# Row 5391

Visit Number: 69c62653ba5a9b8528a2bbd0336b996546056f122f321386511e2e4b24161b69

Masked\_PatientID: 5387

Order ID: b22fa7da0b67d31518d842567ef479b1ef00e0156b18d0d41c1ba172aef093f5

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 20/1/2018 13:52

Line Num: 1

Text: HISTORY ?sepsis t spike post oesophagect REPORT There is prior oesophagectomy. The tip of the right chest drain is between the posterior right fifth and sixth ribs, and the newly inserted right internal jugular venous catheter’s tip is satisfactorily sited. Left inferior chest drain is seen. Heart size and pulmonary vasculature cannot be accurately evaluated in this projection. There is a new left hydropneumothorax. Bilateral airspace changes and effusions are largely stable from the 18/01/2010 chest radiograph. Air bronchograms in the left perihilar and lower lobe are again seen. Dr Jeremy Tan was informed of the findings by Dr Taufik on 22.1.2018 at 0942H Critical Abnormal Finalised by: <DOCTOR>

Accession Number: 8f5f49e537e9d9fd45a68a360e663fed590f1adf47b1cad604e4b882d6a582e9

Updated Date Time: 22/1/2018 9:49

## Layman Explanation

This radiology report discusses HISTORY ?sepsis t spike post oesophagect REPORT There is prior oesophagectomy. The tip of the right chest drain is between the posterior right fifth and sixth ribs, and the newly inserted right internal jugular venous catheter’s tip is satisfactorily sited. Left inferior chest drain is seen. Heart size and pulmonary vasculature cannot be accurately evaluated in this projection. There is a new left hydropneumothorax. Bilateral airspace changes and effusions are largely stable from the 18/01/2010 chest radiograph. Air bronchograms in the left perihilar and lower lobe are again seen. Dr Jeremy Tan was informed of the findings by Dr Taufik on 22.1.2018 at 0942H Critical Abnormal Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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