# Row 8971

Visit Number: 0c60207f386c6960aaf65aad71085dbe0abe345168f3f45bf99756b8f754748c

Masked\_PatientID: 8971

Order ID: 6fb94bf0c9133d8fc70fc4ef803c4777bb89eaa126cfa35c6c201f4b4e1a531d

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 19/1/2017 11:16

Line Num: 1

Text: HISTORY Position of ETT. REPORT The tip of the ETT is 5.5 cm above the carina. The tip of the feeding tube is not seen on the current radiograph. When compared with the prior radiograph of 19/10/2017, 0215 hours there is worsening of bilateral upper and mid zone consolidation suggestive of a an extensive infective process. Upper lobe divergence of blood flow and bilateral prominent pulmonary vasculature raise the possibility of concomitant fluid overload. No pleural effusion on either side. Patchy airspace changes are also seen in the right lower zone. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 3a264b251aec4cbe1d0d08a3d4a319898fae78ee9a55208204cc0a04604fa49b

Updated Date Time: 19/1/2017 15:33

## Layman Explanation

This radiology report discusses HISTORY Position of ETT. REPORT The tip of the ETT is 5.5 cm above the carina. The tip of the feeding tube is not seen on the current radiograph. When compared with the prior radiograph of 19/10/2017, 0215 hours there is worsening of bilateral upper and mid zone consolidation suggestive of a an extensive infective process. Upper lobe divergence of blood flow and bilateral prominent pulmonary vasculature raise the possibility of concomitant fluid overload. No pleural effusion on either side. Patchy airspace changes are also seen in the right lower zone. 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.