# Row 1961

Visit Number: abbbcd81a5e1d5e59f83f329a948232c3815dad5d9f85b901f47f30b08a14990

Masked\_PatientID: 1950

Order ID: 7a100747e39e5ff6c336cfb2aa1e7a79b5200057813418ab91e5888aee1cadde

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 19/12/2016 14:07

Line Num: 1

Text: HISTORY VF collapse -post intubation cxr REPORT Prior chest radiograph performed on 13 December 2016 was reviewed. Interval insertion of an endotracheal tube is seen with its tip 3.7 cm above the carina. The tip of the feeding tube is below the inferior border of the radiograph but below the left hemidiaphragm. Chest leads are noted. Bilateral middle to lower zone opacities are seen with septal lines and small bilateral pleural effusions suggestive of fluid overload. Coexisting infective changes cannot be excluded. No pneumothorax is seen. The heart size cannot be accurately assessed on this AP projection. May need further action Finalised by: <DOCTOR>

Accession Number: 79a9f9a51d9dbaa7d418d9e91996d2f299b0df2df1012dc9472d7d9e33d39476

Updated Date Time: 20/12/2016 18:09

## Layman Explanation

This radiology report discusses HISTORY VF collapse -post intubation cxr REPORT Prior chest radiograph performed on 13 December 2016 was reviewed. Interval insertion of an endotracheal tube is seen with its tip 3.7 cm above the carina. The tip of the feeding tube is below the inferior border of the radiograph but below the left hemidiaphragm. Chest leads are noted. Bilateral middle to lower zone opacities are seen with septal lines and small bilateral pleural effusions suggestive of fluid overload. Coexisting infective changes cannot be excluded. No pneumothorax is seen. The heart size cannot be accurately assessed on this AP projection. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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