the tip projecting over the cavoatrial junction. Cardiomediastinal silhouette cannot be adequately assessed on this projection. Background pulmonary vascular congestion is noted. Hazy opacification of both lung fields is noted most likely secondary to the presence of bilateral posterior layering pleural effusions. This is similar in appearance to prior. Underlying air space opacification at both lung bases may be due to compressive atelectasis although underlying infection is not definitely excluded. There is no pneumothorax. Soft tissues and osseous structures remain unchanged from prior. Surgical clips are seen projecting over the lower thoracic spine. May need further action Finalised by: <DOCTOR>

Accession Number: 4dbc1ff22b385c273e981e406359ceacad34890f33b3685051ecc06e2c249ec6

Updated Date Time: 08/5/2018 18:32