# Row 7236

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: b1c35232c5c4244c1e2b4c42c8627969601529c63876683196e082b256bc867f

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 07/12/2016 9:39

Line Num: 1

Text: HISTORY after changing ET tube, CVP. REPORT Comparison dated 03/12/2016. The endotracheal tube is noted at the level of the carina, recommend partial retraction. A new left internal jugular approach central venous catheter isseen with the tip at the level of the cavoatrial junction. Right internal jugular approach and left subclavian approach central venous catheters are seen in unchanged position, both projecting at the level of the SVC. Nasogastric tube is seen crossing into the abdomen and coiling within the expected location of the stomach. Stable postsurgical changes are again seen with midline sternotomy wires, mediastinal surgical clips, and mediastinal drain. Bilateral patchy air space opacities in both lungs most likely reflect underlying pulmonary interstitial and alveolar oedema, although underlying infection is not totally excluded. There is suggestion of a small left pleural effusion. There is no pneumothorax. Soft tissues and osseous structures remain unchanged. Bones are osteopenic. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: e9a0dc00540d35c2a4e4f9b12623ae7a487f888805ad2d5a9b7392d1c0dbd33b

Updated Date Time: 07/12/2016 14:02

## Layman Explanation

This radiology report discusses HISTORY after changing ET tube, CVP. REPORT Comparison dated 03/12/2016. The endotracheal tube is noted at the level of the carina, recommend partial retraction. A new left internal jugular approach central venous catheter isseen with the tip at the level of the cavoatrial junction. Right internal jugular approach and left subclavian approach central venous catheters are seen in unchanged position, both projecting at the level of the SVC. Nasogastric tube is seen crossing into the abdomen and coiling within the expected location of the stomach. Stable postsurgical changes are again seen with midline sternotomy wires, mediastinal surgical clips, and mediastinal drain. Bilateral patchy air space opacities in both lungs most likely reflect underlying pulmonary interstitial and alveolar oedema, although underlying infection is not totally excluded. There is suggestion of a small left pleural effusion. There is no pneumothorax. Soft tissues and osseous structures remain unchanged. Bones are osteopenic. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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