# Row 7252

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: 96b17bcffd20ca63fc67195f6e979a88ab255ce290b3f0a3b14e4503e6c9e479

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 18/1/2017 14:22

Line Num: 1

Text: HISTORY post cabg, severe sepsis hap/sternal om/ischaemic bowel REPORT Chest X-ray: supine Comparison made with previous chest radiograph done on 16 January 2017. Tip of the endotracheal tube appears to be at the carina and needs to be retracted for optimal positioning. Tip of the feeding tube is probably in the gastric fundus with its tip pointing cranially, grossly unchanged in position. This may need readjustment so that the tip points distally towards the gastric body. Tip of the right subclavian catheter is in the proximal SVC. Tip of the right jugular venous catheter is at the cavoatrial junction. The left PICC and the left central venous catheter has been removed. Median sternal sutures and mediastinal vascular clips are seen. Heart size cannot be accurately assessed in this projection. Airspace opacities are again seen scattered in both lungs, slightly improved as compared to the prior study. No pneumothorax or discernible pleural effusion is seen. The significant findings were communicated to Dr Carredo Carlo Kristian by Dr Gita on 19/1/2017 at 8.40am. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: b67088e3bf89c72af68c5f26fab03f378e87a14e44bd8523895ebae9899017d7

Updated Date Time: 19/1/2017 8:55

## Layman Explanation

This radiology report discusses HISTORY post cabg, severe sepsis hap/sternal om/ischaemic bowel REPORT Chest X-ray: supine Comparison made with previous chest radiograph done on 16 January 2017. Tip of the endotracheal tube appears to be at the carina and needs to be retracted for optimal positioning. Tip of the feeding tube is probably in the gastric fundus with its tip pointing cranially, grossly unchanged in position. This may need readjustment so that the tip points distally towards the gastric body. Tip of the right subclavian catheter is in the proximal SVC. Tip of the right jugular venous catheter is at the cavoatrial junction. The left PICC and the left central venous catheter has been removed. Median sternal sutures and mediastinal vascular clips are seen. Heart size cannot be accurately assessed in this projection. Airspace opacities are again seen scattered in both lungs, slightly improved as compared to the prior study. No pneumothorax or discernible pleural effusion is seen. The significant findings were communicated to Dr Carredo Carlo Kristian by Dr Gita on 19/1/2017 at 8.40am. 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.