# Row 3663

Visit Number: 486899b061330aa615096b709bfdede8d2a5a1239dcc0613d4ecd80ad9ec9bfb

Masked\_PatientID: 3660

Order ID: 68cb424f566fe49ba1caae03ace46e330eb24f347d4499f7ff8f93bdb8ccd54f

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 07/12/2016 16:32

Line Num: 1

Text: HISTORY Type 2 Respiratory failure REPORT Comparison dated 07/12/2016. There is interval placement of an endotracheal tube with the tip seen approximately 7.3 cm above the carina. Nasogastric tube is seen crossing into the abdomen with the tip projecting just beyond the level of the gastro-oesophageal junction, consider further advancement. The cardiac silhouette cannot be adequately assessed on this projection. Atherosclerotic calcifications are noted of the thoracic aorta. Pulmonary interstitial and alveolar oedema is again noted, although slightly improved from prior study. However, there is more confluent air space opacification in the left upper lung zone and retrocardiac region, with underlyinginfection unable to be excluded. Small bilateral pleural effusions are present, although smaller on the right compared to the prior study. There is no pneumothorax. Soft tissues and osseous structures remain unchanged. Minimal residual enteric contrast material is seen projecting over the stomach. Chronic fracture deformity of the left posterior fourth rib is again noted. May need further action Finalised by: <DOCTOR>

Accession Number: 0f60be30d1552da4324269789113cfcc7d484b59630f570ac6d21b0f0947106d

Updated Date Time: 08/12/2016 11:44

## Layman Explanation

This radiology report discusses HISTORY Type 2 Respiratory failure REPORT Comparison dated 07/12/2016. There is interval placement of an endotracheal tube with the tip seen approximately 7.3 cm above the carina. Nasogastric tube is seen crossing into the abdomen with the tip projecting just beyond the level of the gastro-oesophageal junction, consider further advancement. The cardiac silhouette cannot be adequately assessed on this projection. Atherosclerotic calcifications are noted of the thoracic aorta. Pulmonary interstitial and alveolar oedema is again noted, although slightly improved from prior study. However, there is more confluent air space opacification in the left upper lung zone and retrocardiac region, with underlyinginfection unable to be excluded. Small bilateral pleural effusions are present, although smaller on the right compared to the prior study. There is no pneumothorax. Soft tissues and osseous structures remain unchanged. Minimal residual enteric contrast material is seen projecting over the stomach. Chronic fracture deformity of the left posterior fourth rib is again noted. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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