# Row 8145

Visit Number: f9ad975aa396ac900a094d439e9aabd86d8a0db9679908689dd25d50958e5f37

Masked\_PatientID: 8141

Order ID: 90e2a22ae8d61aa514e82953f09bf80834799a0e52f7c18bd9036b6801062e74

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 28/1/2016 20:31

Line Num: 1

Text: HISTORY repeat CXR after repositioning of NGT REPORT Chest X-ray: supine Comparison is made with the prior chest radiograph done on the same day 28 January 2016 at 20:06hr. There is interval repositioning of the nasogastric tube; the tip now lies below the right hemidiaphragm, projected over the right lumbar region. The tip of the endotracheal tube is approximately 3.6 cm above the carina. There is air space shadowing in bilateral perihilar regions and bilaterallower zones. Bilateral pleural effusions are present. Background pulmonary venous congestion is evident. Findings are compatible with congestive cardiac failure/fluid overload. Superimposed infection cannot be excluded. The cardiac silhouette appears enlarged with suggestion of bi-atrial dilatation. The thoracic aorta is unfolded and demonstrates atherosclerotic changes. Cardiac valvular calcification demonstrated on the prior chest radiograph is not as well seen on this radiograph. Thoracolumbar spondylosis is evident. Old bilateral rib fractures are noted. There is gaseous distension of the imaged bowel loops. A 3 mm calcific density is projected over the right renal shadow. May need further action Finalised by: <DOCTOR>

Accession Number: 702e058751ea7297ca168e2ef80f42c026e04e1883f4ea74b4c43c51b94b793b

Updated Date Time: 29/1/2016 14:33

## Layman Explanation

This radiology report discusses HISTORY repeat CXR after repositioning of NGT REPORT Chest X-ray: supine Comparison is made with the prior chest radiograph done on the same day 28 January 2016 at 20:06hr. There is interval repositioning of the nasogastric tube; the tip now lies below the right hemidiaphragm, projected over the right lumbar region. The tip of the endotracheal tube is approximately 3.6 cm above the carina. There is air space shadowing in bilateral perihilar regions and bilaterallower zones. Bilateral pleural effusions are present. Background pulmonary venous congestion is evident. Findings are compatible with congestive cardiac failure/fluid overload. Superimposed infection cannot be excluded. The cardiac silhouette appears enlarged with suggestion of bi-atrial dilatation. The thoracic aorta is unfolded and demonstrates atherosclerotic changes. Cardiac valvular calcification demonstrated on the prior chest radiograph is not as well seen on this radiograph. Thoracolumbar spondylosis is evident. Old bilateral rib fractures are noted. There is gaseous distension of the imaged bowel loops. A 3 mm calcific density is projected over the right renal shadow. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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