# Row 1189

Visit Number: 4da07f09ae462e01861399d23b49c5118eae25139b1f926b55f8123e692a45f6

Masked\_PatientID: 1189

Order ID: 21af65df03d9fe8e6e73f836c333a44ee7ab235033da94b1d9df41d01d7270cf

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 27/2/2016 1:21

Line Num: 1

Text: HISTORY ? acute abdomen with septic shock, APO s/p intubation, to check NGT and ETT placement REPORT The tip of the nasogastric tube is in the left upper abdomen. The tip of the ETT is at the level of the clavicles. Sternotomy wires are noted in situ. Heart is enlarged. There is airspace shadowing in both lungs with pulmonary venous congestion and small septal lines. Fluid overload has to be considered Known / Minor Finalised by: <DOCTOR>

Accession Number: df709564bbc874b0b328316f9ed07e5218a2d85a76aa5c0bc686dd95a6648e56

Updated Date Time: 29/2/2016 6:14

## Layman Explanation

This radiology report discusses HISTORY ? acute abdomen with septic shock, APO s/p intubation, to check NGT and ETT placement REPORT The tip of the nasogastric tube is in the left upper abdomen. The tip of the ETT is at the level of the clavicles. Sternotomy wires are noted in situ. Heart is enlarged. There is airspace shadowing in both lungs with pulmonary venous congestion and small septal lines. Fluid overload has to be considered Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.