# Row 537

Visit Number: cbb05f795e539f157f27ac8a6f7bc32e484d4867ad1a12f5ee588f784b321528

Masked\_PatientID: 536

Order ID: e397a2f62a1c89f78fe63626f42b58ff1ef69247655ee597586a85682d415ce7

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 27/7/2015 9:02

Line Num: 1

Text: HISTORY . cough with increased sputum production. creps bilateral. ? aspiration vs nosocomial infection. REPORT CHEST (AP SITTING) TOTAL OF ONE IMAGE The previous chest radiograph of 4 July 2015 was reviewed with the report. When the current chest radiograph is compared to the previous radiograph as referenced above, there is for the most part interval stability. The tip of the nasogastric tube is projected over the L4 segment and this is probably in the distal stomach. The heart shadow and mediastinum cannot be assessed for size and configuration in view of the projection as well as the patient rotation secondary to scoliosis. There is a fair amount of parenchymal scarring and pleural thickening in the right upper and middle zones probably due to previous granulomatous infection. The left lung shows patchy opacities which may be related to infection. The haziness in the left lower zone may be related to pleural reaction. May need further action Finalised by: <DOCTOR>

Accession Number: f76f525ac9ae9fd790044a3619f4658a2e951ca4ebb96319c509e084e98986cd

Updated Date Time: 29/7/2015 18:52

## Layman Explanation

This radiology report discusses HISTORY . cough with increased sputum production. creps bilateral. ? aspiration vs nosocomial infection. REPORT CHEST (AP SITTING) TOTAL OF ONE IMAGE The previous chest radiograph of 4 July 2015 was reviewed with the report. When the current chest radiograph is compared to the previous radiograph as referenced above, there is for the most part interval stability. The tip of the nasogastric tube is projected over the L4 segment and this is probably in the distal stomach. The heart shadow and mediastinum cannot be assessed for size and configuration in view of the projection as well as the patient rotation secondary to scoliosis. There is a fair amount of parenchymal scarring and pleural thickening in the right upper and middle zones probably due to previous granulomatous infection. The left lung shows patchy opacities which may be related to infection. The haziness in the left lower zone may be related to pleural reaction. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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